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BriaCell

INVESTOR PRESENTATION
Winter 2024-2025

Developing Novel Therapeutics to Destroy Cancer

Forward Looking Statements

BriaCell Therapeutics Corp. ("**BriaCell**")

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Our public communications, including this presentation, and SEDAR and SEC filings, may contain statements related to future, not past, events. These forward-looking statements are based upon current beliefs and expectations of the Company's management and are subject to significant risks and uncertainties. These forward-looking statements often, but not always, may be identified by the use of words such as "believes," "estimates," "anticipates," "targets," "expects," "plans," "projects," "intends," "predicts," "may," "could," "might," "will," "should," "approximately," "potential" or, in each case, their negative or other variations thereon or comparable terminology, although not all forward-looking statements contain these words. If underlying assumptions prove inaccurate or risks or uncertainties materialize, actual results may differ materially from those set forth in the forward-looking statements.

These forward-looking statements appear in a number of places throughout this presentation and include statements regarding our intentions, beliefs, projections, outlook, analyses or current expectations concerning, among other things, our reliance on third parties to carry out a large portion of our business; the possibility that pre-clinical and initial clinical trials will not necessarily be predictive of future results; our ability to obtain additional capital to continue our operations; our reliance on key personal; our success in completing the development of our products, commercializing our products or generating significant revenues; our ability to successfully develop, maintain and protect our proprietary products and technologies; and potential difficulties recruiting or retaining patients in our ongoing and planned clinical trials if patients are affected by the virus or are fearful of visiting or traveling to our clinical trial sites because of the outbreak of COVID-19.

By their nature, forward-looking statements involve risks and uncertainties because they relate to events, competitive dynamics, and healthcare, regulatory and scientific developments and depend on the economic circumstances that may or may not occur in the future or may occur on longer or shorter timelines than anticipated or not at all. Although we believe that we have a reasonable basis for each forward-looking statement contained in this presentation, we caution you that forward-looking statements are not guarantees of future performance and that our actual results of operations, financial condition and liquidity, and the development of the industry in which we operate may differ materially from the forward looking statements contained in this presentation.

BriaCell: Novel Immunotherapies to Fight Cancer

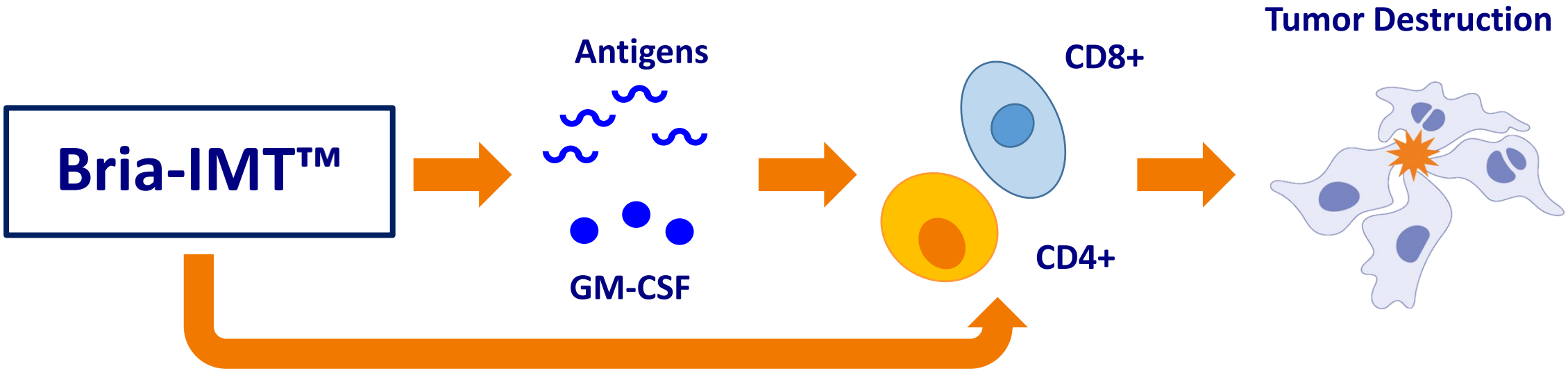
- A clinical stage immuno-oncology company that is developing an entirely new class of targeted immunotherapies to transform cancer care

- **Lead drug candidate Bria-IMT™**
  - **Pivotal Phase 3 study underway in metastatic breast cancer (over 40K US deaths/year)**
  - Phase 2 study demonstrated 2-fold increase in survival vs comparable patients in the literature
    - Unprecedented clinical benefit in checkpoint inhibitor (CPI) and antibody-drug conjugate (ADC) resistant patients
    - Remarkable clinical efficacy in patients with central nervous system (CNS) metastases
  - Awarded Fast Track designation by FDA
  - Single agent and combination check point inhibitor (+ CPI) activity

- **Bria-OTS™ & Bria-OTS+™: Next generation novel cell-based cancer immunotherapy platform**
  - **Both are off-the-shelf and personalized. Bria-OTS+™ is a more potent version of Bria-OTS™**
  - Bria-BRES™ Phase 1/2a study ongoing for breast cancer. Bucket trial with other cancer indications to be added
  - Next generation prostate cancer candidate (Bria-PROS+) scheduled to enter clinic in 1H 2025
  - National Cancer Institute SBIR award

Bria-IMT™: BriaCell Targeted Immunotherapy

- Bria-IMT™ - a cell based, patented, targeted immunotherapy
- Derived from a well characterized breast cancer cell line
- Expresses tumor antigens and GM-CSF to activate cancer fighting CD4+ and CD8+ T cells
- Stimulates the immune system to enhance targeted killing of cancer cells
- Off-the-shelf approach easy to distribute and administer



Bria-IMT™ Monotherapy Phase 2 Clinical Data

Evaluable Patients	HLA Match	Disease Control (CR, PR, and SD)	Disease Control in Immune Responders (DTH)
N=5	≥ 2	80% (4/5)	100% (4/4)
N=15	≥ 1	47% (7/15)	58% (7/13)
N=18	Any	50% (9/18)	60% (9/15)

- 27 total heavily pre-treated (median 5 prior regimens) metastatic breast cancer patients treated with Bria-IMT™ monotherapy regimen, 18 evaluable
- Presence of HLA-type matching correlates with response to Bria-IMT™
- Immune response measured by delayed-type hypersensitivity (DTH) to Bria-IMT™ correlates with disease control
- Tolerability excellent with no dose-limiting toxicities
- Clinical benefit demonstrated: 1 PR and 8 SD in 15 evaluable immune responders

Data on file
CR = Complete Response, PR = Partial Response and SD = Stable Disease
DTH = Delayed-type Hypersensitivity

