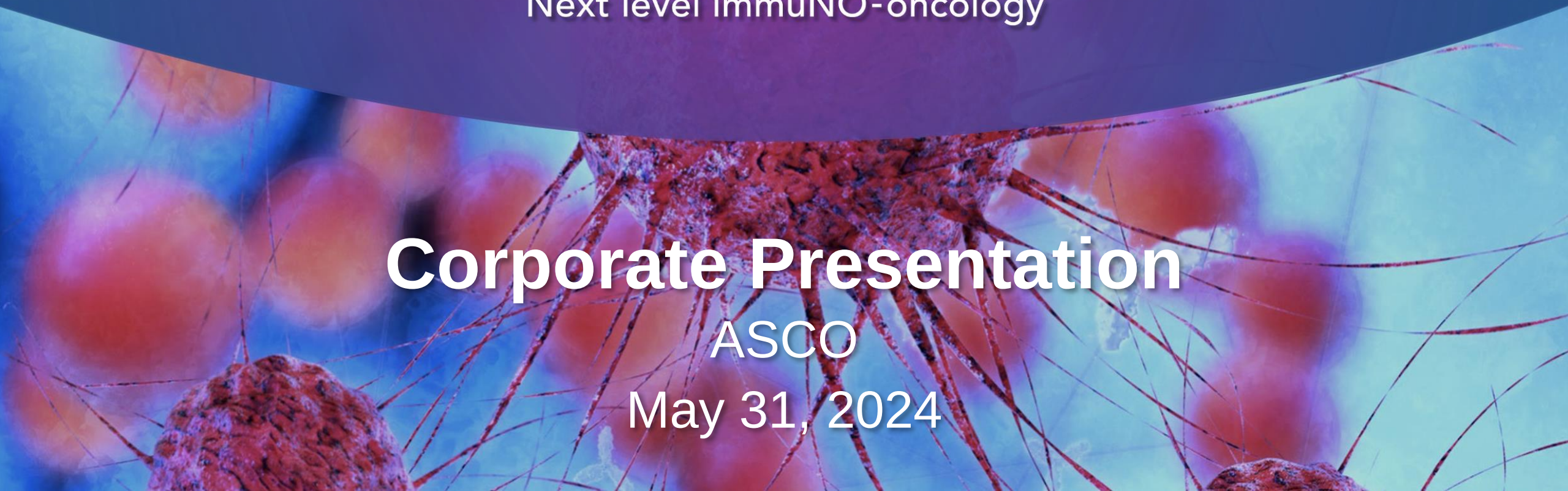
BEYOND CANCER™

Next level immuNO-oncology



Corporate Presentation

ASCO

May 31, 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.

Agenda

6:00 – 6:15 pm	Check-in and Refreshments
6:15 – 6:30 pm	Introductions/Phase 1a (Dr. Monson, Beyond Cancer CMO)
6:30 – 6:40 pm	UNO101 Clinical Case Series (Dr. Meirovitz, Study Investigator)
6:40 – 6:50 pm	UNO101 Clinical Data Review (Dr. Chaisson, Beyond Cancer CEO)
6:50 – 7:00 pm	Next Clinical Steps (Dr. Chaisson, Beyond Cancer CEO)
7:00 – 7:10 pm	Unmet Need (Dr. Monson + Dr. Fred Dirbas, Dr. Mark Pegram, Stanford SAB)
7:10 – 8:00 pm	Q&A + Meet & Greet

BEYOND CANCER™

Next level immuNO-oncology

Introductions/Phase 1a

Dr. Jedidiah Monson
Chief Medical Officer, Beyond Cancer

Biographies

JEDD MONSON, MD, DABR
Chief Medical Officer; Founding partner of cCare, the largest private practice oncology group in the state of California, which merged with ION Integrated Oncology Network (ION) in April 2022.

AMICHAY MEIROVITZ, MD
Principal Investigator; Chairman of the Oncology Department at Soroka University Medical Center, Professor of Oncology at Ben Gurion University of the Negev in Israel. Specialist in Oncology, Radiation Oncology, and Internal Medicine.

FREDERICK M. DIRBAS, MD
Associate Professor of Surgery, Division of Surgical Oncology, Stanford University School of Medicine. Vice Chair of the Society of Surgical Oncology (SSO) Breast Disease Site Work Group.

MARK D. PEGRAM, MD
Associate Dean for Clinical Research Quality and Suzy-Yuan-Huey Hung Endowed Professor of Medical Oncology, Stanford University School of Medicine; Medical Director of the Stanford Clinical Translational Research Unit.

Therapeutic Concentrations of Nitric Oxide (NO)

BEYOND CANCER™ Next level immuNO-oncology

Pulmonary

Low NO (<80 PPM)

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

Antimicrobial

High NO (>80 PPM <400 PPM)

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]

BEYOND CANCER® Next Level ImmuNO-oncology **Immuno-Oncology**

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

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)

Phase 1a Designed to Establish 3 Key Objectives

BEYOND CANCER™
Next level immuNO-oncology

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

Patient Characteristics
Heavily Pre-Treated Population

BEYOND CANCER™
Next level immuNO-oncology

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**
Time from Diagnosis to First UNO Treatment (yrs.)		5	1.4	9.5
Male/Female	3 (33.3%) / 6 (67.7%)	--	--	--
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)

Treatment Related Adverse Events

Mostly Grade 1

BEYOND CANCER™
Next level immuNO-oncology

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

Notes:
*Patient had 3.2L of fluid drained from lungs 1 week prior to treatment. Left Local vocal cord paralysis and pleural effusion were reported as adverse events that occurred during screening; deemed unrelated in 25,000 ppm Cohort
^Declared not DLT per protocol criteria by Safety Review Committee
#Declared as DLT per protocol criteria by the Safety Review Committee
[1]Not yet adjudicated

