BEYOND CANCER™

Next level immuNO-oncology

Corporate Presentation

September 2024

Forward Looking Statements

All statements and expressions are the sole opinion of Beyond Cancer (the “Company”), and not Beyond Air, the Company’s majority shareholder. The statements and expression herein by the Company are subject to change without notice. The Company is not liable for any investment decisions by its readers or subscribers. It is strongly recommended that any purchase or sale decision be discussed with a financial advisor, or a member of any financial regulatory bodies. The information contained herein has been provided as an information service only. The accuracy or completeness of the information is not warranted and is only as reliable as the sources from which it was obtained. Investors are cautioned that they may lose all or a portion of their investment in this or any other company.

Information contained herein contains "forward looking statements" within the meaning of Section 27A of the Securities Act of 1933, as amended and Section 21E of the Securities and Exchange Act of 1934, as amended. Any statements that express or involve discussions with respect to predictions, expectations, beliefs, plans, projections, objectives, goals, assumptions or future events or performance are not statements of historical facts and may be "forward looking statements". Forward looking statements are based on expectations, estimates and projections at the time the statements are made that involve a number of risks and uncertainties which could cause actual results or events to differ materially from those presently anticipated. Forward looking statements may be identified through the use of words such as "expects", "will", "anticipates", "estimates", "believes", or by statements indicating certain actions "may", "could", "should" or "might" occur.

Ultra-High Concentration Nitric Oxide (UNO) as a Potent Immunotherapy

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Upregulates Immune Activity

Utilizing **U**ltra-high concentration **N**itric **O**xide **(UNO)** to upregulate immune activity to treat solid tumors and distant metastases

Promising Early Phase 1a Results

First in human, Phase 1 clinical trial ongoing in unresectable, relapsed or refractory solid tumors

Combination Therapy

Combination therapy with immune checkpoint inhibitors (ICIs) to improve patient outcomes

Patented Delivery Approach

Differentiated MOA with 2 U.S. issued patents (expiry 2040) involving a novel delivery system

Beyond Cancer Leadership Expertise in Emerging Healthcare Companies and Clinical Oncology

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Selena Chaisson, MD
Chief Executive Officer

Bailard · TIGERGLOBAL · RCM · Stanford MEDICINE · Allianz Global Investors

- 16 years as Head of Healthcare Investments at Bailard managing the Emerging Life Science strategy
- Over 25 years of experience as a healthcare investor
- Stanford MD/MBA

Jedd Monson, MD
Chief Medical Officer

INTEGRATED ONCOLOGY NETWORK · cCARE CALIFORNIA CANCER ASSOCIATES FOR RESEARCH & EXCELLENCE · Stanford MEDICINE · City of Hope

- Founding partner of cCARE
- Practiced at City of Hope, Valley Radiotherapy Associates, and 21st Century Oncology
- Stanford MD, a member of American College of Radiology and American Society of Therapeutic Radiology & Oncology

Gavin Choy, PharmD
Chief Operating Officer

ADAPTIVE RESEARCH · apollomics · GT Biopharma, Inc. · CG PHARMACEUTICALS

- 20+ years of biopharmaceutical operating experience
- Integral member of four New Drug Applications (NDA) and seven Investigational New Drug (IND) filings
- PharmD from University of Southern California and MBA from University of California, Irvine

Board of Directors with Proven Business Record and Drug/Device Development Experience

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Gregory Berk, MD

- Independent oncology drug development consultant
- Over 30 years of experience developing oncology therapies.
- Weill Medical College of Cornell University, New York Presbyterian Hospital, Case Western Reserve University

VERASTEM ONCOLOGY
Abraxis BioScience
intellikine

David Dvorak

- Chairman and CEO of DeepThink Health, Inc.
- Served as President & CEO of Zimmer Biomet Holdings, Inc.
- Over 20 years of global executive-level leadership and operating experience

zimmer
STERIS
DeepThink | HEALTH

Robert Carey

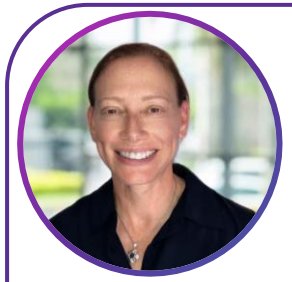
- Board member at Beyond Air (XAIR) since February 2019
- Co-Founder, President & COO of ACELYRIN
- Served as Executive VP and CBO at Horizon
- Previously Managing Director & Head of Healthcare Investment Banking at JMP Securities

Beyond Air The Magic of Breathing
HORIZON PHARMA
JMP
ACELYRIN

Steve Lisi
Chairman

- CEO & Chairman of Beyond Air (XAIR) since 2017
- 18 years experience as a healthcare investor
- 3 years as SVP Head of Strategy and BD at Avadel (AVDL)

Beyond Air The Magic of Breathing
DEERFIELD
Avadel™ Pharmaceuticals



Selena Chaisson, M.D.
CEO

- 16 years as Head of Healthcare Investments at Bailard managing the Emerging Life Sciences strategy
- Over 25 years of experience as a healthcare investor
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Bailard
RCM
Stanford MEDICINE
Allianz Global Investors
TIGERGLOBAL

Focused on UNO for the Treatment of Solid Tumors

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Pulmonary

Antimicrobial

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Immuno-Oncology

Low NO (<80 PPM)

High NO (>80 PPM <400 PPM)

Ultra-High NO (UNO) (>10,000 PPM)

Neonatal Hypertension: Currently approved in term and near-term (>34 weeks gestation) neonates with hypoxic respiratory failure

Antiviral
- Inhibition of viral enzymes[2]
- Blocking of RNA synthesis[3]
- Blocking of viral replication cycle by modifying target molecules essential for replication[3]

Antibacterial
- Mechanism attributed to DNA damage, bacterial enzyme inhibition, and induction of lipid peroxidation[1]

Prevention and Treatment of Solid Tumors

Immunoregulatory Functions[4]
- Increase
  - T/B cells
  - Dendrocytes
  - T memory cells
- Decrease
  - Regulatory T cells
  - MDSCs

1) Wink DA et al., Chemical biology of nitric oxide: Insights into regulatory, cytotoxic, and cytoprotective mechanisms of nitric oxide. Free Rad Biol Med 1998: (4-5): 434-56.
2) Saura, M., et al., An antiviral mechanism of nitric oxide: inhibition of a viral protease. Immunity, 1999. 10(1): p. 21-8
3) Akerström S et al. Nitric oxide inhibits the replication cycle of severe acute respiratory syndrome coronavirus. J Virol. 2005; 79(3):1966-9
4) 2023-10-30-SITC_Poster_Final.pdf (beyondcancer.com)