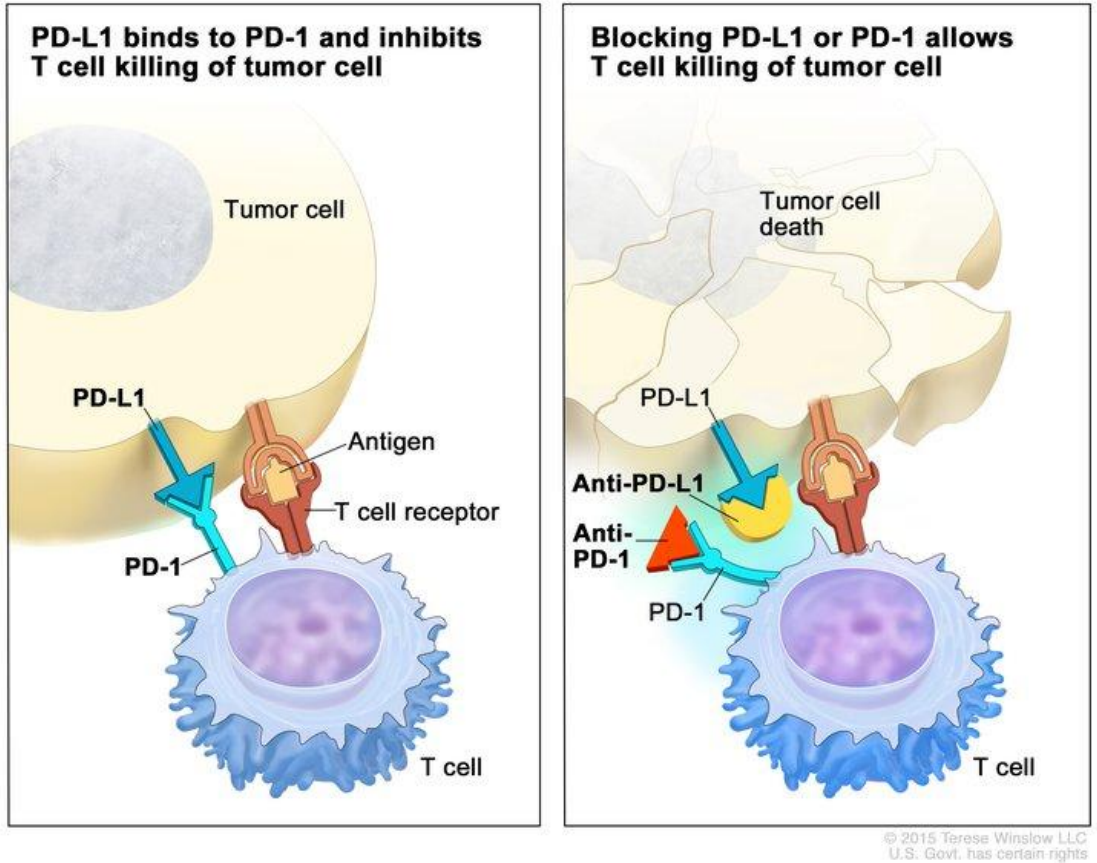
Bria-IMT™ Combination with CPIs

How Do CPIs Work?

- PD-L1 expression protects cancer cells from tumor antigen driven T-cell attack
- PD-1 and PD-L1 inhibitors, also known as CPIs, neutralize this immune suppression

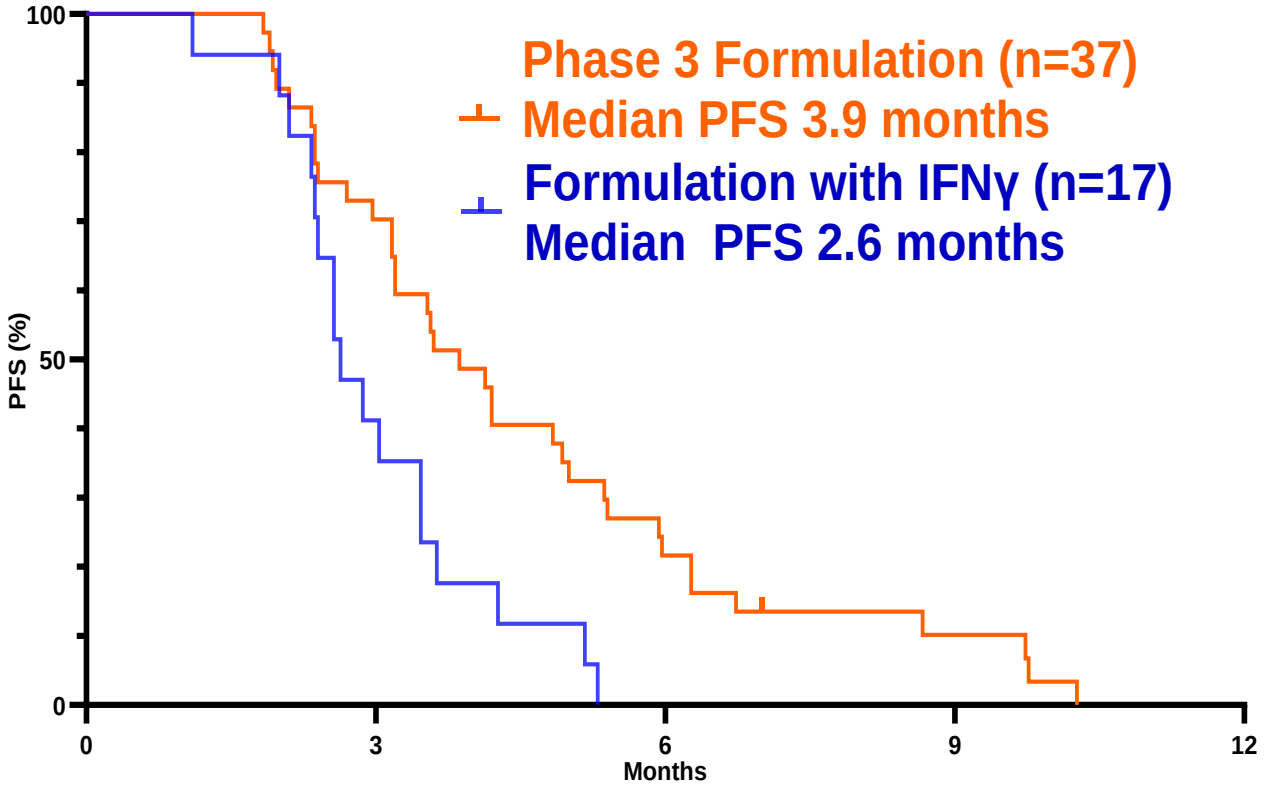
Why combine Bria-IMT™ with CPIs?