BEYOND CANCER™

Next level immuNO-oncology

UNO101 Clinical Case Series

Dr. Amichay Meirovitz
Clinical Investigator, Beyond Cancer

Case Report: Early Response Observed

Data presented at the SITC Annual Meeting, November 2023

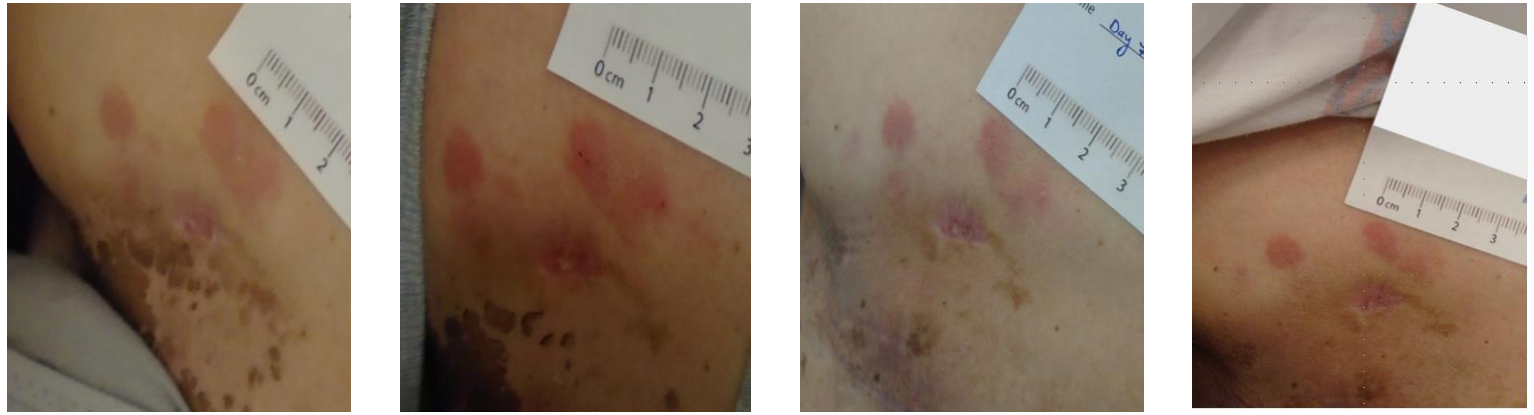
- 82 y/o male with history of squamous cell carcinoma: 2017 metastases to neck and back
- Received:
  - 2 prior surgeries
  - 2 prior lines of immunotherapy
  - 2 prior lines of chemotherapy/targeted therapy, and
  - 5 prior cycles of XRT.

Early response observed by Day 7 in anti-PD-1 + VEGF inhibitor failure

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

BEYOND CANCER™
Next level immuNO-oncology

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



Baseline | Day 1 | Day 7 | Day 21

- Evidence of resolution of radiation dermatitis seen as early as Day 1
- Treated lesion showed dramatically lower proliferative index at Day 21 with no evidence of malignancy in the satellite lesion
- Increases in M1 macrophages and decreases in Tregs observed on Day 7

BEYOND CANCER™

Next level immuNO-oncology

UNO101 Clinical Data Review

Dr. Selena Chaisson, CEO Beyond Cancer

Systemic Murine Biomarker Response Following UNO Treatment

BEYOND CANCER™
Next level immuNO-oncology

UNO

Day 0

↑ CM T cells (increase: 160%)

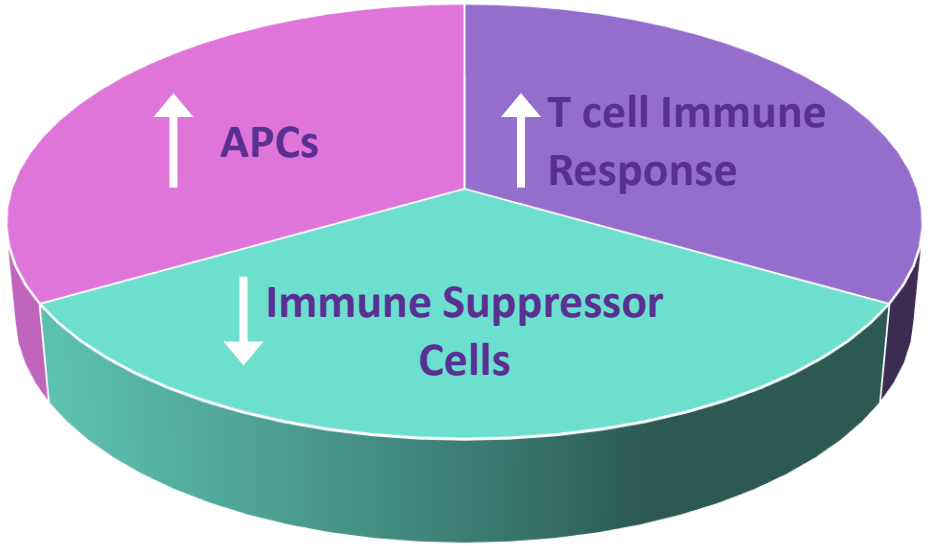
↑ Dendritic cells (increase: 112%)

Day 5-7

↑ T cells (increase: 31-37%)

Day 21

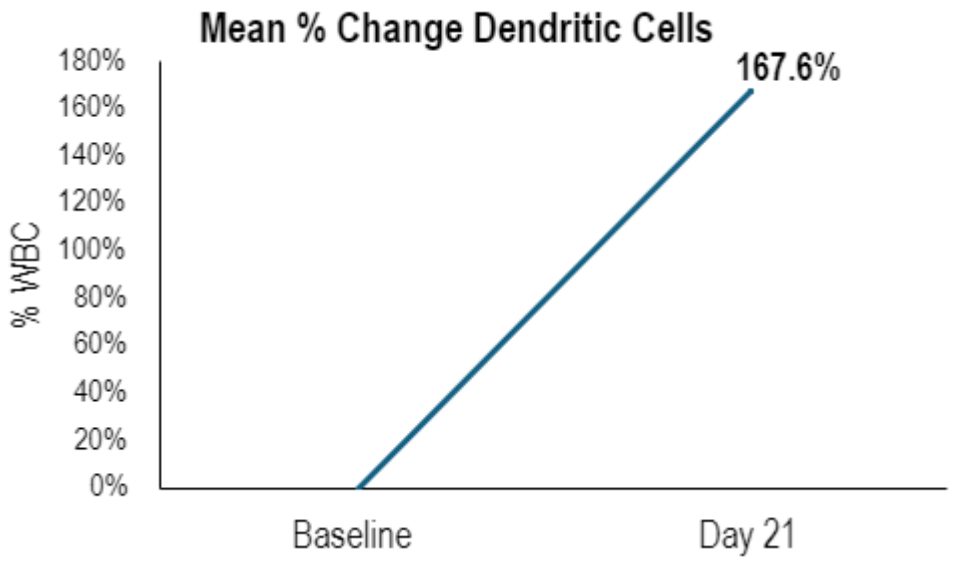
↓ pMDSCs (decrease: 15-19%)



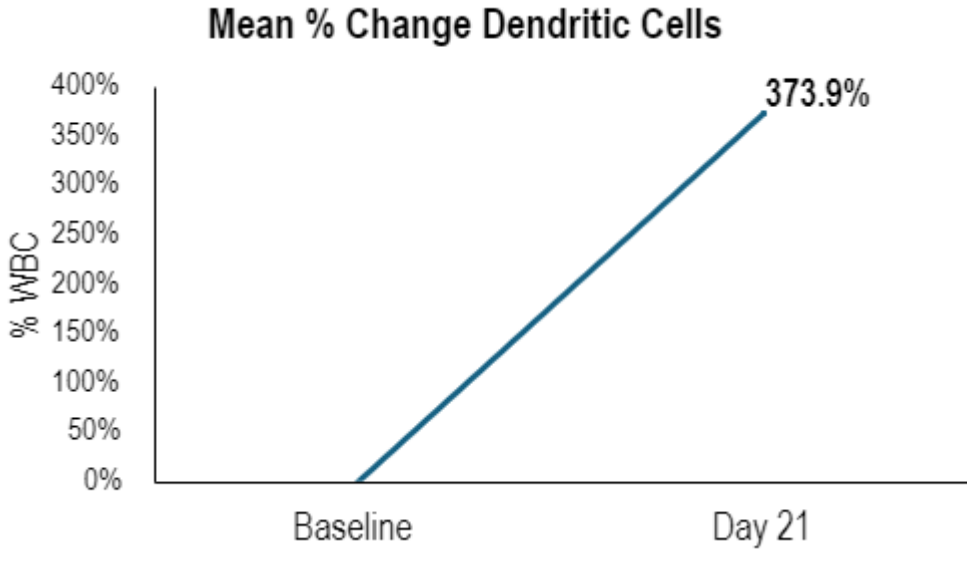
Dendritic Cells

Large, Durable Increases in Dendritic Cells

25,000 ppm (n=5)