Immunotherapy has Emerged as a Cornerstone Treatment for Solid Tumors

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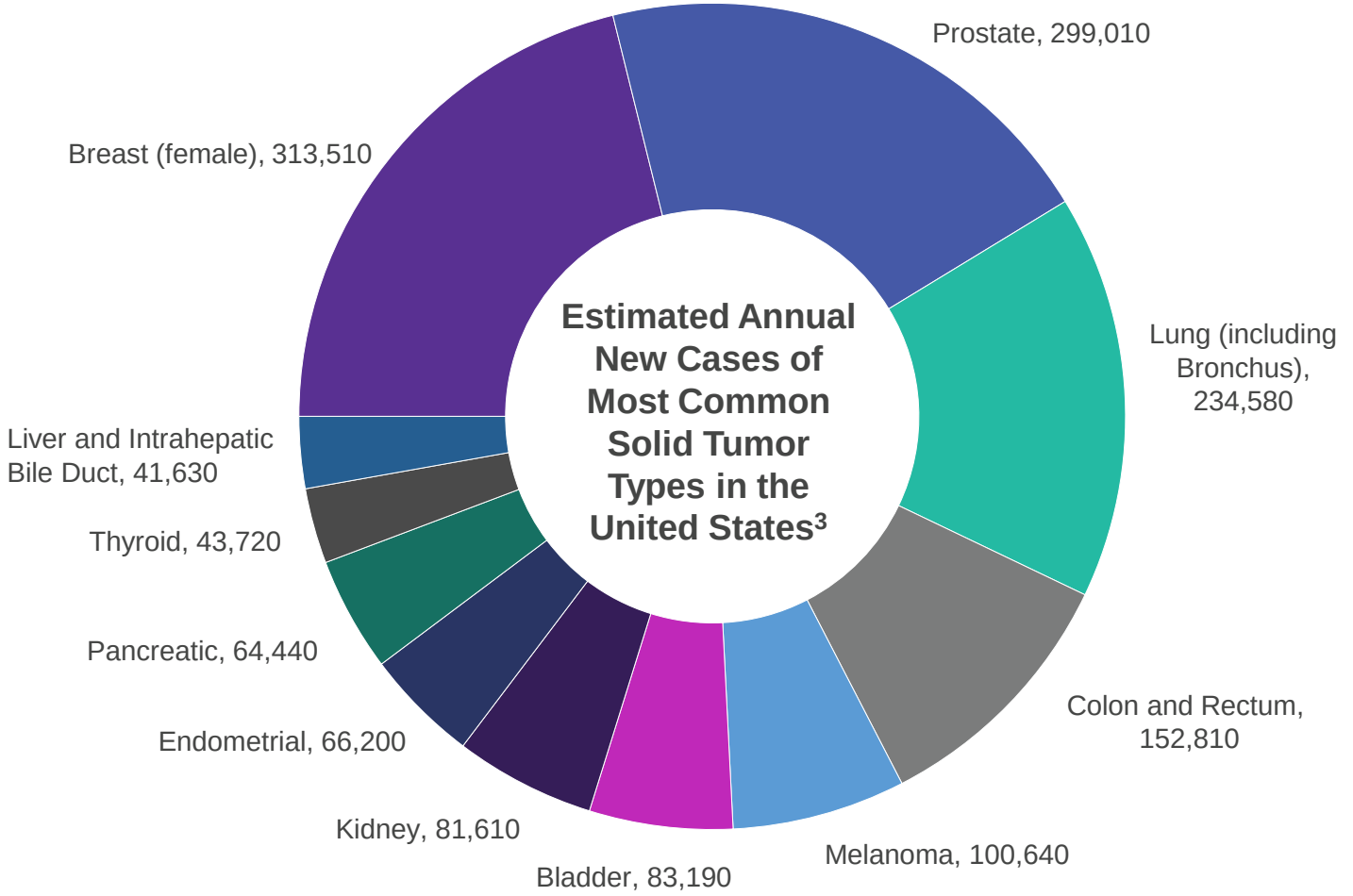
Solid Tumors represent approximately 90% of adult human cancers[1], accounting for approximately 1.5 million annual new cases of the most common cancer types in the United States[3]

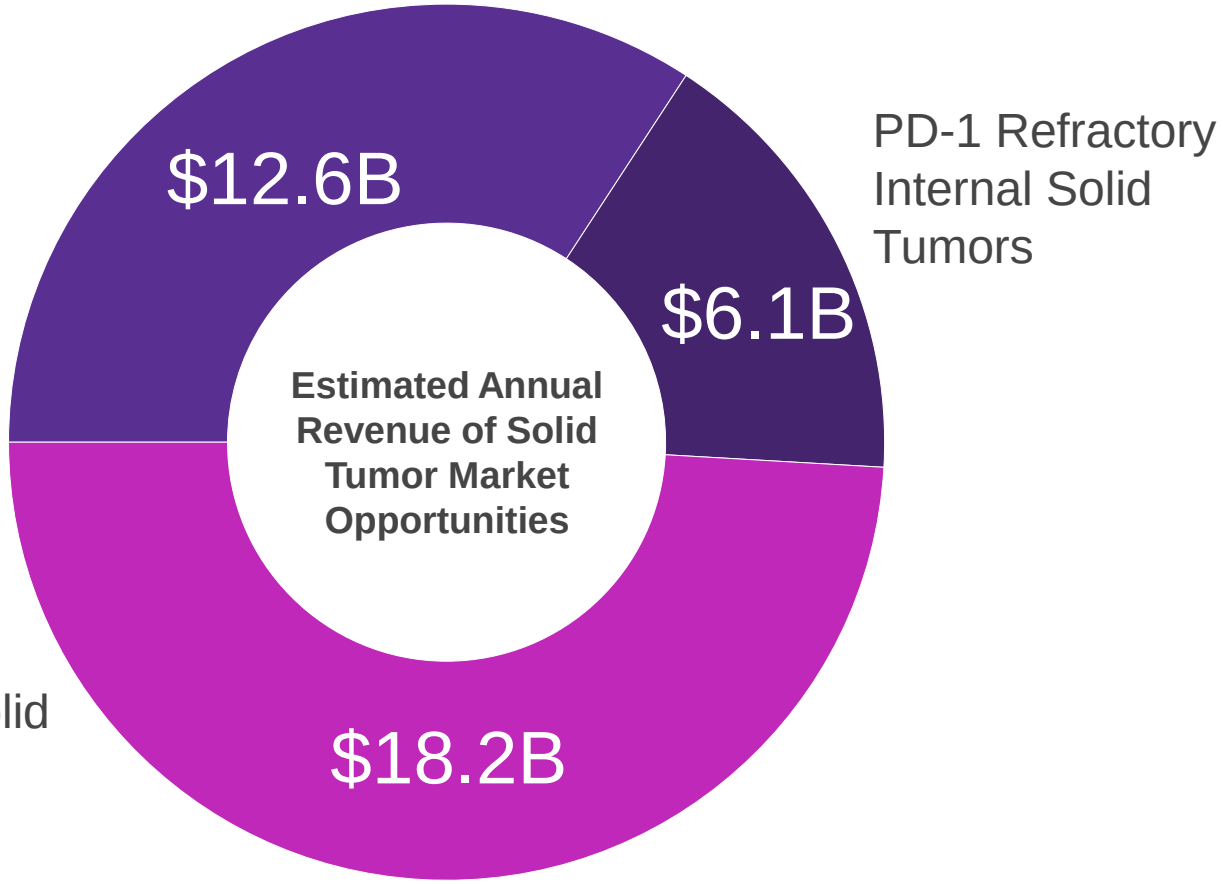
Metastatic Disease is responsible for 90% of solid tumor deaths[2]



1) Cooper GM. The Cell: A Molecular Approach. 2nd edition. Sunderland (MA): Sinauer Associates; 2000. The Development and Causes of Cancer. Available from: https://www.ncbi.nlm.nih.gov/books/NBK9963/
2) Fontebasso Y, Dubinett SM. Drug Development for Metastasis Prevention. Crit Rev Oncog. 2015;20(5-6):449-473. doi:10.1615/CritRevOncog.v20.i5-6.150
3) According to the National Cancer Institute: https://www.cancer.gov/types/common-cancers. Accessed: April 15, 2024. Data as of March 7, 2023

Commercial Opportunity

UNO + anti-PD-1



Note: Underlying data available for review

Proprietary UNO Delivery System Directly Targets the Tumor

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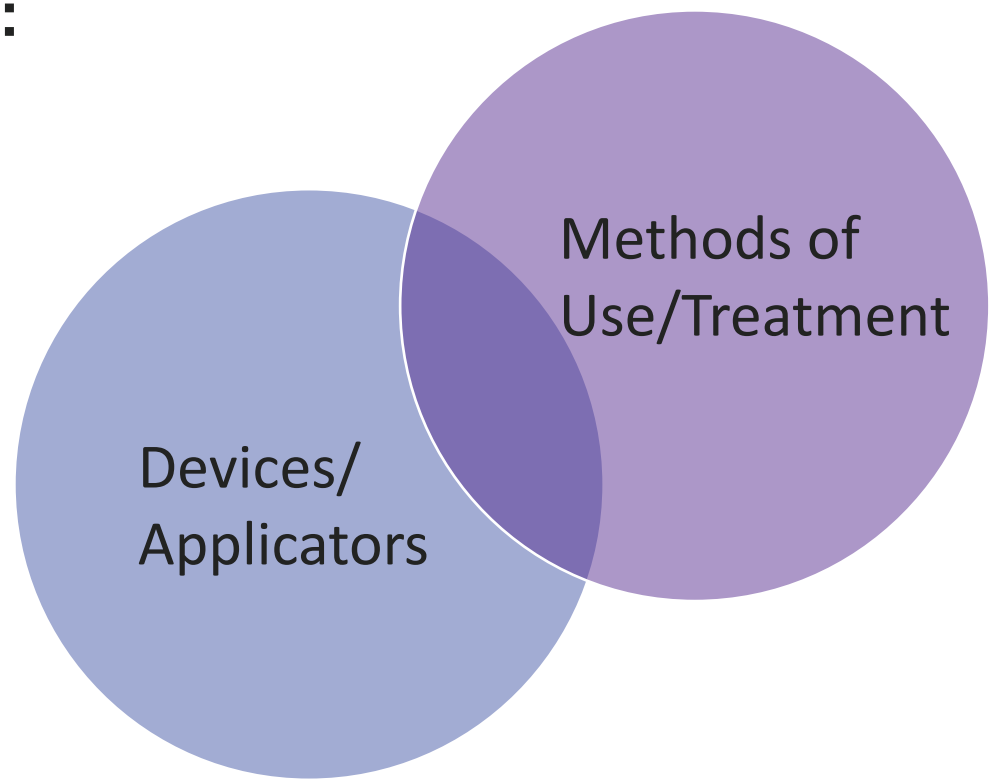
Novel system to deliver Ultra-high concentration Nitric Oxide (UNO)