- >90% of patients express PD-L1 in our studies
- Potential synergy between Bria-IMT™ activated immune system and CPI's unblocking of immune system
- BriaCell's hypothesis: Combining CPIs with Bria-IMT™ "releases the brakes and steps on the gas" providing powerful anti-tumor activity



Bria-IMT™ + Checkpoint Inhibitor (CPI) Phase 2 Study

- Total of 54 patients enrolled
  - 11 treated in combination with pembrolizumab
  - 44 treated in combination with retifanlimab
    - one cross-over
- Median 6 prior regimens
- Evaluated 2 formulations:
  - Bria-IMT™ treated with IFNγ, n = 17
  - Bria-IMT™ not treated with IFNγ, n = 37
- Progression-free survival (PFS) 3.9 months vs 2.6 months favored no IFNγ ($p<0.05$)
- PFS of similar patients in the literature is 1.6-2.5 months[1]
- Bria-IMT™ without IFNγ selected as formulation for Phase 3

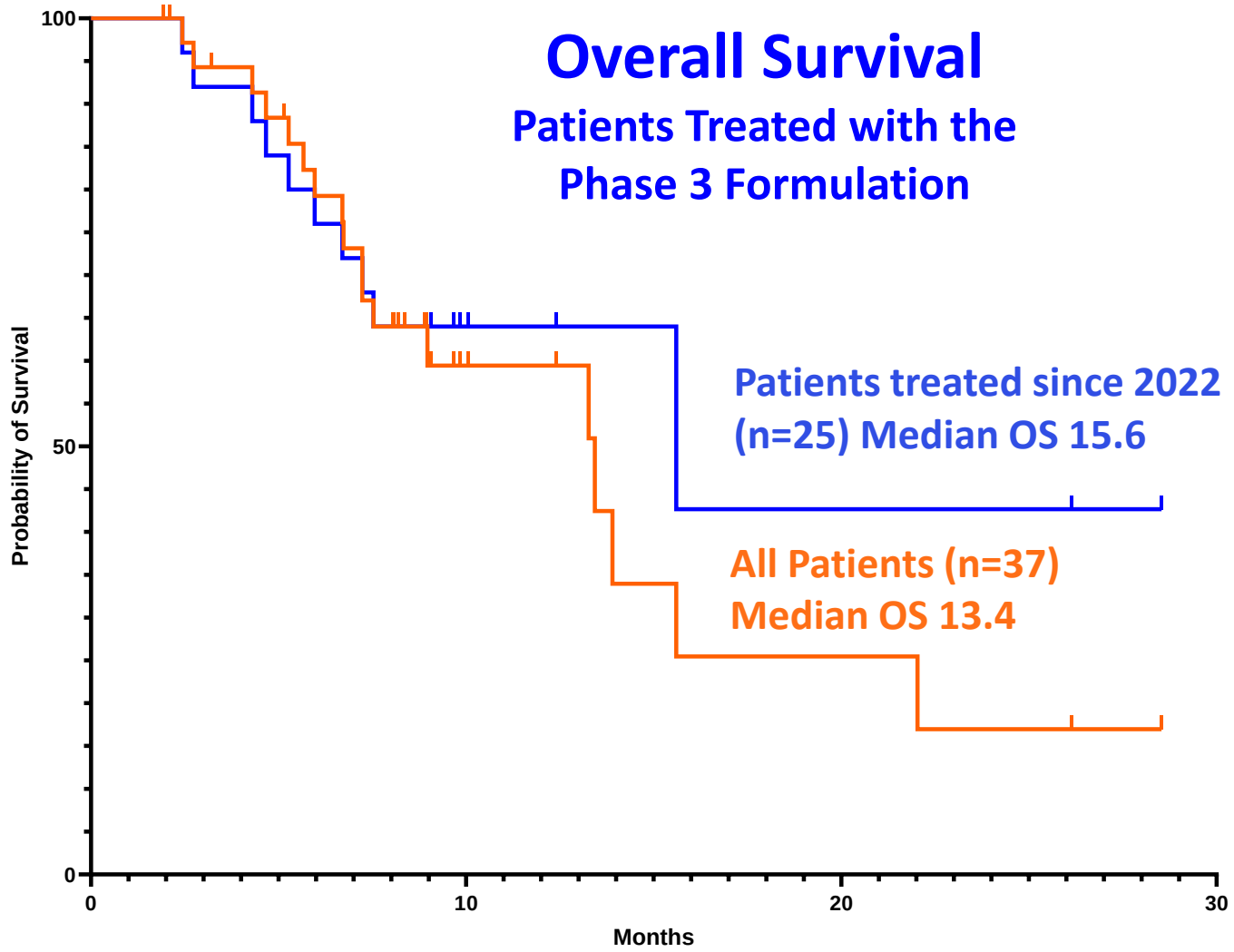


Data presented at ASCO 2024 see Calfa et al. Journal of Clinical Oncology 42, 6_suppl
https://doi.org/10.1200/JCO.2024.42.16_suppl.1022

[1] Cortes J, et al. Annals of Oncology 2018; Kazmi S, et al. Breast Cancer Res Treat. 2020 Aug 17; O'Shaughnessy J et al. Breast Cancer Res Treat. 2022; Tripathy D, et al. JAMA Oncol. 2022; Bardia A, et al. J Clin Oncol. 2024 May 20;42(15):1738-1744

Bria-IMT™ + CPI Phase 2 Overall Survival in Metastatic Breast Cancer

- 37 patients treated with Phase 3 formulation
  - ➢ 12 pts pre 2022
  - ➢ 25 pts post 2022
- Overall survival (OS) 13.4 months (pre and post 2022)
- Overall survival (OS) 15.6 months post 2022
- OS compares favorably to 5.9-9.8 months[1] reported in similar metastatic breast cancer patients who have failed 3+ prior therapy attempts
- No dose limiting toxicities to date



Data presented at the 2024 San Antonio Breast Cancer Symposium
ClinicalTrials.gov ID NCT03328026

[1] Cortes J, et al. Annals of Oncology 2018; Kazmi S, et al. Breast Cancer Res Treat. 2020 Aug 17; O'Shaughnessy J et al. Breast Cancer Res Treat. 2022; Tripathy D, et al. JAMA Oncol. 2022; Bardia A, et al. J Clin Oncol. 2024 May 20;42(15):1738-1744

Comparison to Other Similar Patients

- ~4 months median progression-free survival (PFS) twice that seen in comparable patients treated with best available therapy, including antibody-drug conjugate (ADC) resistant patients[1,2,3]
- Clinical benefit seen in **55%** of evaluable patients in **all subtypes** of breast cancer
  - Compared with **7-10%** in comparable patients treated with best available therapy (the comparator for Phase 3)

Study	Progression-Free Survival (months)	Objective Response Rate (%)	Clinical Benefit Rate (%)
BriaCell's Phase 2 patients who received pivotal Phase 3 study formulation (Bria-IMT™ regimen)	**3.9**	**9.5***	**55***
BriaCell's ADC Resistant Phase 2 patients who received pivotal Phase 3 study formulation (Bria-IMT™ regimen)	**4.1**	**12****	**53****
Bardia, A. et. al. [1]	1.7	4	8
Tripathy D. et. al. [2]	1.9	3	10
O'Shaughnessy J. et. al. non-TNBC [3]	2.3	4	7
O'Shaughnessy J. et. al. TNBC [3]	1.6	5	10

*Data is for evaluable patients, n=42 with 12 not evaluable.