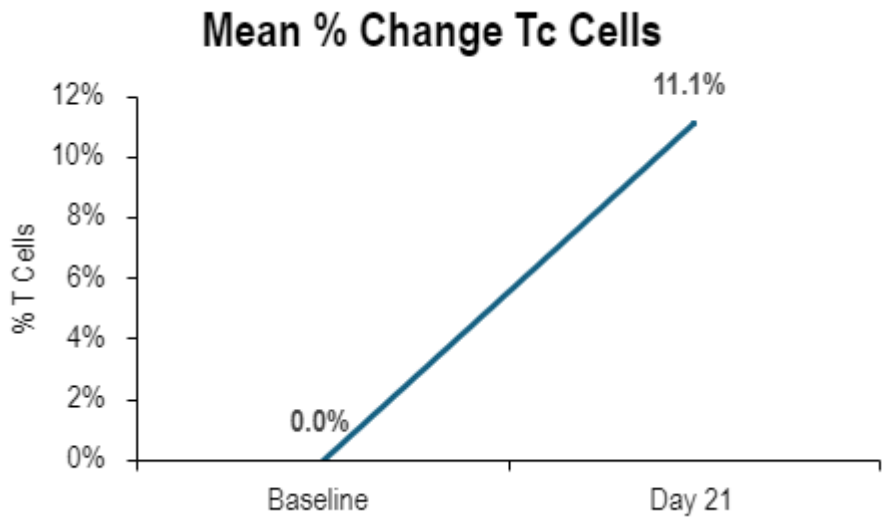
50,000 ppm (n=3)



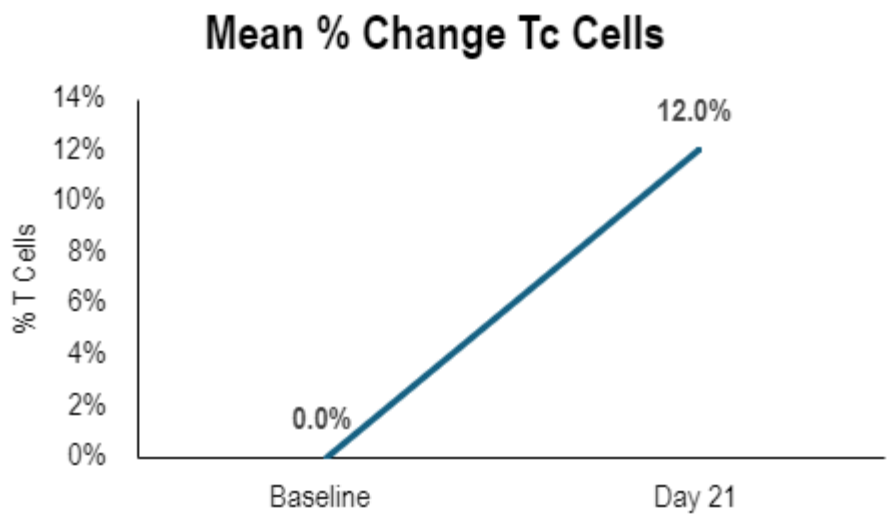
Cytotoxic T-Cells

Consistent Increases in Cytotoxic T-Cells

25,000 ppm (n=5)



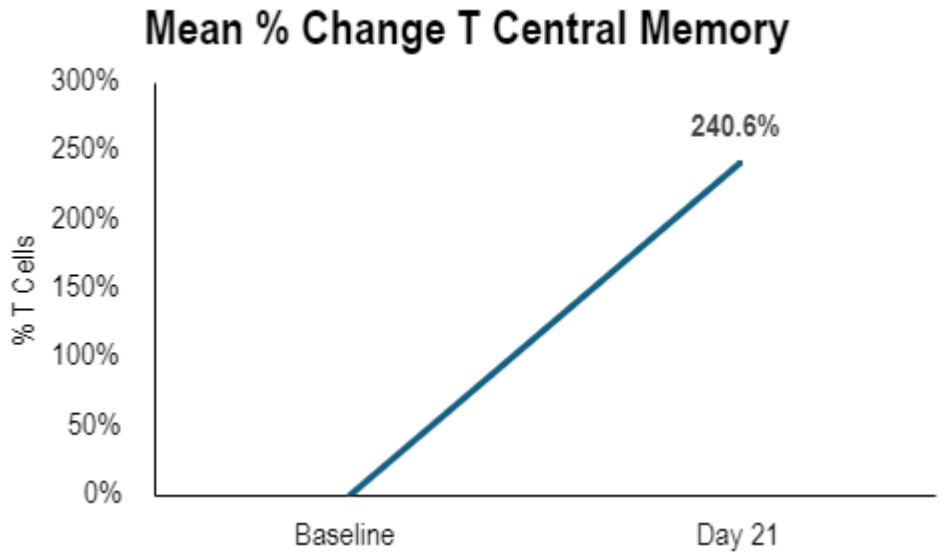
50,000 ppm (n=3)



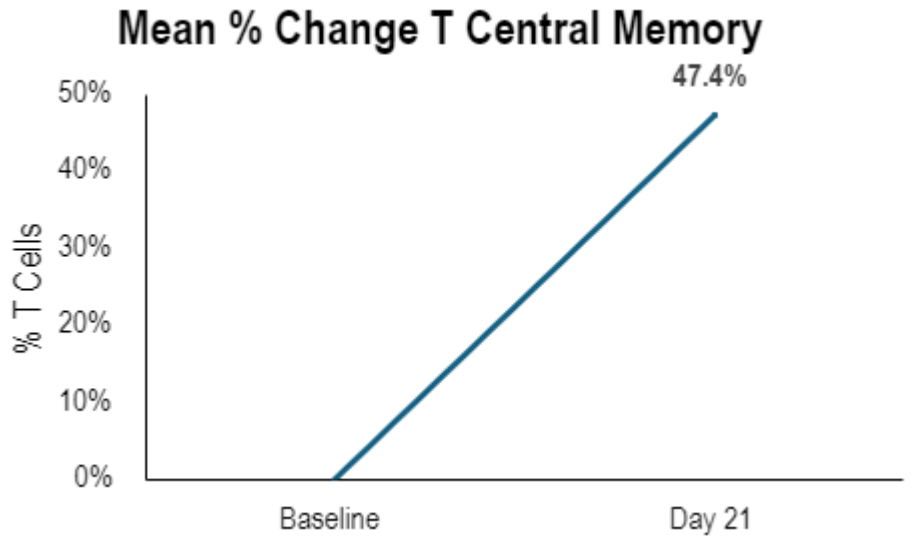
T Central Memory

Durable Increases in Central Memory T-Cells

25,000 ppm (n=5)