- **Advantages**
  - Ability to obtain significantly higher intra-tumoral NO concentrations than endogenous or NO donor systems
  - Quick and simple procedure
- **Optimizing delivery to meaningfully improve ease of use**
  - Current high-volume system has produced promising results both preclinically and in Phase 1a
  - A low-volume method has shown similar results in animals and will be introduced in the Phase 1b trial
- **Encouraging toxicity profile allows for potential combination with approved therapies to enhance clinical outcomes**

Intellectual Property Portfolio

Two issued U.S. patents (expiry 2040), with more pending from patent families including:

- UNO monotherapy for the treatment of solid tumors
- UNO in combination with checkpoint therapies and other anti-cancer agents
- Delivery systems
- Delivery applicators



Advancing Clinical Pipeline Using Lower UNO Volumes

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Program	Initial Indication	3Q22	2024	2025	2026	2027
Monotherapy						
UNO101	Cutaneous / near cutaneous tumors[1]	Phase 1a				
Combination Therapy						
UNO201 + anti-PD-1	PD-1 resistant or refractory patients with cutaneous / near cutaneous tumors		Phase 1b			
UNO201 + anti-PD-1					Phase 2	

[1] Patients enrolled to date in Phase 1a: Melanoma, Squamous Cell Carcinoma, TNBC, mBC

UNO101: High Volume

UNO201: Low Volume

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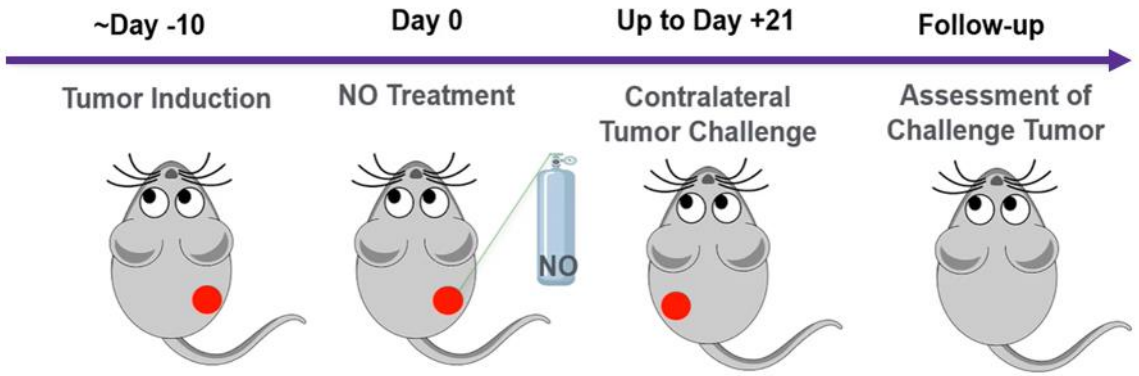
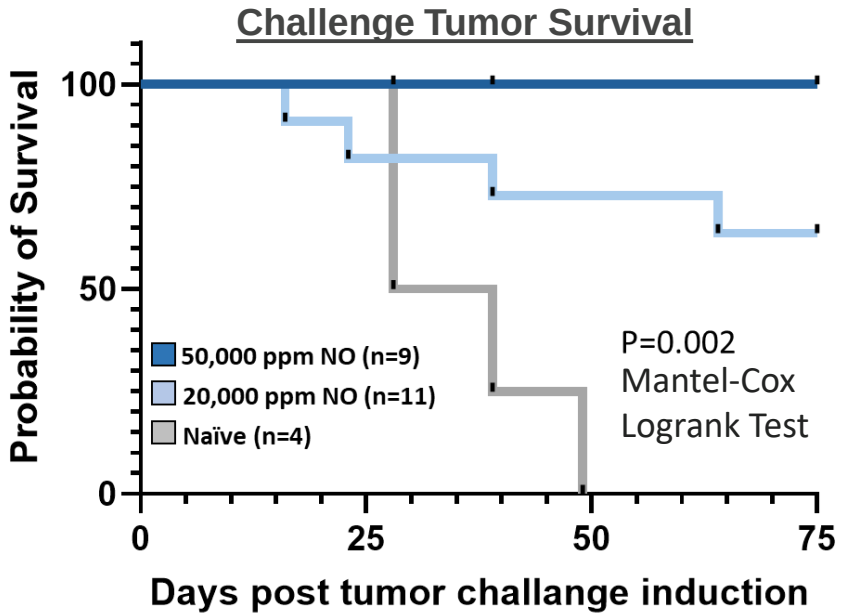
UNO Preclinical Data Demonstrates Immune Response

UNO in CT26 Challenge Tumors In Vivo Showed Evidence of Dose-Dependent Effects on Survival



Challenge assay:

- CT26 study mice treated with 20,000 or 50,000 ppm NO for 5 minutes.
- Naïve mice inoculated with the same cancer cells served as an internal control.
- Up to 21 days post NO treatment, all mice were re-inoculated with colon cancer cells (CT26 cells) as a challenge tumor and survival was monitored.



Survival Results at Day 75:

- 100% of 50,000 ppm NO mice alive
- 64% of 20,000 ppm NO mice alive
- 0% of naïve mice alive

Source: AACR Conference on Tumor Immunology and Immunotherapy, October 2020

UNO in Combination with Anti-mPD-1 Showed a Doubling of Tumor-Free Mice

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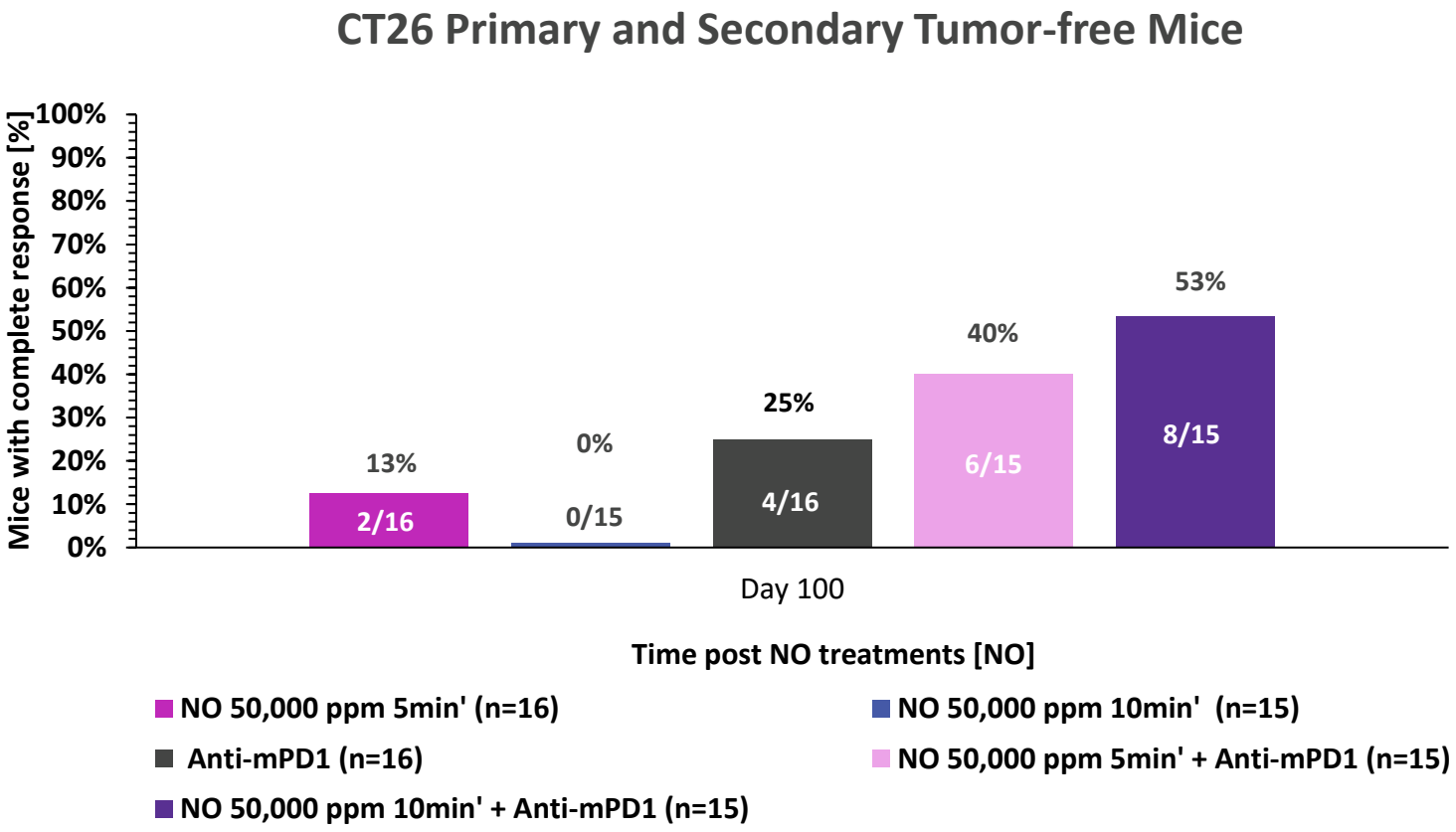