** Data is for evaluable patients, n = 17 with 6 not evaluable.

References: Data is shown for the intent to treat population for the control group treated with treatment of physician's choice, which is the comparator in the BriaCell phase 3 study

1. Bardia A, et al. Final Results From the Randomized Phase III ASCENT Clinical Trial in Metastatic Triple-Negative Breast Cancer and Association of Outcomes by Human Epidermal Growth Factor Receptor 2 and Trophoblast Cell Surface Antigen 2 Expression. J Clin Oncol. 2024 May 20;42(15):1738-1744.

2. Tripathy D, Tolaney SM, Tagliaferri M. Etirinotecan Pegol Treatment for Patients With Metastatic Breast Cancer and Brain Metastases-Reply. JAMA Oncol. 2022 Nov 1;8(11):1700-1701. jamaoncol.2022.4346. PMID: 36136348. This paper describes patients with brain metastases.

3. O'Shaughnessy J, et al. Analysis of patients without and with an initial triple-negative breast cancer diagnosis in the 3 randomized ASCENT study of sacituzumab govitecan in metastatic triple-negative breast cancer. Breast Cancer Res Treat. 2022 Sep;195(2):127-139.

Potential Clinical and Market Opportunities

Drug	Trial	Prior Lines	ORR (%)	PFS (months)	WW 2023 Sales* (Bil $)
Bria-IMT™	Ph 2	5.5	10	4.1	
KISQALI® (ribociclib)	Ph 1/2a (MBC previously Rx trastuzumab, pertuzumab, and trastuzumab emtansine)[1]	5	0	1.3	$ 2.1
KEYTRUDA® ** (pembrolizumab)	Ph 2 (MBC HER2 negative)[2]	1	0	1.9	$ 25.0
LYNPARZA® (Olaparib) + cediranib	Ph 1 (MBC triple negative)[3]	3	0	3.7	$ 2.8
IBRANCE® (palbociclib)	Ph 2a (MBC retinoblastoma+)[4]	2	0	3.7	$ 1.1
	Ph 2 (MBC HR+/HER2-)[5]	2		6	
PERJETA® (pertuzumab)	Ph 1 (MBC)[6]	2	0		$ 4.5
PERJETA® (pertuzumab) + docetaxel	Ph 1b (MBC)[7]	2	0		
PERJETA® (pertuzumab) + Herceptin	Ph 2 (MBC HER2+ progressed on trastuzamab)[8]	1-3	0	5	
TRODELVY® (sacituzumab govitecan-hziy)	Ph 1/2 MBC (TNBC; HR+ HER2-)[9]	3	0	5.5	$ 1.1
Verzenio® (abemaciclib)	Ph 1/2 (HR+/HER2– MBC progressed on endocrine Rx and prior chemo)[10]	4	0	6	$ 3.9
Verzenio® (abemaciclib)	Ph 1/2 (MBC HR+ Intracranial mets)[11]	1-12	5.2/0	4.4/2.7	
KADCYLA® (ado-trastuzumab emtansine)	Ph 1 (MBC HER2+ failed trastuzamab)[12]	4	21	~5.8	$ 2.3
	Ph 1 (MBC HER2+ failed HER2 directed Rx)[13]	5	26	4.6	
HERCEPTIN HYLECTA® (trastuzumab & hyaluronidase-oysk)	Ph 3 (HER2+ MBC)[14]		26	4.6	$ 1.9
ENHERTU® (HER2low) (fam-trastuzumab deruxtecan-nxki)	Ph 2 [15]	1	52		$ 2.6
ENHERTU® (HER2high) (fam-trastuzumab deruxtecan-nxki)	Ph 2 [15]	5	60		

- $2-5Bil Opportunity in Breast Cancer
- Up to $25Bil Opportunity across broad indications

* Worldwide sales figure is based on SEC filings
** Approved for multiple cancer indications.

References:

1. https://pubmed.ncbi.nlm.nih.gov/31235441/
2. https://ascopubs.org/doi/10.1200/JCO.2023.41.16_suppl.1095
3. https://pubmed.ncbi.nlm.nih.gov/23810467/
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5. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8676999/
6. https://pubmed.ncbi.nlm.nih.gov/15699478/
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11. https://aacrjournals.org/clincancerres/article/26/20/5310/82934/
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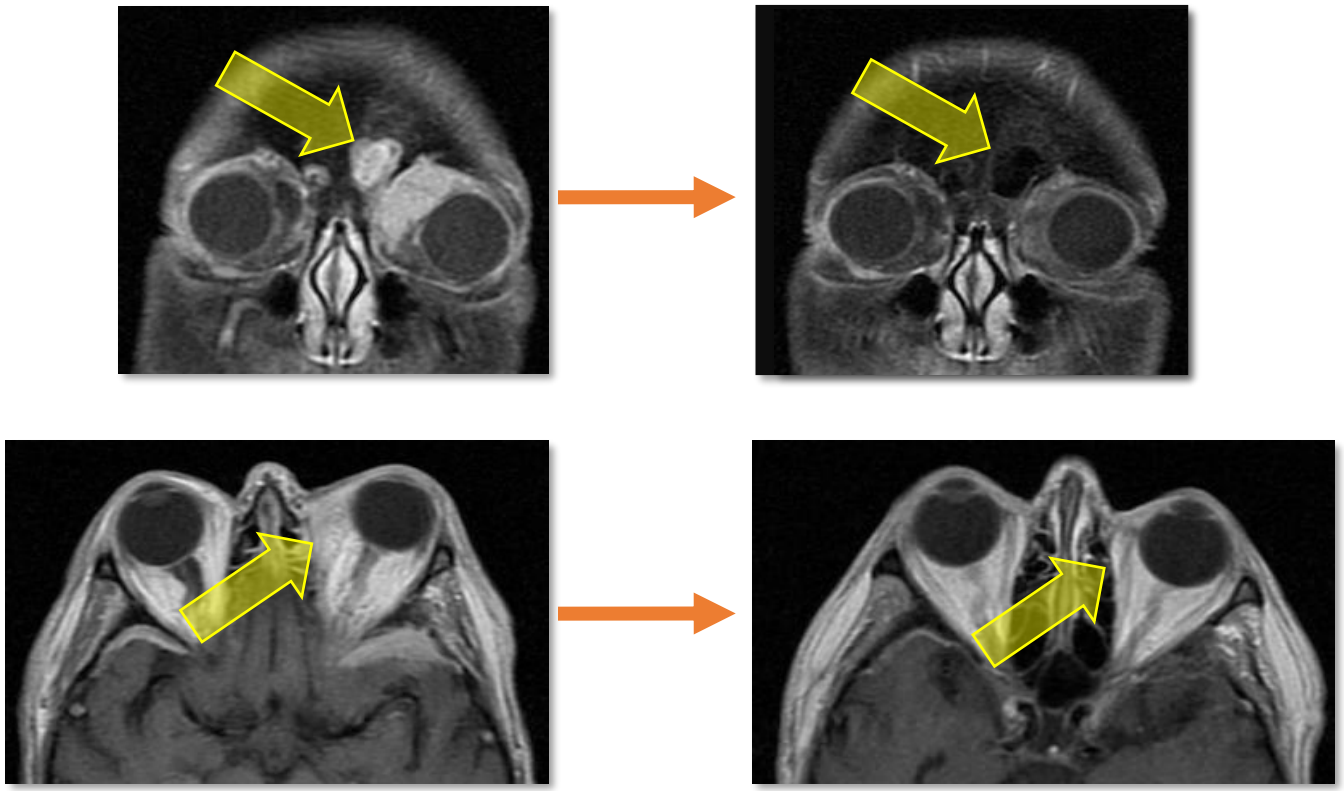
13. https://pubmed.ncbi.nlm.nih.gov/21172893/
14. https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(12)70329-7/abstract
15. https://pubmed.ncbi.nlm.nih.gov/36780610/; https://medicalinformation.astrazeneca-us.com/home/prescribing-information/enhertu.html

