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BriaCell

INVESTOR PRESENTATION
Summer 2025

Developing Novel Therapeutics to Destroy Cancer

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The Company makes certain filings with the Canadian securities regulatory authorities and the U.S. Securities and Exchange Commission (the “SEC”), all of which are available under our profiles on SEDAR+ at www.sedarplus.ca and on EDGAR at www.sec.gov. For a more complete discussion of the risk factors affecting our business, please refer to these filings.

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BriaCell: Novel Immunotherapies to Fight Cancer

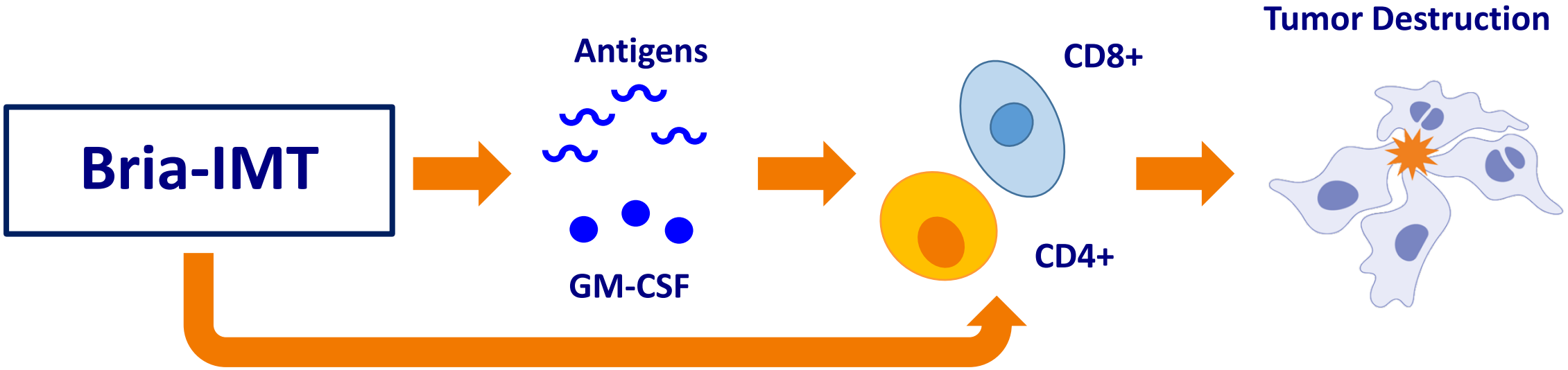
- Clinical stage immuno-oncology company developing an entirely new class of targeted immunotherapies to transform cancer care

- **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, cell-based cancer immunotherapy platform**
  - Ongoing Phase 1/2a study in breast cancer
    - Bucket trial with other cancer indications to be added
    - Next generation prostate cancer candidate scheduled to enter clinic 2025
  - National Cancer Institute SBIR awards
  - **Bria-OTS+ more potent version of Bria-OTS**

Bria-IMT: Lead Candidate

- 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
  - Cell are grown (cGMP), harvested, irradiated and cryopreserved for shipment to clinical sites where they are thawed and injected intradermally (upper back and thighs)



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

The Bria-IMT regimen includes Bria-IMT with low dose cyclophosphamide and micro-dose interferon alpha CR = Complete Response, PR = Partial Response and SD = Stable Disease DTH = Delayed-type Hypersensitivity

Wiseman CL, Kharazi A. Objective clinical regression of metastatic breast cancer in disparate sites after use of whole-cell vaccine genetically modified to release sargramostim. Breast J. 2006;12(5):475–480.
Wiseman CL, et al. Regression of breast cancer metastases following treatment with irradiated SV-BR-1-gm, a GM-CSF overexpressing breast cancer cell line. Recent Pat Anticancer Drug Discov. 2022;18(2):224–240.
Wiseman CL, et al. Results of a phase I/IIa trial of SV-BR-1-GM inoculation with low-dose cyclophosphamide and interferon alpha (Bria-IMT) in metastatic breast cancer. Hum Vaccin Immunother. 2024 Dec 31;20(1):2379864.