Statistical analysis: Fisher's Exact Test: P-value = 0.1489,
Pairwise Treatment Group Comparison - 50,000 10 min + Anti-mPD1 vs Anti-mPD1

UNO+anti-PD-1
Complete Response

Control
Primary & Secondary tumors

Source: SITC Annual Meeting, November 2022

Meta-Analysis: Combination of Single Dose UNO and Anti-mPD-1 Doubles Mice Survival

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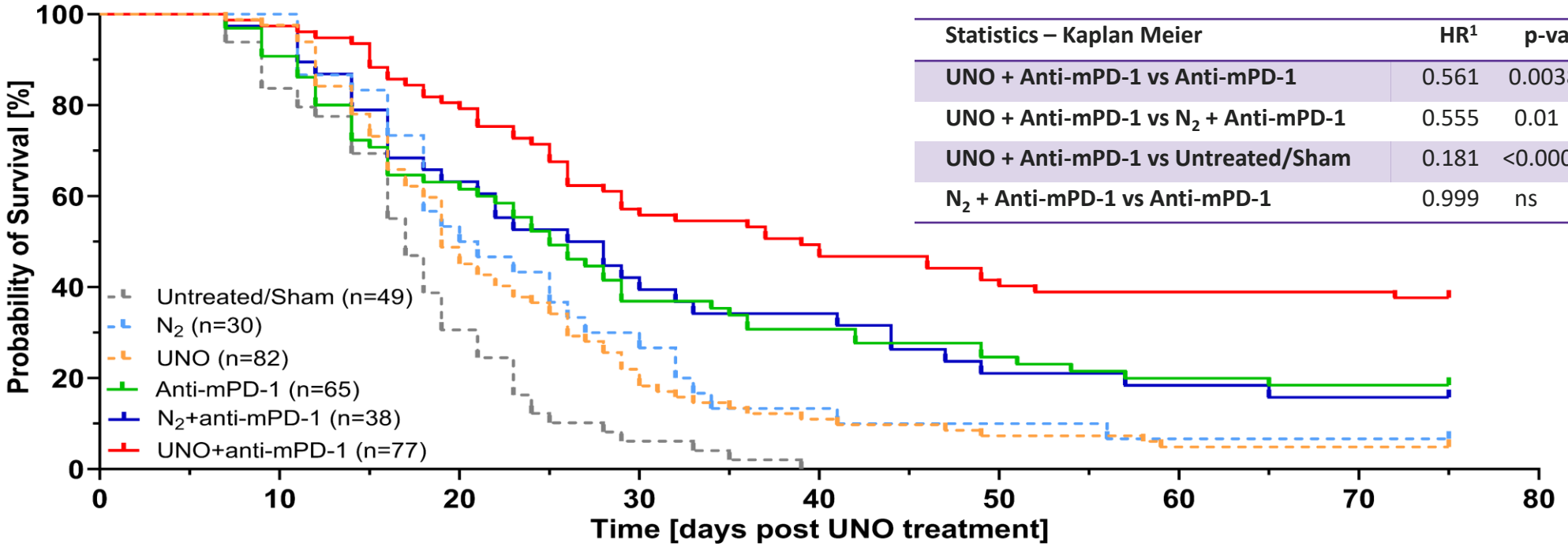
The combination of Ultra-high concentration NO with anti-mPD-1 improved outcomes and mice survival compared to UNO or anti-mPD-1 alone, as UNO assists the immune system in overcoming anti-mPD-1 resistance.



Statistics – Kaplan Meier	HR[1]	p-value[1]	[95% CI]
UNO + Anti-mPD-1 vs Anti-mPD-1	0.561	0.0038	[0.379, 0.830]
UNO + Anti-mPD-1 vs N_2 + Anti-mPD-1	0.555	0.01	[0.354, 0.869]
UNO + Anti-mPD-1 vs Untreated/Sham	0.181	<0.0001	[0.115, 0.286]
N_2 + Anti-mPD-1 vs Anti-mPD-1	0.999	ns	[0.644, 0.1.551]

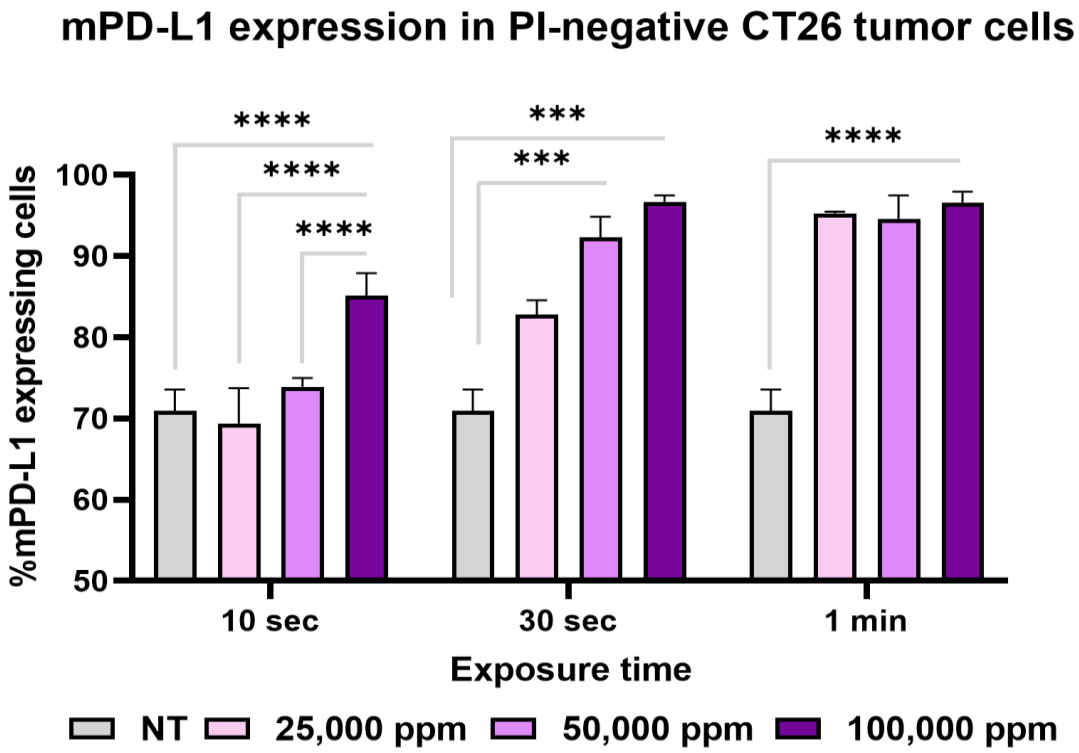
Pooled data across studies of 5 or 10-min UNO and anti-mPD-1 (5 or 10 mg/kg) treatment – survival data.