50,000 ppm (n=3)

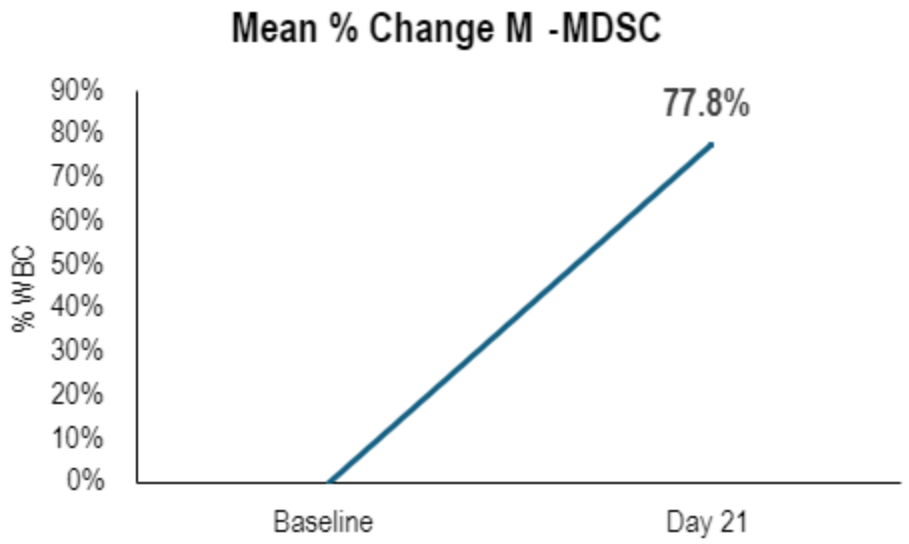


MDSC

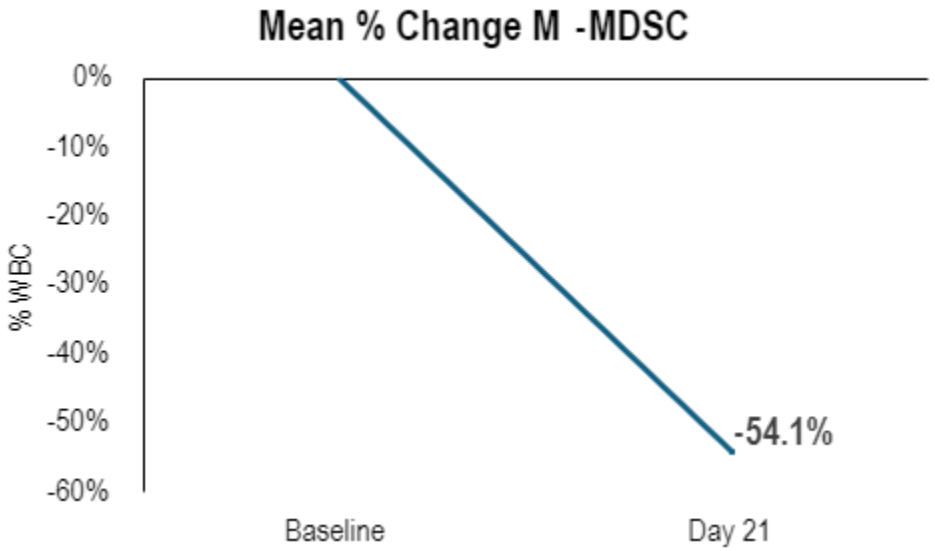
BEYOND CANCER™
Next level immuNO-oncology

Large Reductions in MDSCs at 50,000 ppm UNO

25,000 ppm (n=5)

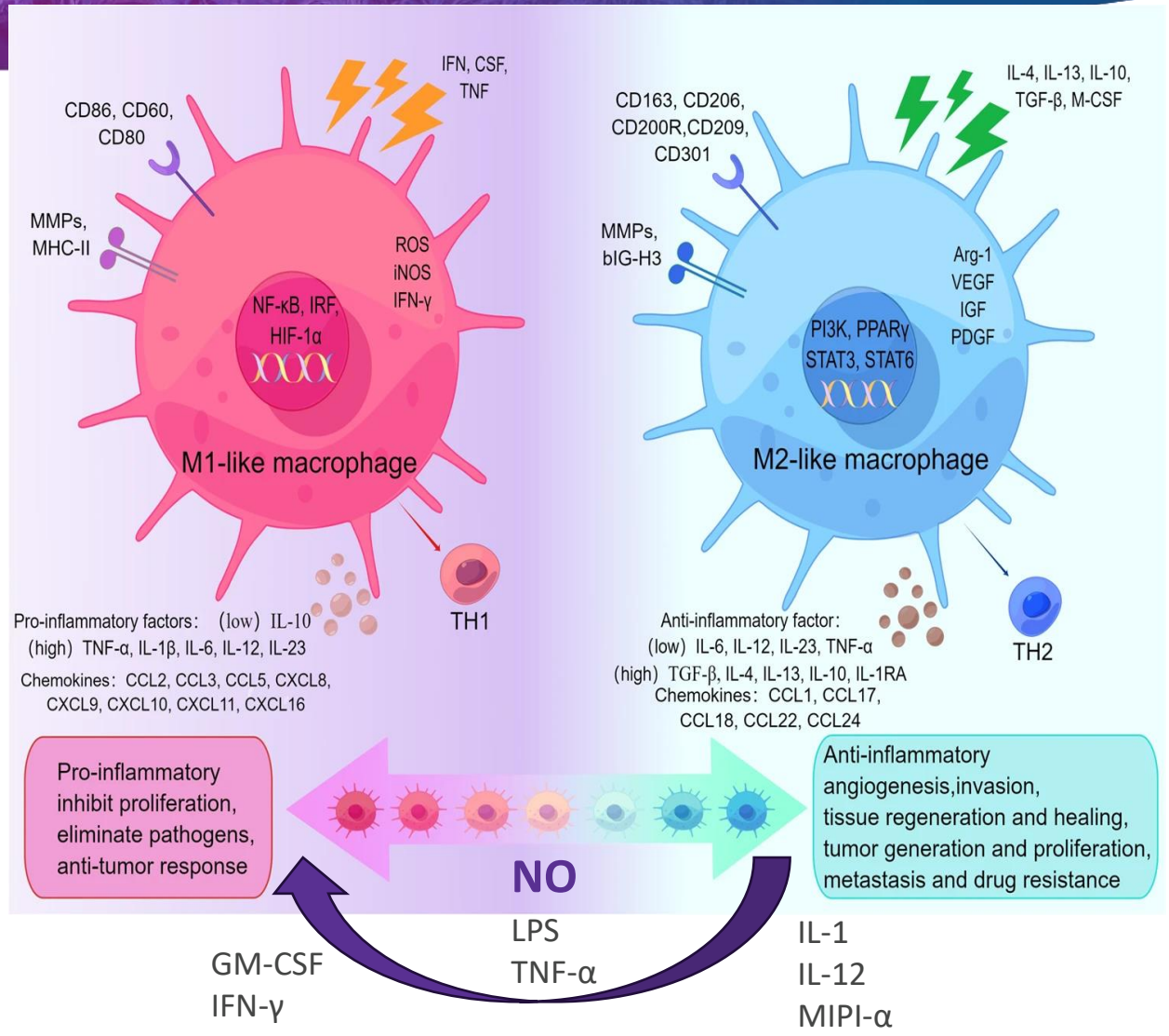


50,000 ppm (n=3)