Bria-IMT™ + CPI Remarkable CNS Responders from Phase 2 Trial

Case #1

- Patient failed 13 prior regimens
- Baseline breast cancer metastases
  - Behind the left eye (orbit)
  - Outside lining of the brain (dura mater)
  - Adrenal gland
- 6 months of treatment
  - Orbital tumor completely resolved
  - The patient judged an overall partial responder

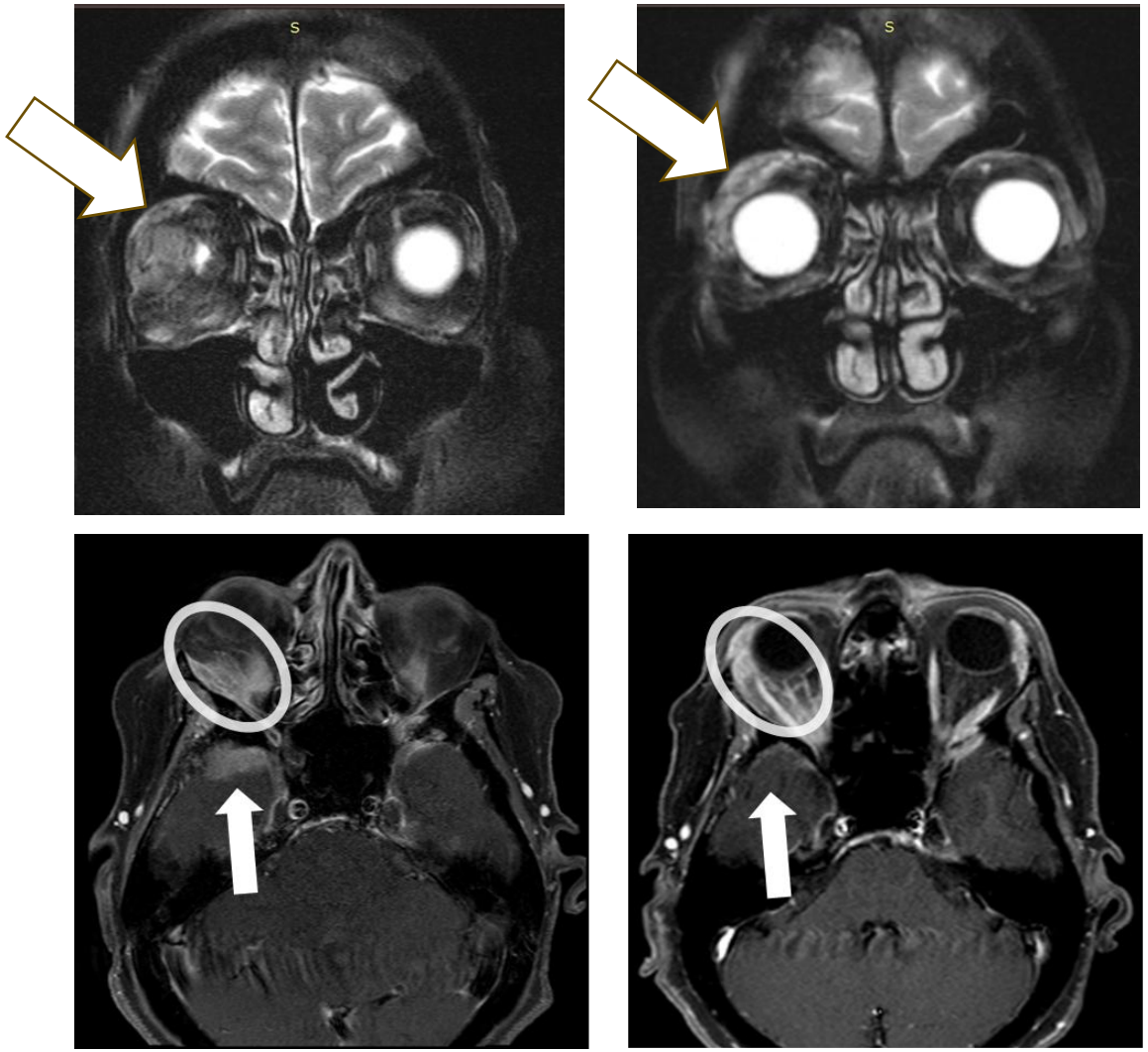
Baseline Scans **On Treatment Scans**



Bria-IMT™ + CPI Remarkable CNS Responders from Phase 2 Trial

Case #2

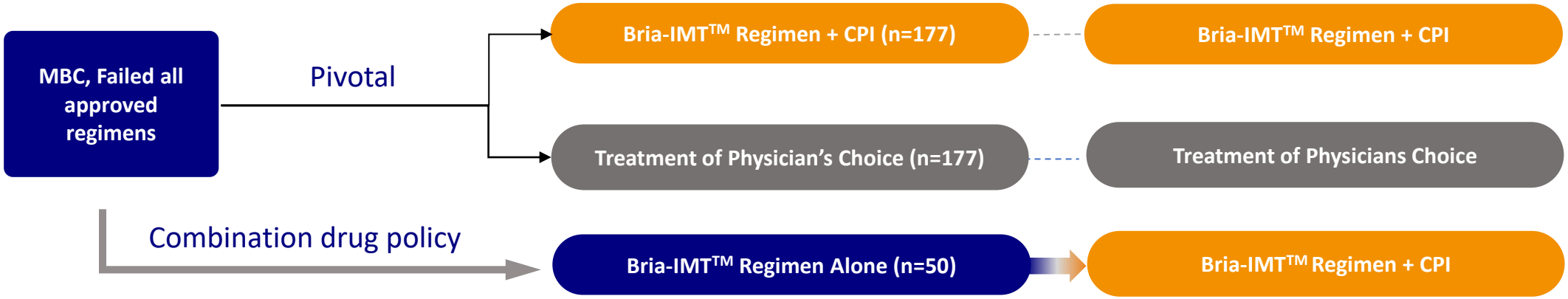
- Patient failed 8 prior regimens including ADC Enhertu®
- Baseline extensive proptosis (eye bulging) with tumor displacing eye and temporal lobe (brain) metastasis
  - Remarkable improvement of proptosis at 3 months
  - Marked tumor reduction
    - ✓ Orbit: 42 mm → 28 mm
    - ✓ Brain Temporal Lobe: 22 mm → 0
    - ✓ Overall, 56% reduction (PR)
  - Improvement in eye pain , on study >12 months with marked reduction in tumor markers