[1]Hazard ratio and p-value derived from Cox proportional hazard model.

Experimental model: CT26; Mouse model: Balb/c mice.
UNO treatment regimen: 50,000 or 100,000 ppm injected for 5 or 10 minutes, at 0.2 LPM.
Anti-mPD-1 dosing started at days (-2) to (+2). 5 or 10 mg/kg doses injected every 2-3 days, 4-5 doses in total.
All studies were conducted under approved IACUC protocols.

Data presented at the EORTC-NCI-AACR Annual Meeting, October 2023

UNO Upregulates mPD-L1 Expression by Day 5



- mPD-L1 expression 5 days after exposure to UNO
- Two-way ANOVA, multiple comparison test, ***P<0.001, ****P<0.0001.

Source: AACR Annual Meeting, April 2023

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UNO Clinical Data Corroborates Preclinical Observations

Scientific Advisory Board

Frederick M. Dirbas, MD

Assoc. Prof. of Surgery, Div. of Surgical Oncology,
Stanford University School of Medicine

- Internationally acclaimed surgeon and pioneer in the field of breast cancer
- Published nearly 50 articles in peer-reviewed journals

Mark D. Pegram, MD

Assoc. Dean for Clinical Research Quality,
Stanford University School of Medicine

- Suzy Yuan-Huey Hung Endowed Professor of Medical Oncology at the Stanford University School of Medicine
- Medical Director of the Stanford Clinical Translational Research Unit

Sunil J. Panchal, MD

President of the
National Institute of Spine and Pain

- Minimally invasive spine and interventional pain specialist
- Editorial reviewer for *Clinical Researcher, Anesthesia and Analgesia, Pain, Pain Medicine,* and *the Clinical Journal of Pain*
- Former Chair of National Comprehensive Cancer Network Pain Panel

Phase 1a Designed to Establish 3 Key Objectives

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Primary Objectives:
1. Determine safety profile
2. Determine maximum tolerated dose (MTD) and/or optimal biologically effective dose (OBD)
3. Recommend Phase 2 dose (RP2D)

Secondary Objective: Anti-tumor activity of single intra-tumoral escalating UNO101 dose per RECIST v1.1, iRECIST

Exploratory Objectives: Biomarkers predictive of response via itRECIST

Major Eligibility Criteria
- ≥ 18 years of age
- ECOG PS 0 – 3
- **Unresectable, cutaneous or SQ primary or metastatic tumor[1]**
- Measurable disease
- Tumor 4.5 mm – 30 mm

Part A: Dose Escalation
3 + 3 Scheme
Follow-up to Day 21
(Max N = 18)

Cohort 1: 25,000 ppm UNO101 over 5 minutes (voluntary expansion to 6 patients)

Cohort 2: 50,000 ppm UNO101 over 5 minutes (expansion to 6 patients)

Cohort 3: 100,000 ppm UNO101 over 5 minutes

MTD/OBD

TEL AVIV SOURASKY MEDICAL CENTER ICHILOV

SOROKA Medical Center feeling secure

SHEBA Tel HaShomer City of Health

Hadassah University Hospital

Phase 1a Patient Characteristics
Heavily Pre-Treated Population

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Baseline Characteristics (N=9)	N (%)	Mean	Min	Max
Age (yrs.)		60.1	34	81
# of All Prior Treatments (Medications, Surgeries, Radiation, etc.)		**10.8**	**5**	**18**
# of Prior Medication Treatments		5.9	2	14
ECOG PS 0/1/2/3 (Day 1)	0 = 4 (44.4%) / 1 = 5 (55.6%)	--	--	--
Diagnosis • Squamous cell carcinoma • Melanoma • Breast Cancer • Triple Negative Breast	 2 (22.2%) 2 (22.2%) 3 (33.3%) 2 (22.2%)	--	--	--

Cohort 1 = 25,000 ppm UNO (n=6); Cohort 2 = 50,000 ppm UNO (n=3)

Case Report: Early Response Observed with Single Dose UNO

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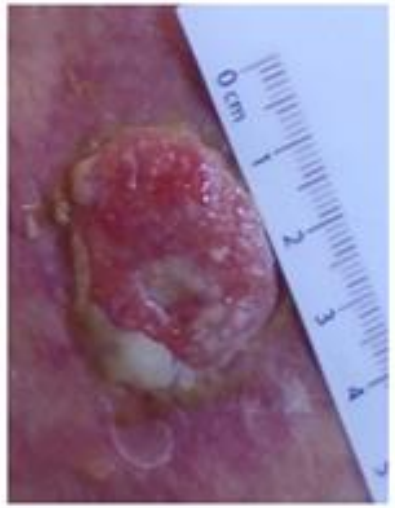
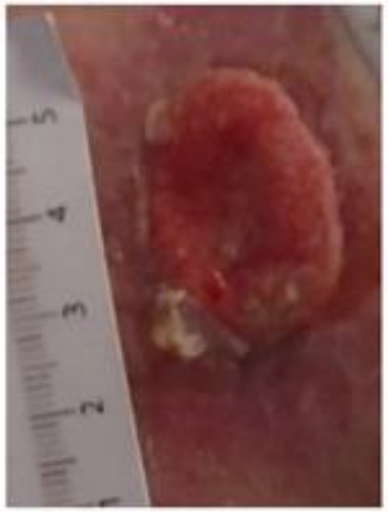
Data presented at the SITC Annual Meeting, November 2023

- 82 y/o male with history of squamous cell carcinoma: 2017 metastases to neck and back
- Received:
  - 2 prior surgeries
  - 2 prior lines of immunotherapy
  - 2 prior lines of chemotherapy/targeted therapy, and
  - 5 prior cycles of XRT
- **Early response observed by Day 7 post-UNO treatment**

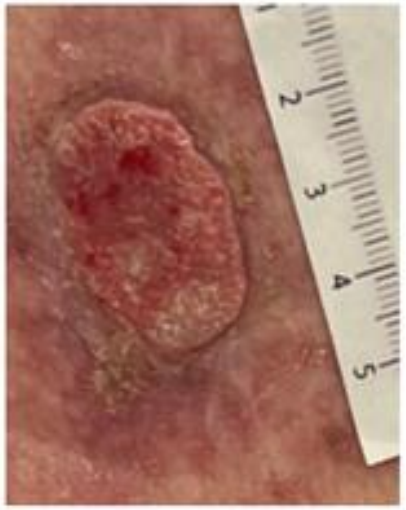
Treatment Day



Treatment Day +1



Treatment Day +7



Case Report: Resolution of Radiation Dermatitis with Single Dose of UNO

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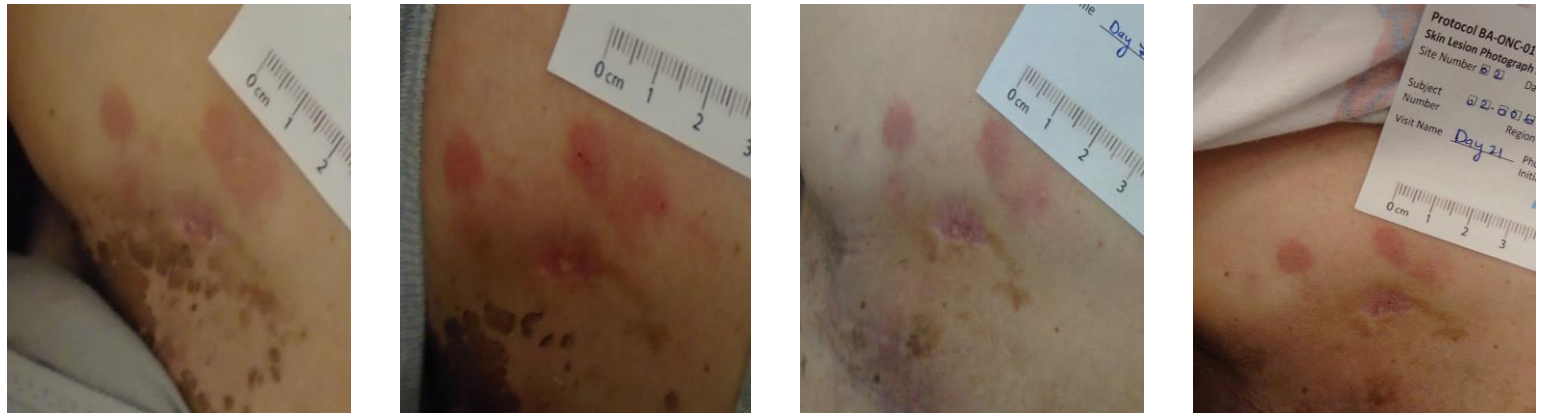
Unpublished Data