M2→M1 Macrophage Re-Polarization

- **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**

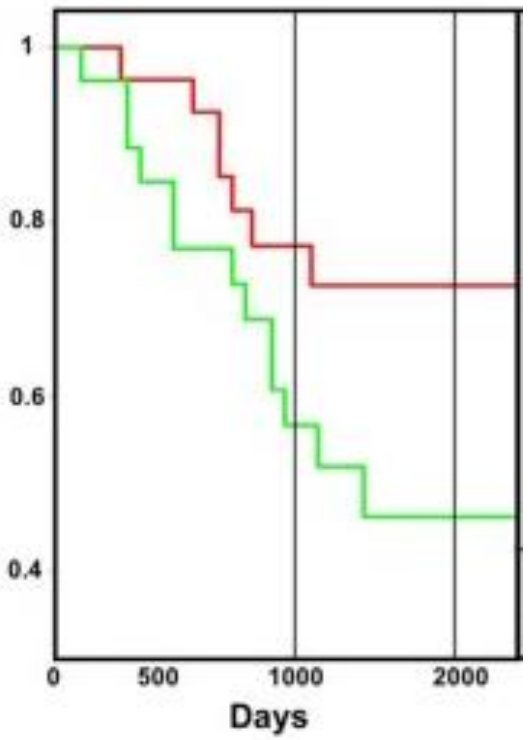


Adapted From: Wang, S., Wang, J., Chen, Z. et al. Targeting M2-like tumor-associated macrophages is a potential therapeutic approach to overcome antitumor drug resistance. npj Precis. Onc. 8, 31 (2024). https://doi.org/10.1038/s41698-024-00522-z

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

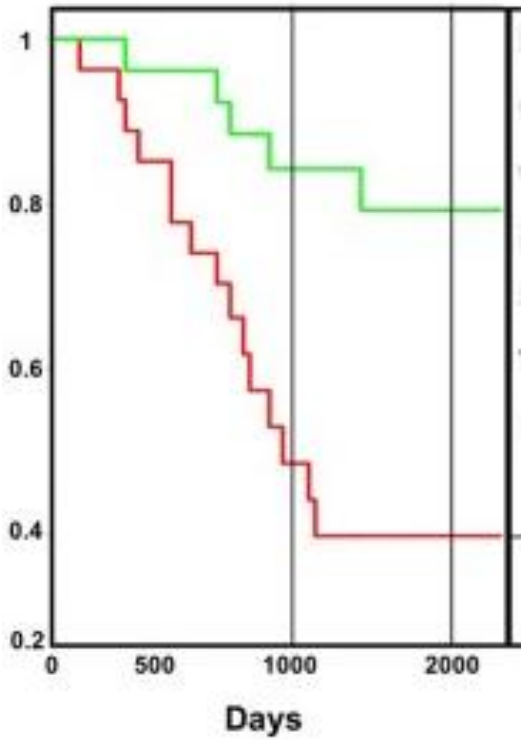
BEYOND CANCER™
Next level immuNO-oncology

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

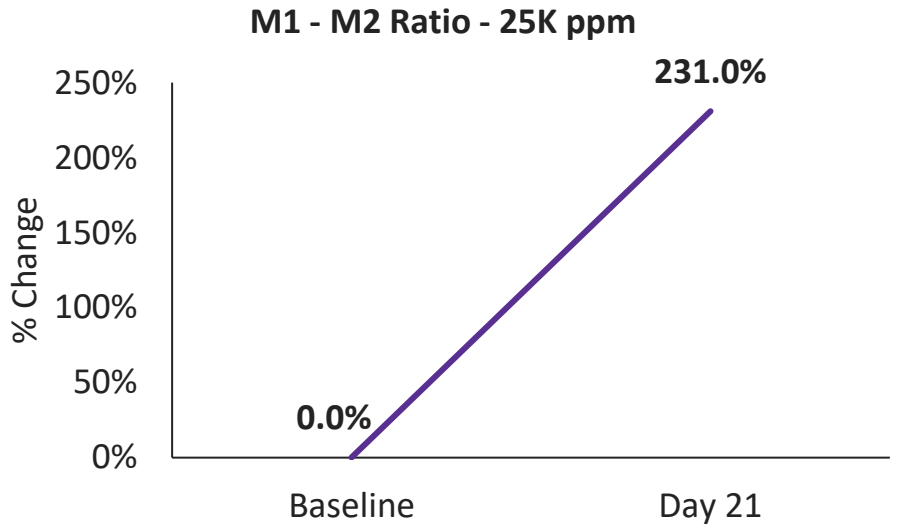
= High Expression
= Low Expression

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.

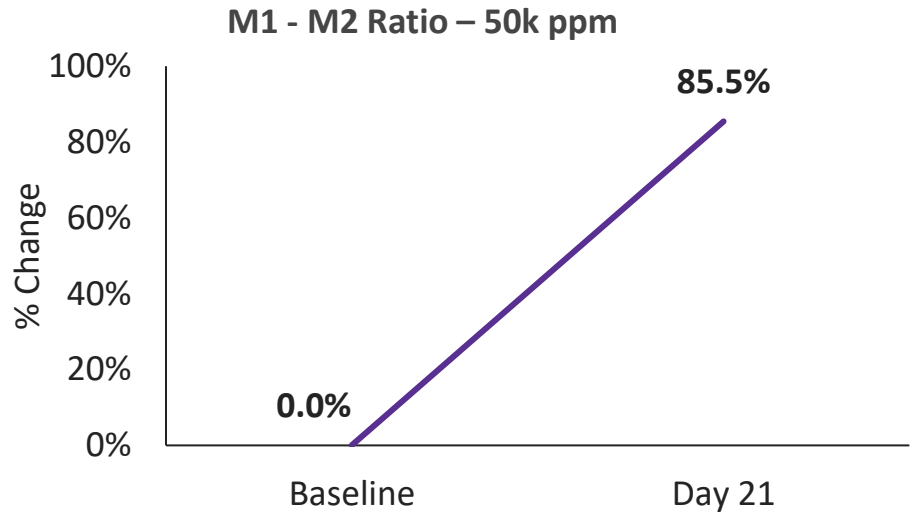
M1-M2 Ratio

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

Key Takeaways From Interim Phase 1a Analysis

- Local administration of UNO is **well tolerated**
- **Immune biomarkers** show upregulation of T-cells, Dendritic cells, T-Central Memory cells, and M1/M2 ratio
- **MDSCs** are suppressed at 50,000 ppm
- Complete **resolution of radiation dermatitis** observed from a single infusion of UNO
- Demonstrated **proof of concept with early responses** observed in a heavily pretreated population
- Next Clinical Steps:
  - **Advance to Phase 1b in combination with Immune Checkpoint Inhibitors (ICIs)**