Pre-treatment **3 Months** **6 Months** **11 Months**

Bria-IMT™ + CPI Pivotal Phase 3 Study

- Pivotal Phase 3 study underway in metastatic breast cancer. Headline data expected 2H2025/1H2026.
- ***Primary endpoint of overall survival***
  - Interim analysis with early stop for efficacy at 144 events
  - Continue through study completion if no early stop
  - Bria-IMT™ alone transitions to Bria-IMT™ + CPI if worse than stable disease at first assessment
  - 97.5% powered to detect a 40% reduction in mortality
- ***Positive results would result in FULL approval of Bria-IMT™ + CPI***



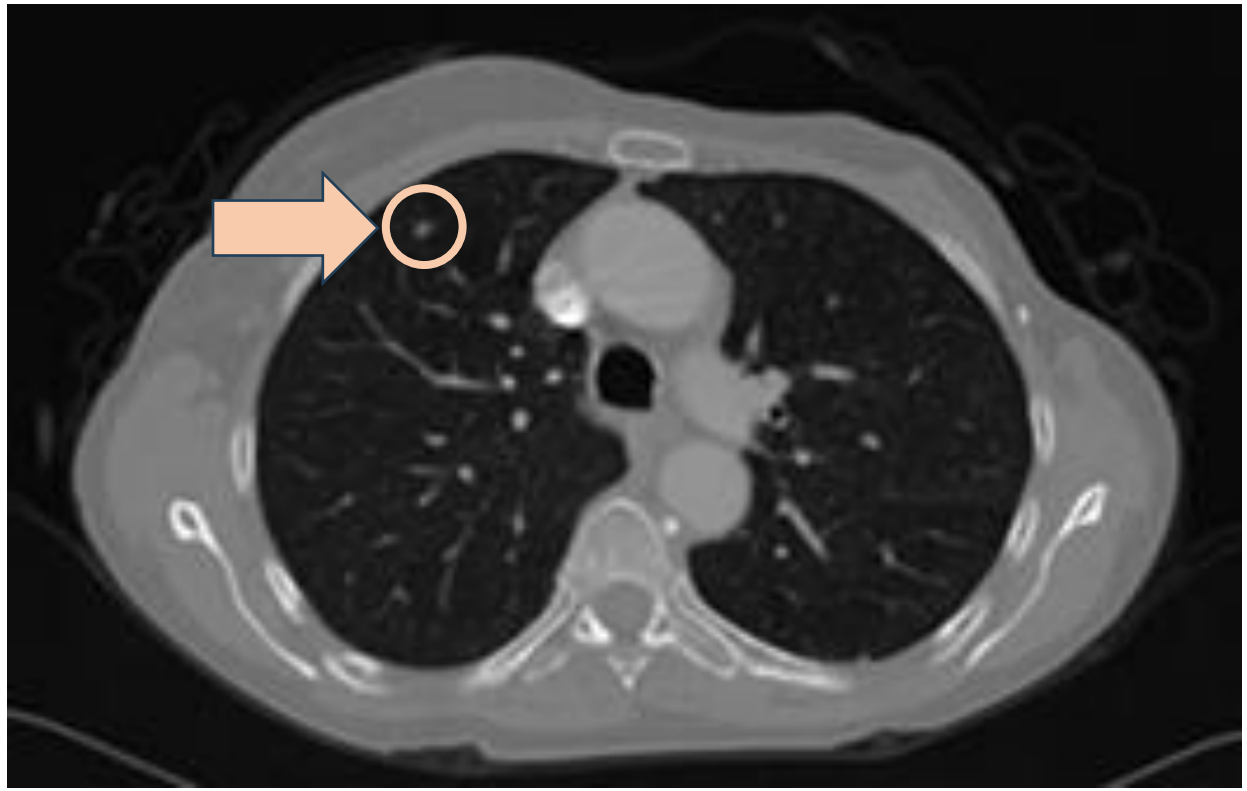
Analyze at 144 events. If hazard ratio (HR) is ≤ 0.6, submit BLA. If > 0.6, continue to completion with HR target of 0.7

Bria-OTS™ Personalized & Off-The-Shelf

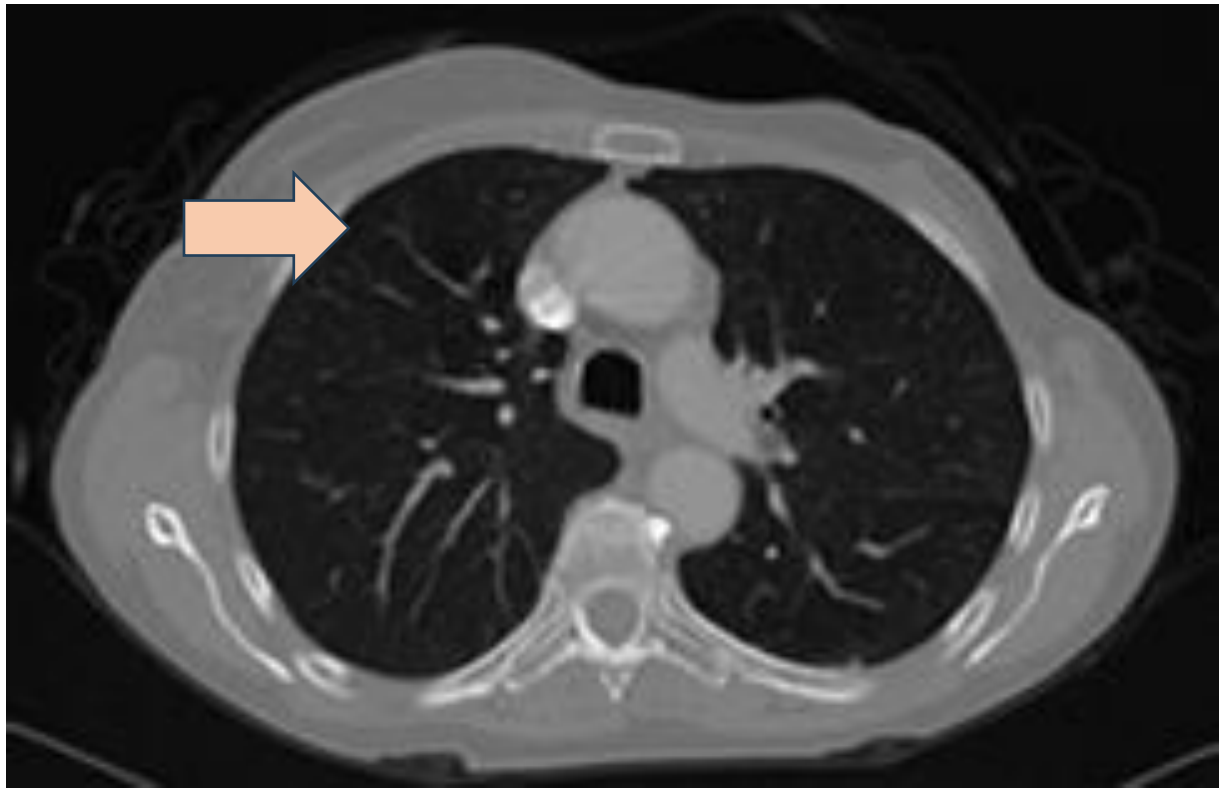
- Bria-IMT™ is most effective in human leukocyte antigen (HLA) type matched patients
- HLA typing is a DNA-based test that identifies proteins, or markers, on most cells in the body. These markers are the molecules that present antigens to T-cells
- Bria-OTS™ is engineered to express 15 unique HLA types through 4 independent cell lines
- Provides matched treatment to greater than 99% of patients
- Simple saliva test provides HLA type for delivery of personalized off the shelf Bria-OTS™ immunotherapy
- **Bria-BRES™ Phase 1/2a study enrolling**
  - Bucket trial with other cancer indications to be added
- Enhanced version (Bria-OTS+™) scheduled to enter the clinic 1H 2025 starting with prostate cancer following a successful pre-IND meeting with the FDA