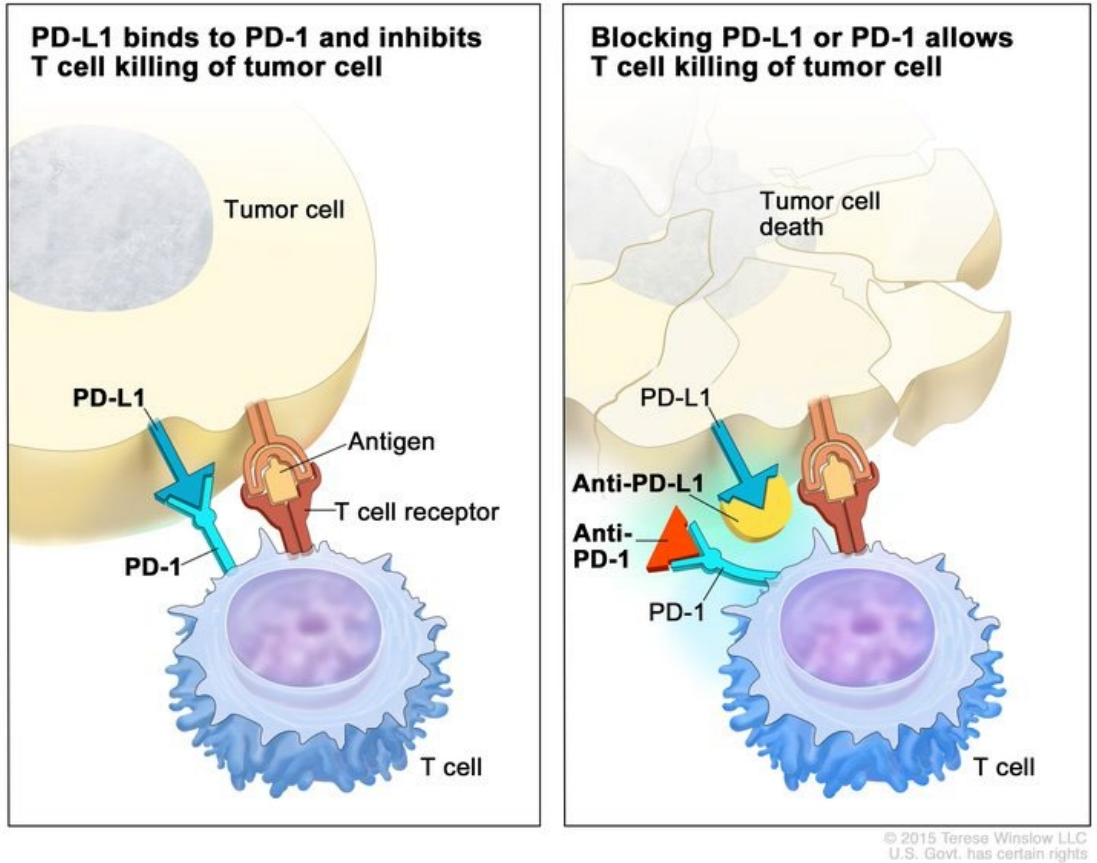
Bria-IMT Combination with CPIs

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

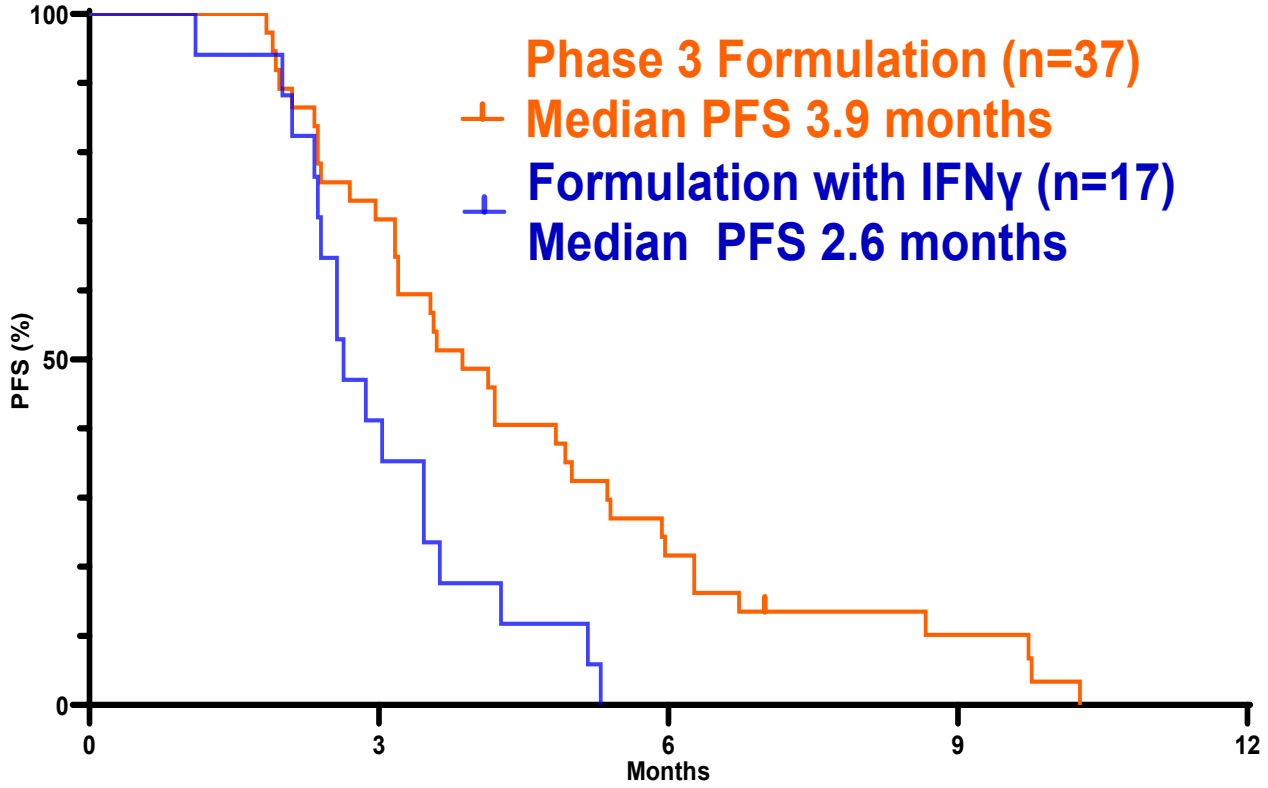
Why combine Bria-IMT with CPIs?

- >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 providing powerful synergistic anti-tumor activity