- 34 y/o female with TNBC originally diagnosed in 2018
- Received:
  - 3 surgeries
  - 2 cycles of immunotherapy
  - 2 cycles of XRT



- Evidence of resolution of radiation dermatitis seen as early as Day 1
- Prior surgical scar is noticeably smaller by Day 21
- Biopsy of treated and adjacent lesions showed significantly lower proliferative index at Day 21 and no evidence of malignancy in the satellite lesion
- Increases in M1 macrophages and decreases in Tregs observed on Day 7

Interim Phase 1a Biomarker Results

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Results Correlate with Preclinical Data

Systemic Effects	UNO Preclinical[2]	UNO Clinical[1] 25k ppm	UNO Clinical[1] 50k ppm
Cytotoxic T cells	↑ 14%	↑ 11%	↑ 12%
T Central Memory	↑ 161% (100k ppm NO)	↑ 241%	↑ 47%
Dendritic cells	↑ 112% (day 5)	↑ 168%	↑ 374%
MDSCs	↓ 78% (day 5)	↑ 78%	↓ 54%

UNO Clinical: 25k ppm UNO101, 5 minutes, Day 21 data
UNO Preclinical; 50k ppm UNO101, 5 minutes, CT26 model, Day 7 data (unless otherwise noted)

1. Reported on May 31, 2024
2. https://beyondcancer.com/wp-content/uploads/2023/10/MOA-poster-EORTC-vFinal-5.pdf

M2→M1 Macrophage Re-Polarization

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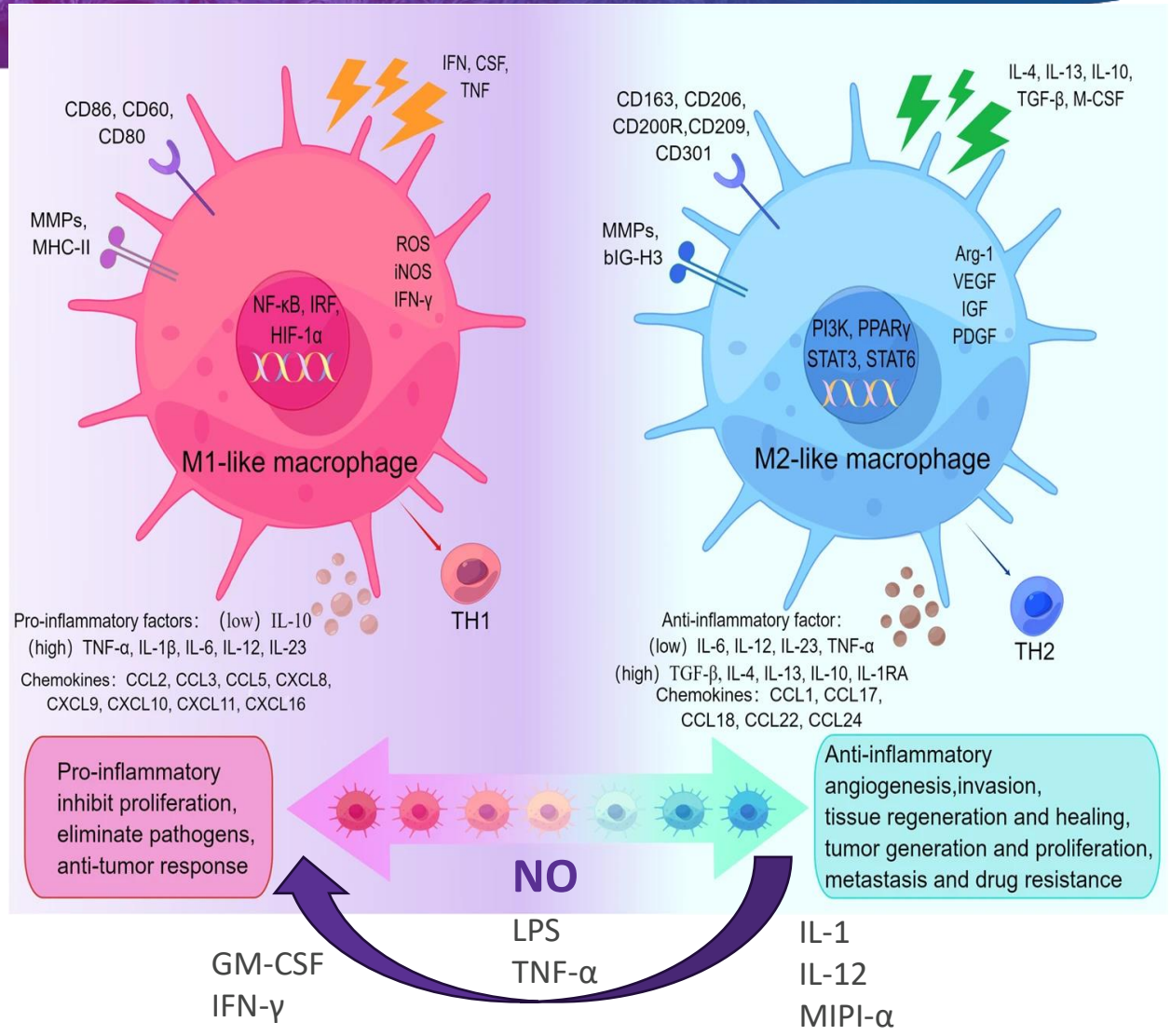
- **M1 Macrophages are Anti-Tumor while M2 Macrophages are Tumorigenic**
- **M2 Macrophages can Re-Polarize to M1 Increasing the M1/M2 Ratio**
- **NO is a Potent Inflammatory Cytokine that Re-Polarizes Macrophages**



Adapted From: Wang, S., Wang, J., Chen, Z. et al. Targeting M2-like tumor-associated macrophages is a potential therapeutic approach to overcome antitumor drug resistance. npj Precis. Onc. 8, 31 (2024). https://doi.org/10.1038/s41698-024-00522-z

M1/M2 Gene Expression Correlated with Survival in Many Cancers – ex. Osteosarcoma

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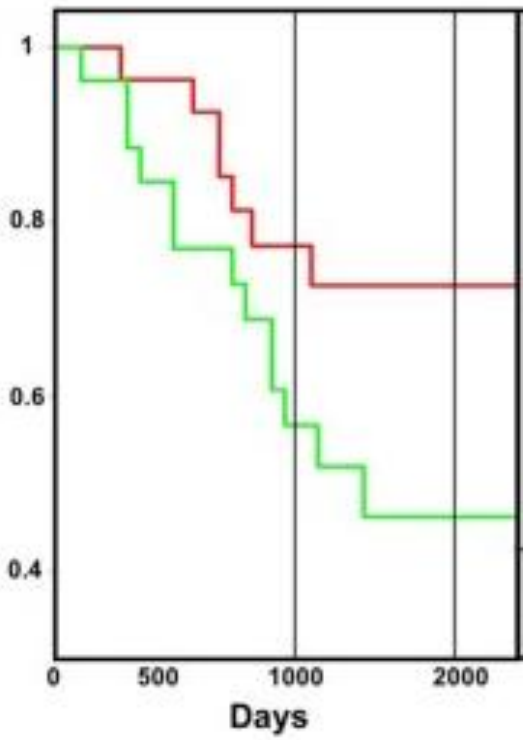
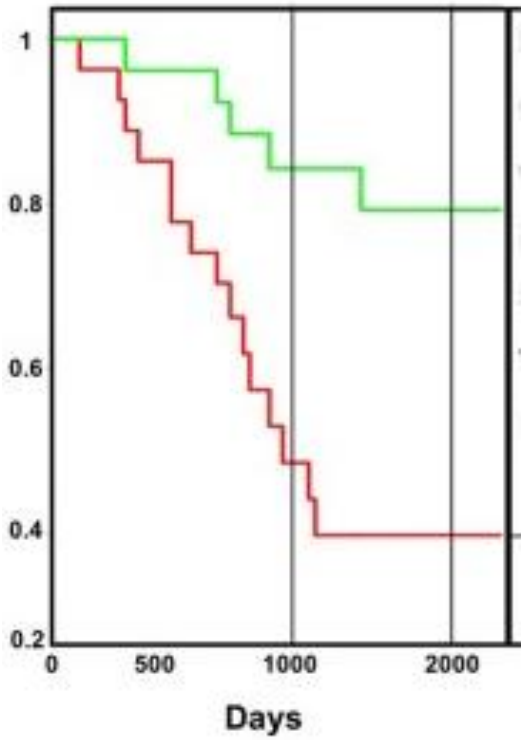
M1 Gene Expression