Bria-OTS™ Update

- Bria-OTS™ has begun its Phase 1/2a clinical trial experience in a dose escalation study
- The first patient treated with the lowest dose of cells alone demonstrated resolution of a lung metastasis
- She had failed several prior therapy attempts and had stable disease elsewhere



Pre-Treatment



Post-Treatment

Development Timeline and Catalysts

1H 2025

Bria-IMT™ + CPI
Final Phase 2 safety & efficacy data readouts, at scientific conferences; Data Safety Monitoring Board updates on pivotal Phase 3 study

Bria-OTS™
Phase 1/2a trial dosing with Bria-BRES™ for breast cancer; Study expansion with Bria-PROS+™ scheduled to enter the clinic in a Phase 1/2a trial for prostate cancer

2H 2025

Bria-IMT™ + CPI
Completion of pivotal Phase 3 enrollment expected in 2025; Potential Phase 3 study interim analysis in 2H2025/1H2026.

Bria-OTS/OTS+™
Continuous patient data from Bria-BRES+™ & Bria-PROS+
Initiate Phase 1/2a trial on Bria-MEL+™ and Bria-LUNG+™

1H 2026

Bria-IMT ™+ CPI
Potential BLA submission.

2H 2026

Bria-OTS/OTS+™
Continuous patient data from Bria-BRES+™ & Bria-PROS+™, Bria-MEL+ ™ and Bria-LUNG+™
Initiate pivotal registration study for Bria-OTS+™

1H 2027

Bria-IMT ™+ CPI
Potential marketing approval.

BLA = Biologics License Application: subject to interim analysis

Experienced Management

William V. Williams, MD, FACP
President & CEO, Director
- Incyte, GlaxoSmithKline
- University of Pennsylvania

Giuseppe Del Priore, MD, MPH
Chief Medical Officer
- Cancer Treatment Centers of America
- NYU School of Medicine, New York Presbyterian

Gadi Levin, CA, MBA
CFO & Corporate Secretary
- Arthur Andersen
- University of Cape Town, Bar Ilan University

Miguel A. Lopez-Lago, PhD
Chief Scientific Officer
- Memorial Sloan-Kettering Cancer Center
- Stony Brook University, New York

Jakafi® ruxolitinib (tablets)

olumiant® (Baricitinib) Tabletten

ONE TABLET • ONCE A DAY
Viread™ (tenofovir disoproxil fumarate)

Clinical Strategy Team involved in 19 previous drug approvals

Board of Directors

Jamieson Bondarenko, CFA, CMT
Chairman of the Board
- Eight Capital, Dundee Securities, Wellington West Capital Markets and HSBC Securities

Vaughn Embro-Pantalony, MBA, FCPA, FCMA, CDir, ACC
Director
- Teva Novopharm Limited, Bayer Healthcare,
- Zeneca Pharma Inc.

Martin Schmieg, CPA
Director
- Clear Intradermal Technologies, Inc., Sirna Therapeutics, Inc., Advanced Bionics Corporation

William V. Williams, MD, FACP
President & CEO, Director
- Incyte, GlaxoSmithKline

Jane Gross, PhD
Director
- aTyr Pharma Inc., ZymoGenetics Inc. (acq. by Bristol Myers Squibb)

Rebecca A. Taub, MD
Director
- Madrigal Pharmaceuticals, Hoffmann-La Roche Company, Bristol-Myers Squibb;

Capitalization Structure*

Stock Symbols:	Nasdaq: BCTX, BCTXW TSX: BCT
Share Price:	US$4.05
Shares Outstanding:	3M
Market Cap:	US$12M
Options (US$92.40 WAEP):	142k
Warrants (US$40.87 WAEP):	1.6M

(*) as of Feb 6, 2025, post the 1:15 recent reverse share split

Investment Highlights

- **Bria-IMT™ + CPI**: Pivotal phase 3 study underway in metastatic breast cancer. Positive results would result in FULL approval of Bria-IMT™ + CPI.
  - Up to 2-fold increase in survival compared to comparable patients in the literature.
  - Continuous Phase 2 safety and efficacy data readouts through 2024, and pivotal Phase 3 study interim analysis as early as 2H 2025.
- **Bria-OTS/OTS+™**: Ongoing phase 1/2a study for Bria-BRES™. Bucket trial with other cancer indications to be added.
  - Enhanced version (Bria-OTS+™) scheduled to enter the clinic 1H 2025 starting with prostate cancer.
  - Continuous patient data from Bria-BRES™ & Bria-PROS+™, and expected to initiate a Phase 1/2a trial on Bria-MEL+™ and Bria-LUNG+™ in 2H 2025 – 1H 2026.
- **Proven Management Team:** Clinical strategy team involved in 19 previous drug approvals.