BEYOND CANCER™

Next level immuNO-oncology

Next Clinical Steps

Dr. Selena Chaisson, CEO Beyond Cancer

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

BEYOND CANCER™
Next level immuNO-oncology

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 Pilot Study: Primary Tumor Results

BEYOND CANCER™ Next level immuNO-oncology

BC-001-68B-R4

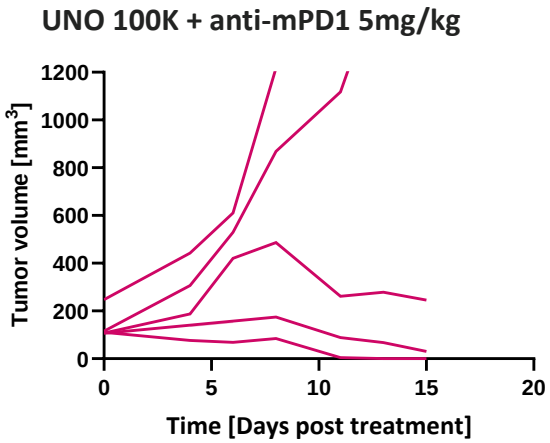
Tumor Shrinkage is seen in 3/5 tumors in UNO combo arm vs. 0/5 in N_2 combo arm at Day 15

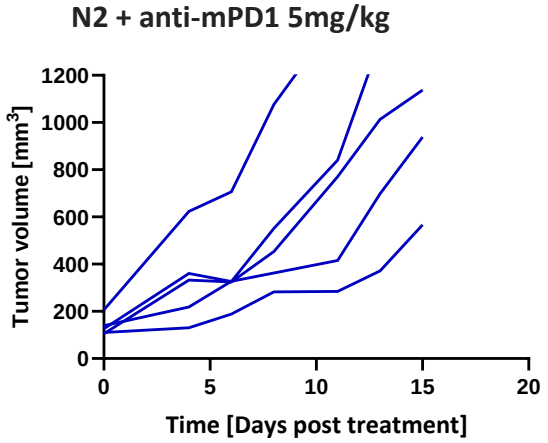
Experimental Conditions

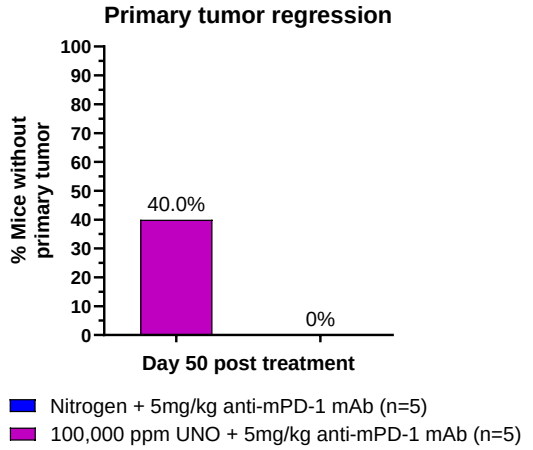
- 100,000 ppm NO + anti-mPD1 vs. N2 + anti-mPD-1 (5mg/kg)
- Treatment time: 2.5 min

Results

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





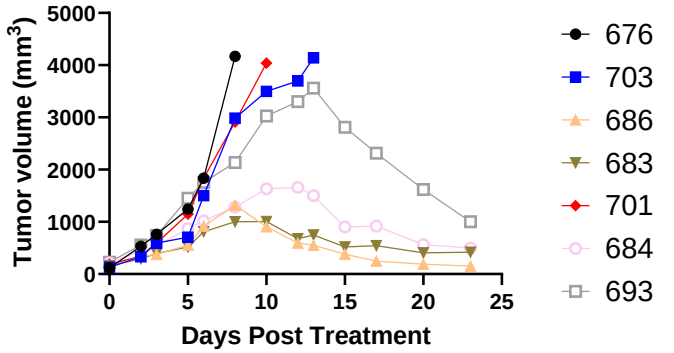


Low Volume Validation Study in Rat Model

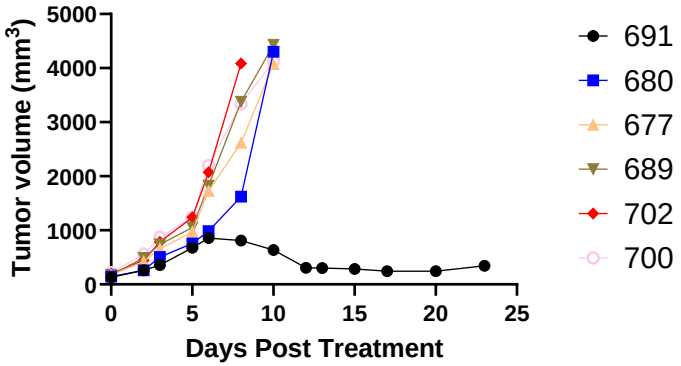
BEYOND CANCER™
Next level immuNO-oncology