HR: 0.02 (0-0.42)
P-Value: 0.0131

M2 Gene Expression



HR: 754.07 (12.2-45515.9)
P-Value: 0.0016

= High Expression
= Low Expression

Adapted From: Orecchioni M, Ghosheh Y, Pramod AB, Ley K. Macrophage Polarization: Different Gene Signatures in M1(LPS+) vs. Classically and M2(LPS-) vs. Alternatively Activated Macrophages. Front Immunol. 2019 May 24;10:1084. doi: 10.3389/fimmu.2019.01084. Erratum in: Front Immunol. 2020 Feb 25;11:234. PMID: 31178859; PMCID: PMC6543837.

Many Drug Targets Associated with Macrophage Re-Polarization

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Phase 1	Phase 2	Phase 3
TLR3 – **Ovarian**	**CD47** – **CRC**, NHL, HNSCC	**TLR9** – Melanoma, NSCLC, HNSCC, **Pancreatic**, **Prostate**, HCC
TLR7 – HER2+	**CXCL12/CXCR4** - **Pancreatic**	
TLR8 – **Ovarian**	**CCL5/CCR5** – **CRC**	
CD40/CD40L – Solid Tumors	**CCL2/CCR2** – NSCLC, HCC, **Pancreatic**	
STING – HNSCC, Melanoma, SCC,	**CSF-1/1R** Sarcoma, RCC, NSCLC, **Pancreatic**, **CRC**	
PI3K γ – NSCLC, **CRC**, HNSCC, HCC, **DLBCL**		

Bolded indications are not currently approved for PD-1 therapy.

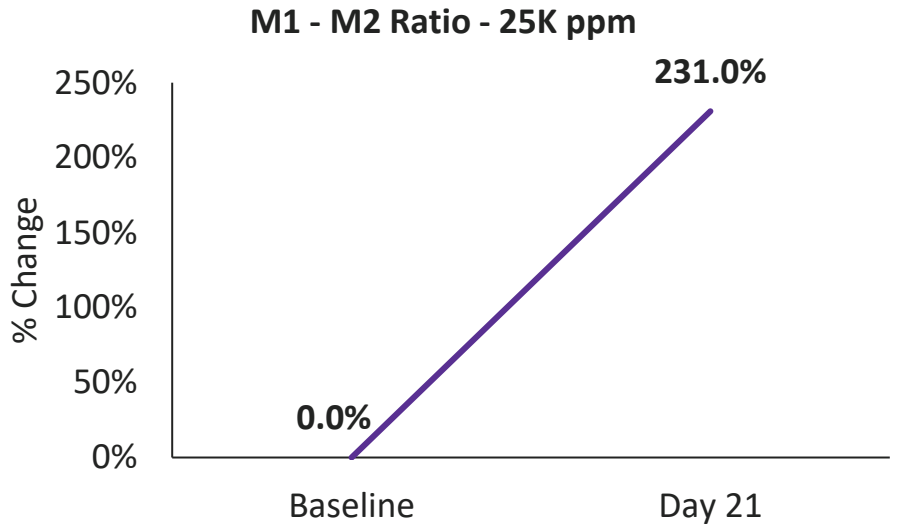
Source: Pu Y, Ji Q. Tumor-Associated Macrophages Regulate PD-1/PD-L1 Immunosuppression. Front Immunol. 2022 May 3;13:874589. doi: 10.3389/fimmu.2022.874589. PMID: 35592338; PMCID: PMC9110638.

Note: Clinical status as of 2022.

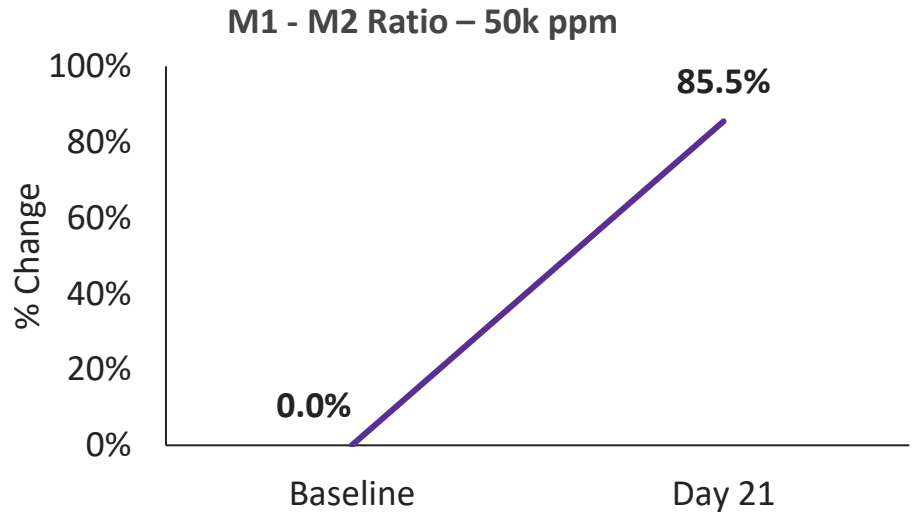
M1-M2 Ratio

Favorable Impact on M1/M2 Ratio in UNO Treated Patients

25,000 ppm (n=5)



50,000 ppm (n=3)



Note: n=5 in 25k ppm cohort – % change via geometric mean,
n=3 in 50k ppm cohort average % change
Calculated via systemic measurement of M1 and M2 reported values as a % of macrophages

Treatment Related Adverse Events

Mostly Grade 1

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Cohort	Grade 1	Grade 3	Grade 4
25,000 ppm	Palmar-plantar erythrodysesthesia syndrome		
	Subcutaneous emphysema		
	Oxygen saturation decreased, dyspnea, nausea*		
			Hypoxia^
50,000 ppm	Hypotension, local subcutaneous emphysema		
	Fatigue, nausea, dizziness		
	Subcutaneous emphysema	Vasovagal#	

Notes:
*Patient had 3.2L of fluid drained from lungs 1 week prior to treatment
^Declared not DLT per protocol criteria by Safety Review Committee
#Declared DLT per protocol criteria by the Safety Review Committee

First in Human Data Support Favorable UNO Safety Profile and Demonstrate Proof of Concept

- Local administration of UNO is **well tolerated**
- **Immune biomarkers** demonstrate immunogenic response and compare favorably to previously published murine data
- **Demonstrated proof of concept with** early responses observed in a heavily pretreated patients

- Next Clinical Steps:
  - Advance to Phase 1b
  - **Combine with Immune Checkpoint Inhibitors (ICIs)**
  - Introduce repeat dosing

Can we Achieve the Same Efficacy Using <1L of UNO?