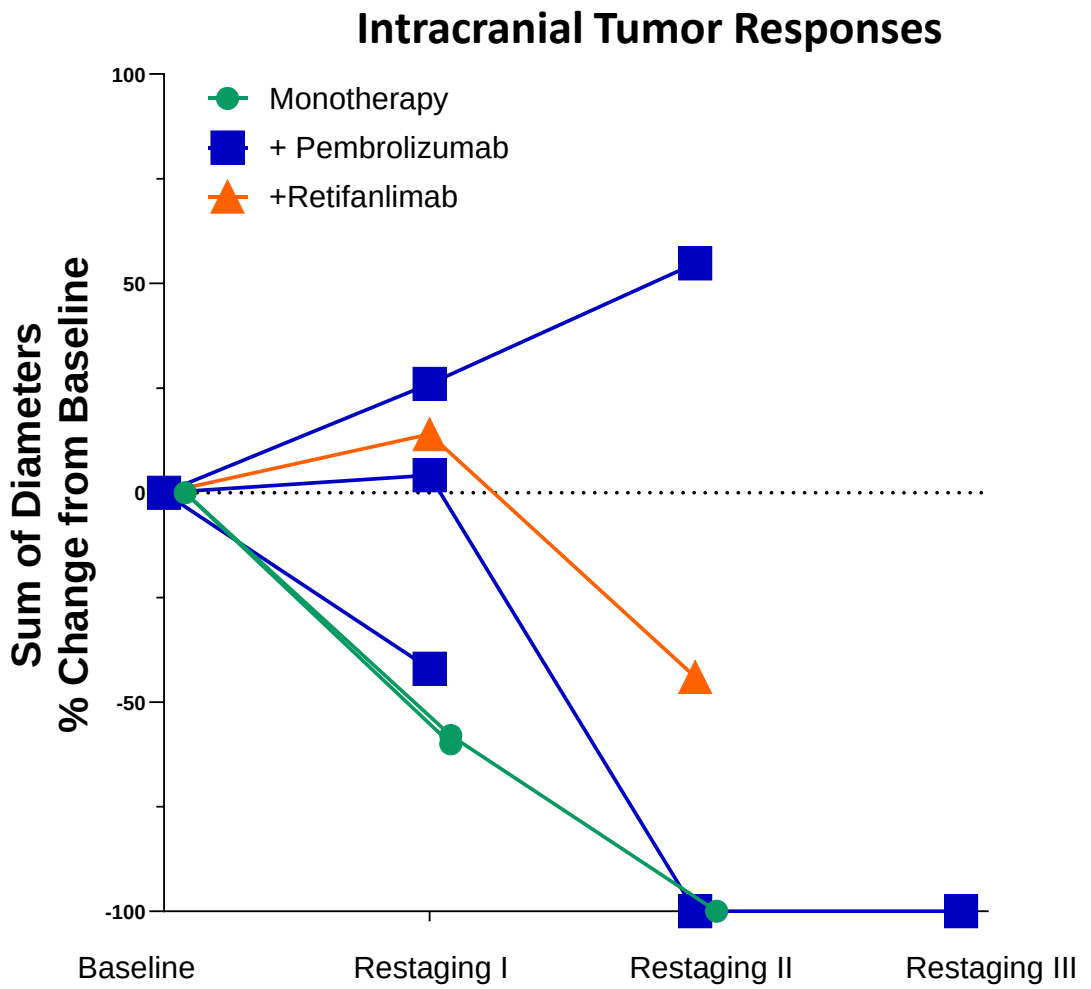
BriaCell

Developing Novel Therapeutics to Destroy Cancer

Appendix

Impressive 83% CNS Response Rate in MBC Patients (Phase 1 + Phase 2 Studies)

- **83% (5/6) intracranial objective response rate** (iORR) in evaluable BriaCell patients with CNS metastases support clinical efficacy of Bria-IMT™ alone and in combination with CPI
  - ➢ Includes one ADC resistant patient
- **iORR in comparable patients is very poor (typically <20%)[1,2]**
- CNS tumor reductions (across all subtypes of breast cancer)
- Tumor reductions (≥30%) observed in heavily pretreated patients highlight potential clinical benefit of Bria-IMT™ in managing CNS metastases
- Excellent tolerability and safety profile
- No drug related discontinuations
- Pre-planned subgroup analysis in phase 3



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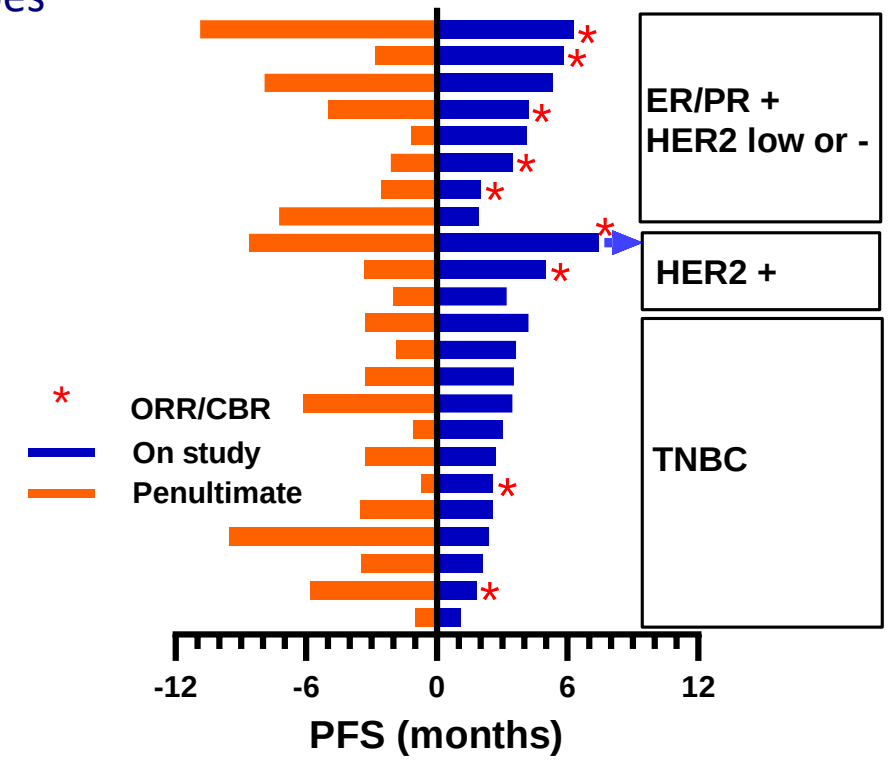
[2] Tripathy D, Tolaney SM, Seidman AD, Anders CK, Ibrahim N, Rugo HS, Twelves C, Diéras V, Müller V, Du Y, Currie SL, Hoch U, Tagliaferri M, Hannah AL, Cortés J; ATTAIN Investigators. Treatment With Etirinotecan Pegol for Patients With Metastatic Breast Cancer and Brain Metastases: Final Results From the Phase III ATTAIN Randomized Clinical Trial. JAMA Oncol. 2022 Jul 1;8(7):1047-1052. doi: 10.1001/jamaoncol.2022.0514. PMID: 35552364; PMCID: PMC9100460.

Unprecedented Survival Across MBC Subtypes in ADC Resistant Pts from the Ph2 trial

- OS and PFS data of Bria-IMT™ + CPI exceeded that of similar studies[1,2] in the ADC resistant subset (n=23)
- Progression-free survival (PFS) data similar or better than last regimen in 48% of the patients
- Clinical benefit rate of 53% observed in evaluable patients
- Patients were heavily pre-treated with a mean of 6 prior treatment regimens
- Treatment efficacy extended across metastatic breast cancer (MBC) subtypes

Treatment Efficacy by MBC Subtype in ADC-resistant patients

Histology	All	Evaluable	Best ORR	Best CBR
All ADC Resistant	23	17	12% (2 / 17)	53% (9 / 17)
ER/PR + / HER2 low or -	8	8	13% (1 / 8)	63% (5 / 8)
HER2+	3	2	50% (1 / 2)	100% (2 / 2)
TNBC	12	7	0	29% (2 / 7)



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