Bria-IMT + 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

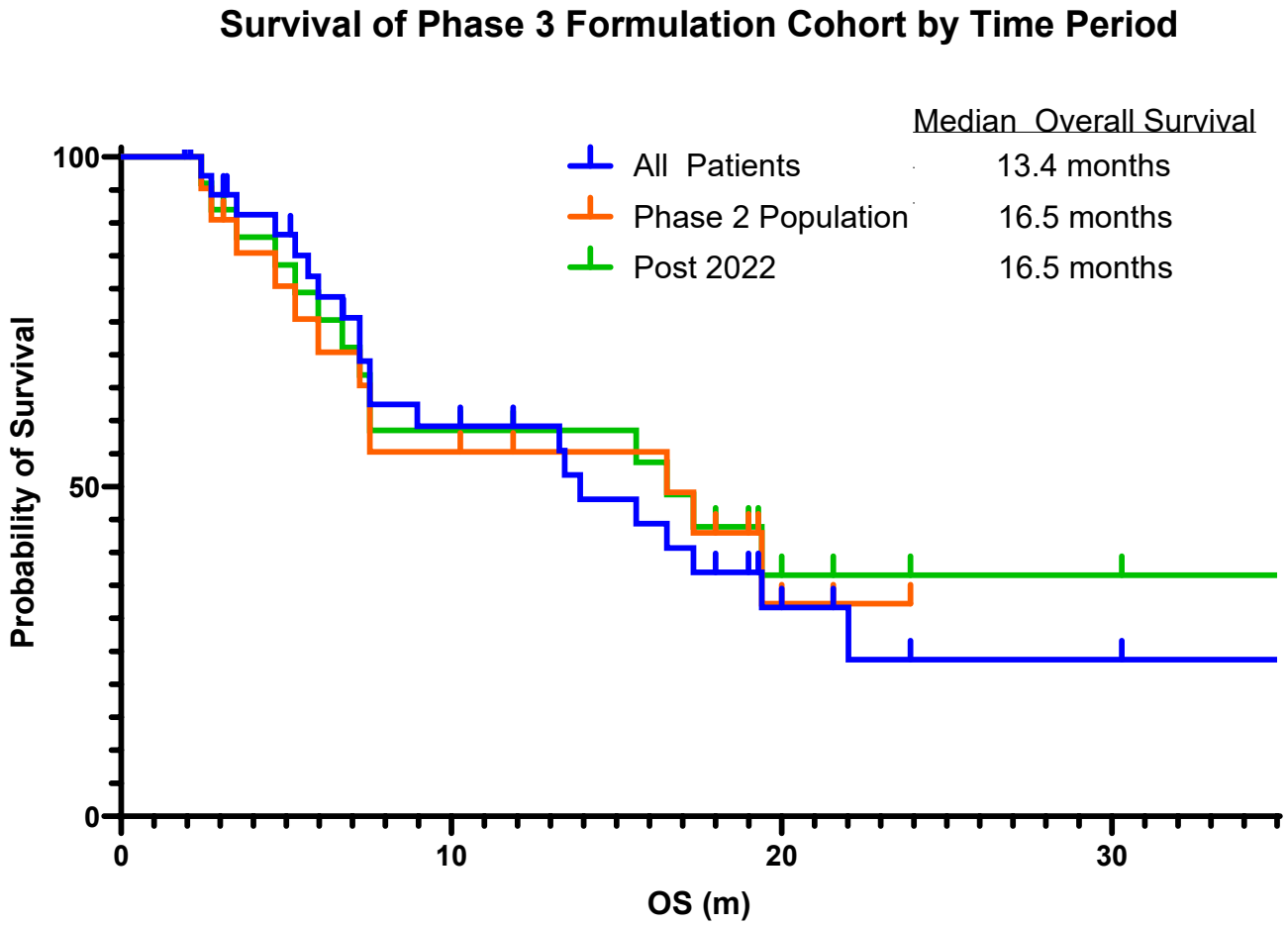


Data presented at ASCO 2024 see Calfa et al. Journal of Clinical Oncology 42, 6_suppl
https://doi.org/10.1200/JCO.2024.42.16_suppl.1022

[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 Overall Survival for Phase 3 Formulation

- 37 patients treated with Phase 3 formulation
  - 12 patients pre 2022
  - 25 patients post 2022
- Median 6 lines of prior therapies (range 2-13)
- Overall survival (OS) 13.4 months (pre and post 2022)
- Overall survival (OS) 16.5 months post 2022
- Overall survival (OS) 16.5 months in the randomized phase 2 population
- OS compares favorably to 5.9-9.8 months[1] reported in comparable metastatic breast cancer patients
- No dose limiting toxicities to date