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Advantages of Low Volume vs High Volume Method

- Reduce or eliminate potential risk of methemoglobinemia
  - Nitric Oxide can bind to hemoglobin to produce methemoglobin
- Reduce or eliminate potential risk of air embolism
- Reduce or eliminate need for gas-related safety equipment
  - Personal Protective Equipment, fume extractors, NO/NO2 gas detectors

Low Volume Method: Pilot Study in Mouse Model

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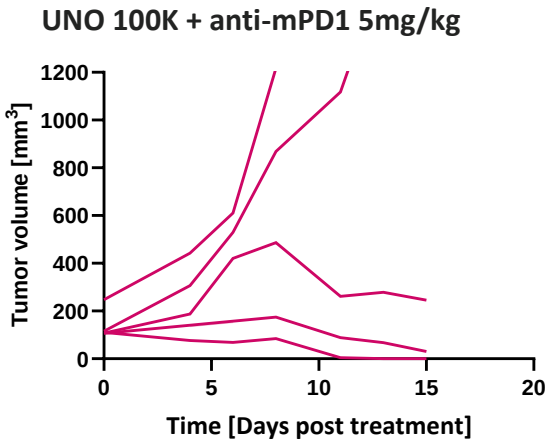
Tumor Shrinkage is seen in 3/5 tumors in UNO vs. 0/5 in N_2 combo arms at Day 15

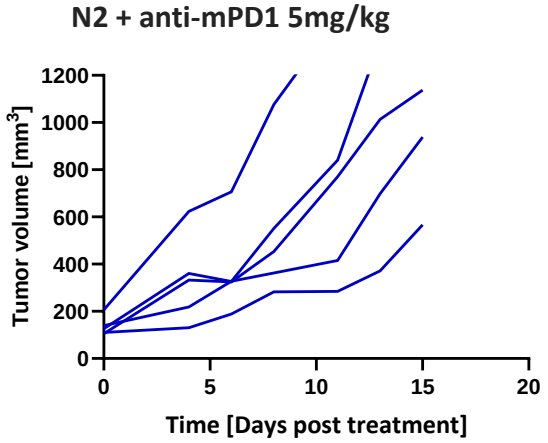
Experimental Conditions

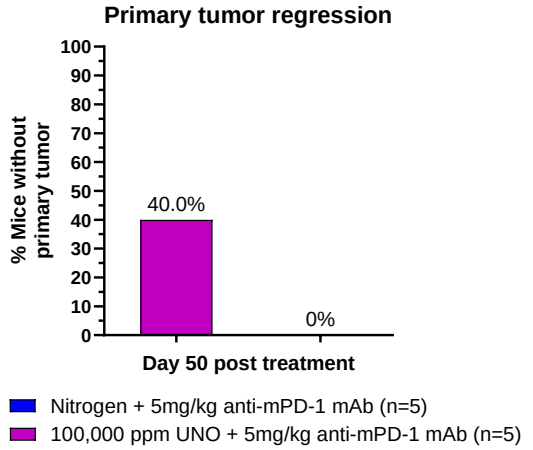
- 100,000 ppm NO + anti-mPD1 vs. N2 + anti-mPD-1 (5mg/kg)
- Treatment time: 2.5 min

Results

- 60% of UNO treated tumors initially regressed
- 40% of UNO-treated tumors regressed through Day 50
- No safety events







Low Volume Method: Validated in Rat Model

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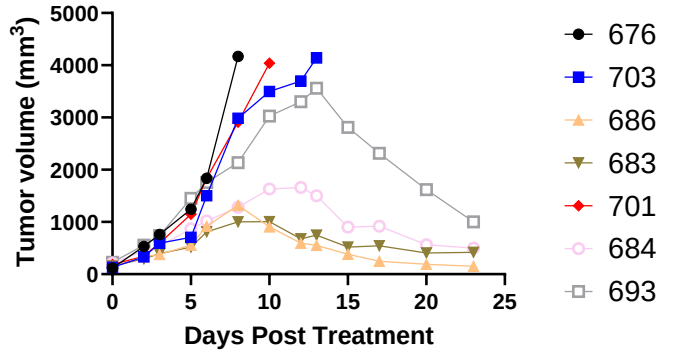
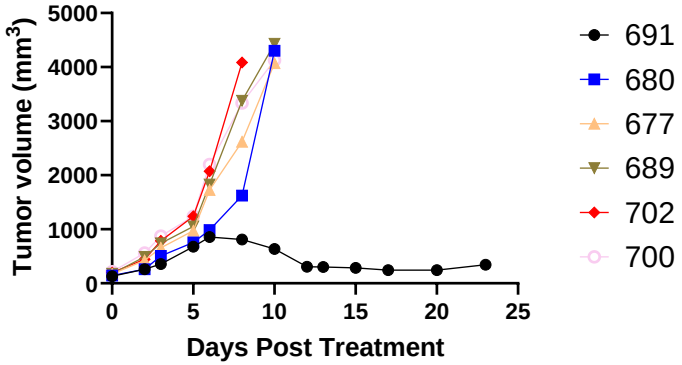
Tumor reduction in 4/7 tumors with UNO combo vs. 1/5 with Anti PD-L1

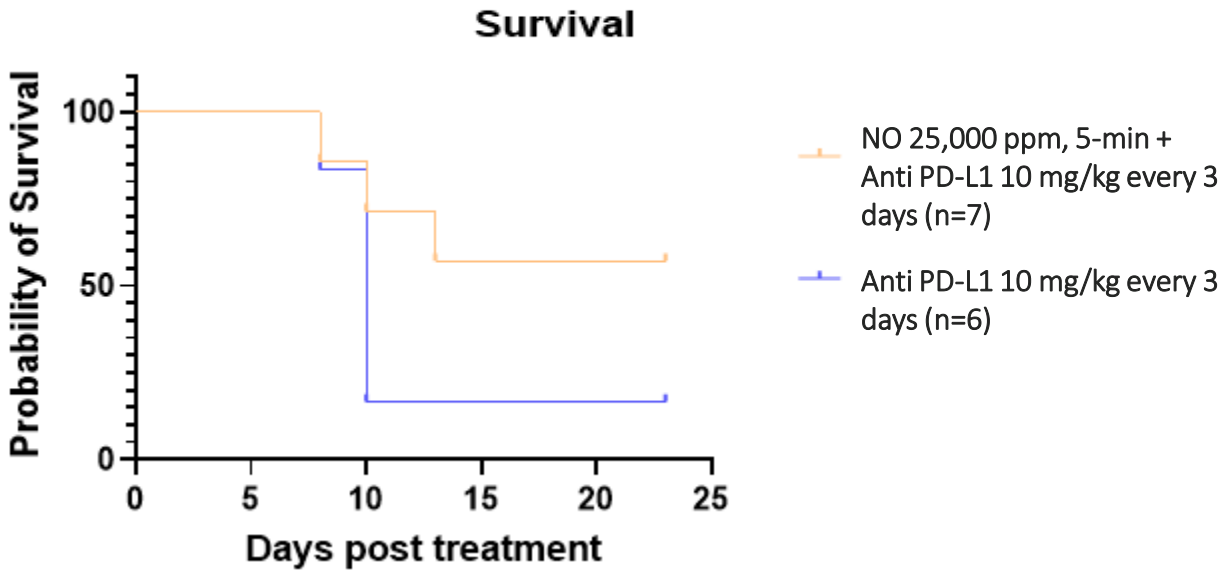
UNO + anti PD-L1 individual plots



Anti PD-L1 indvidual plots



Day 23 survival advantage validates UNO's efficacy in a new animal species and tumor model



Low Volume Phase 1b Protocol

Hypothesis: Can UNO therapy convert "cold tumor" → "hot tumor"

Major Eligibility

- ≥ 18 years of age
- ECOG PS 0 – 3
- Unresectable, cutaneous or SQ primary or metastatic tumor
- Relapsed/refractory or prolonged stable disease (≥ 12 weeks) on any PD-1

Phase 1b
(n=20)

Low Volume UNO
48-96 hours prior to PD-1 Inhibitor

PD-1 Inhibitor
Day 1: Q 14–21 days until intolerable toxicity or progressive disease

Primary Objective: To assess preliminary efficacy by objective response rate (ORR) and duration of response (DOR) per Response Evaluation Criteria in Solid Tumors (RECIST) version 1.1, and secondarily immune-related RECIST (iRECIST).

Secondary Objectives: To assess progression free survival (PFS) and overall survival (OS), clinical benefit rate (CBR: CR+PR+SD ≥ 6 months), time to response (TTR) by RECIST and iRECIST, and incidence and severity of non-serious adverse events, including immune related adverse events (irAEs).

Exploratory Objectives: To assess biomarkers that may be predictive of anti-tumor activity of an intratumoral UNO201 injection.

Upcoming Catalysts

Timing	Milestone
2024	▪ Complete Phase 1a ▪ Initiate Phase 1b Study ▪ Preclinical Results at Major Medical Meeting ▪ Financing
2025	▪ File-Pre-IND ▪ Present Final Phase 1b Data ▪ IPO ▪ U.S. IND Approval ▪ Initiate Phase 2 Study

Contact

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