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

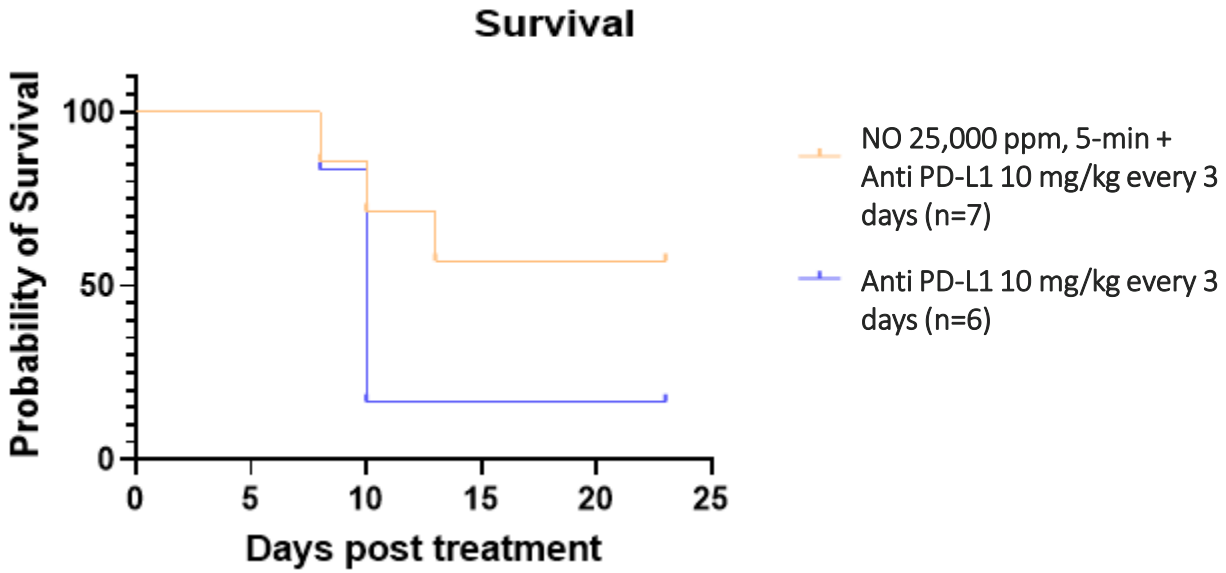
UNO + anti PD-L1 individual plots



Anti PD-L1 indvidual plots



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



Proposed Design: Phase 1b BC-ONC-01

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 (Low Volume)
(n=20)

UNO201
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.

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

BEYOND CANCER™
Next level immuNO-oncology

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™

Next level immuNO-oncology

Unmet Medical Need & Market Opportunity

Dr. Jedidiah Monson

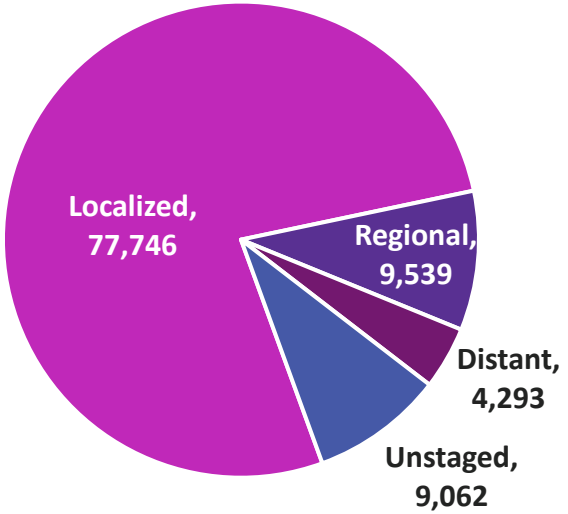
UNO Cutaneous/Near Cutaneous Tumors

PD-1/PD-L1 Approved Indications

BEYOND CANCER™
Next level immuNO-oncology

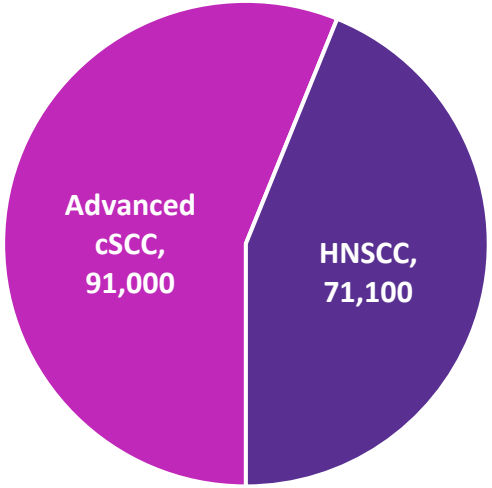
Malignant Melanoma

100,640 Annual Cases



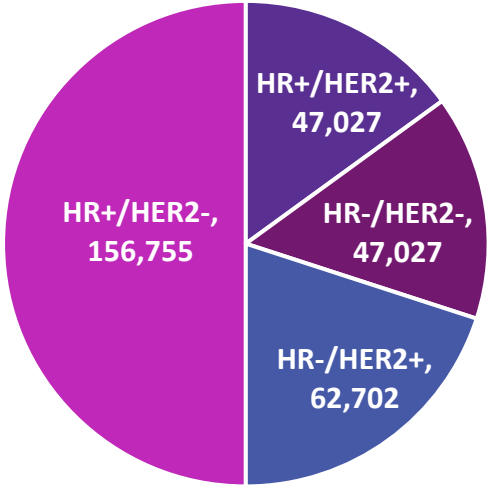
Skin + Head & Neck Cancers

162,100 Annual Cases



Breast Cancer

313,510 Annual Cases

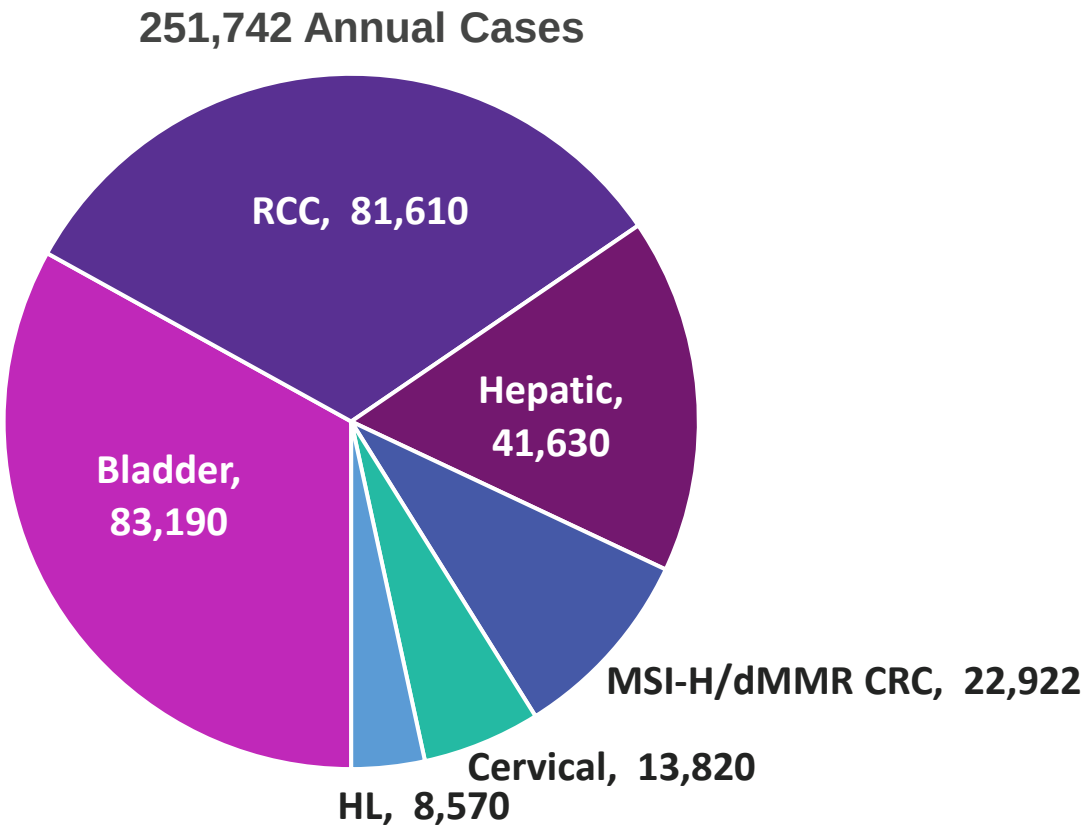


Solid Tumors represent approximately 90% of adult human cancers[1]
Metastatic Disease is responsible for 90% of solid tumor deaths[2]

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
Chart Sources: According to the National Cancer Institute: https://www.cancer.gov/types/common-cancers. Accessed: May 23, 2024. Data as of January 17, 2024, *Our New Approach to a Challenging Skin Cancer Statistic.* The Skin Cancer Foundation. https://www.skincancer.org/blog/our-new-approach-to-a-challenging-skin-cancer-statistic/. Accessed May 23, 2024. García-Foncillas J, Tejera-Vaquerizo A, Sanmartín O, Rojo F, Mestre J, Martín S, Azinovic I, Mesía R. Update on Management Recommendations for Advanced Cutaneous Squamous Cell Carcinoma. Cancers (Basel). 2022 Jan 27;14(3):629. doi: 10.3390/cancers14030629. PMID: 35158897; PMCID: PMC8833756. SEER Cancer Stat Facts. Beyond Cancer, Inc. Research

UNO Internal Tumors

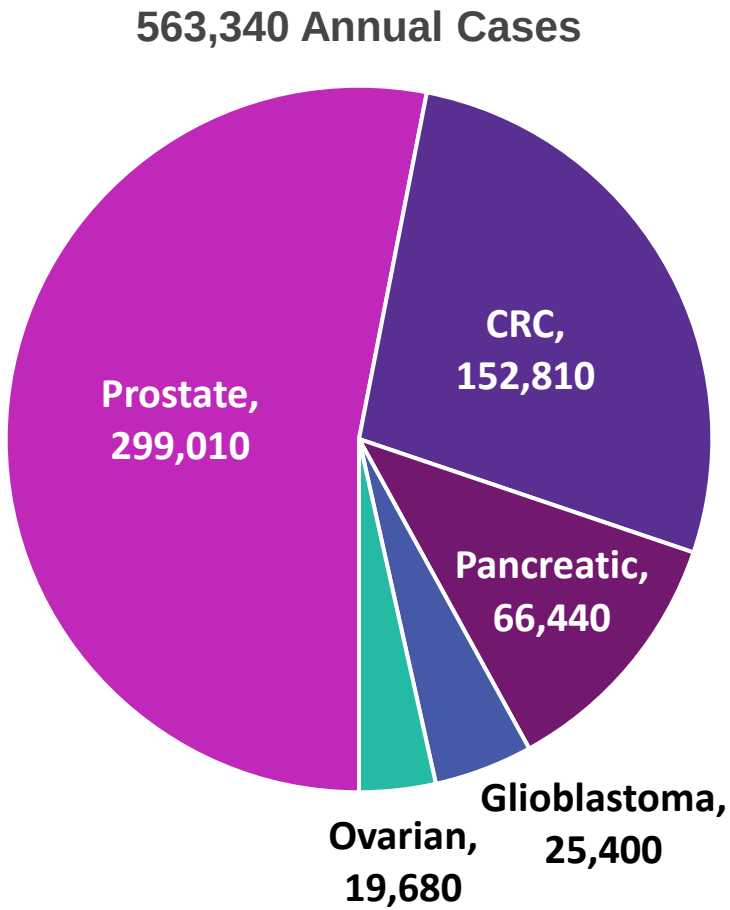
PD-1/PD-L1 Approved Indications



Sources: According to the National Cancer Institute: https://www.cancer.gov/types/common-cancers. Accessed: May 23, 2024. Data as of January 17, 2024, SEER Cancer Stat Facts, https://doi.org/10.1038/s41571-020-00464-y. Beyond Cancer, Inc. Research

UNO Internal Tumors

Unapproved PD-1/PD-L1 Indications

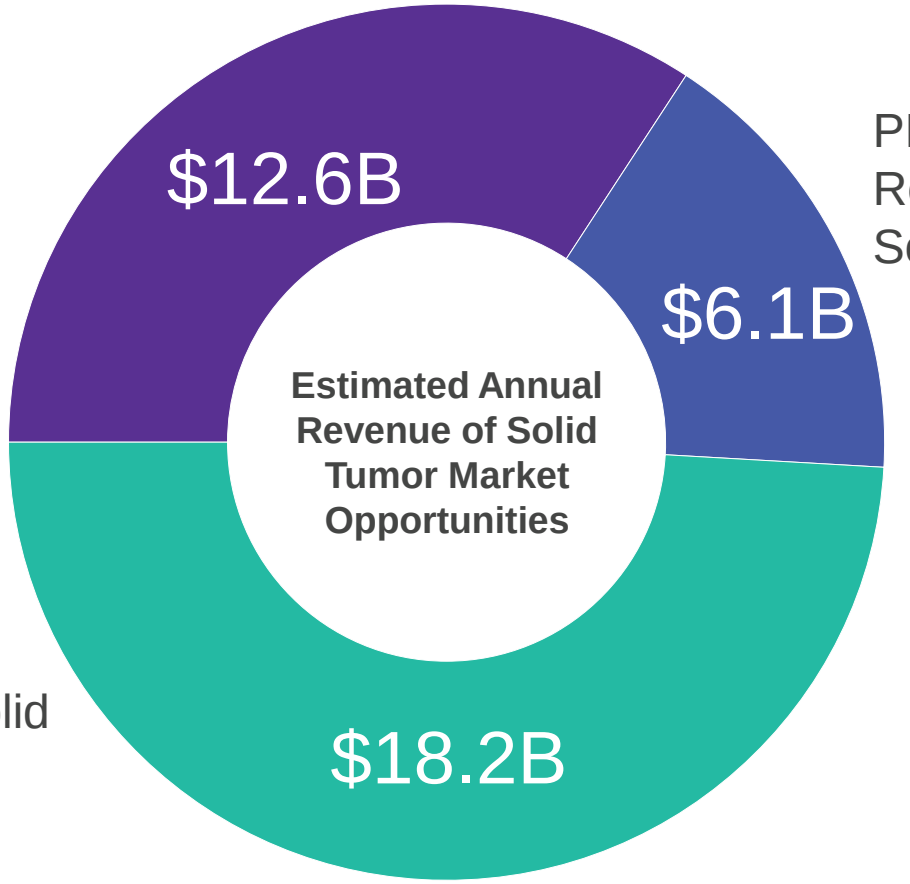


Sources: According to the National Cancer Institute: https://www.cancer.gov/types/common-cancers. Accessed: May 23, 2024.
Data as of January 17, 2024, SEER Cancer Stat Facts. Beyond Cancer, Inc. Research

Commercial Opportunity

UNO + anti-PD-1 / PD-L1

BEYOND CANCER™
Next level immuNO-oncology



Note: Underlying data available for review

Contact

BEYOND CANCER™
Next level immuNO-oncology

Investor Relations

IR@beyondcancer.com

Business Development

Matt Johnson
mjohnson@beyondcancer.com
516-497-0531