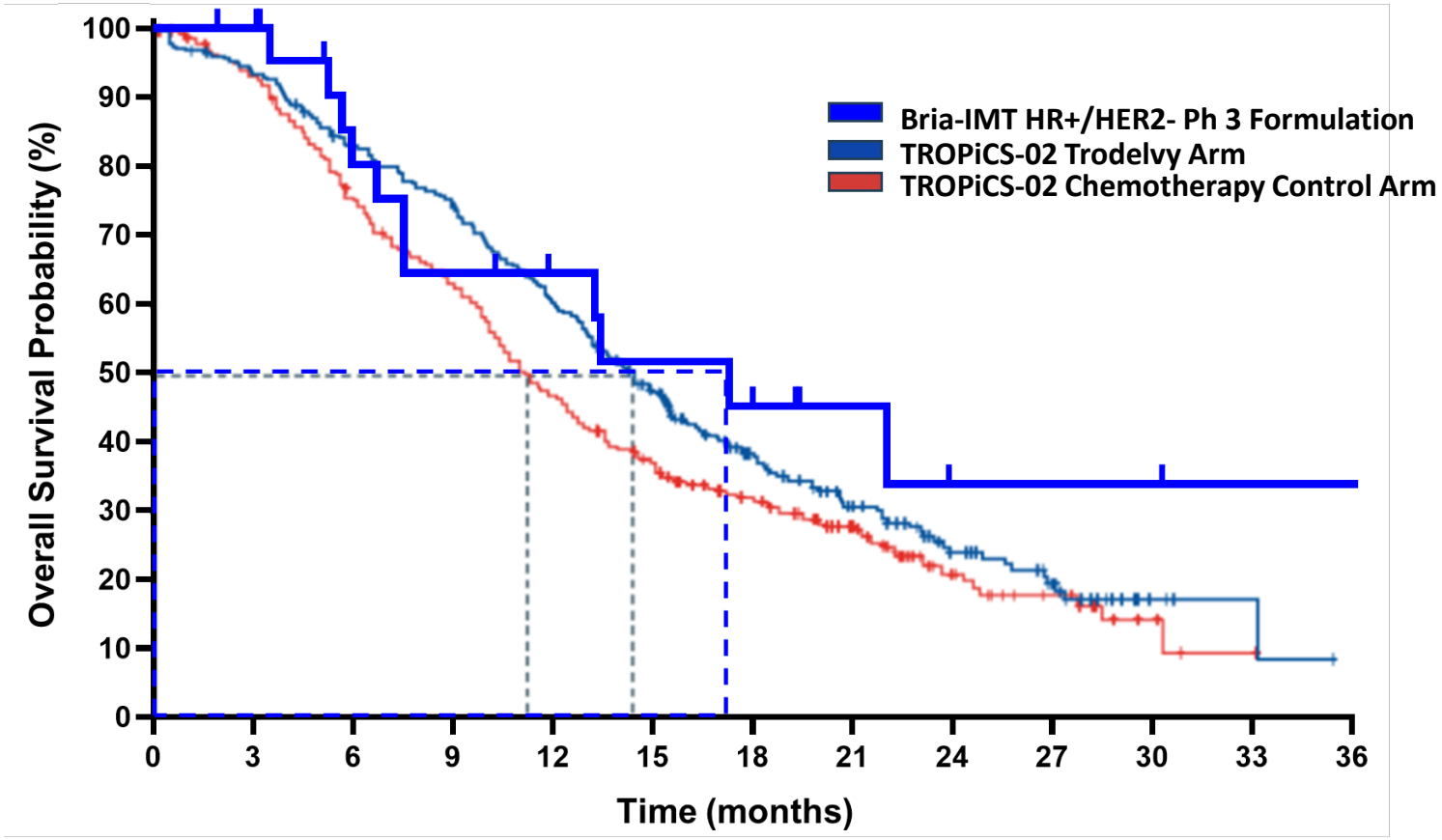
[1] Cortes J, et al. Annals of Oncology 2018; Kazmi S, et al. Breast Cancer Res Treat. 2020 Aug 17; O'Shaughnessy J et al. Breast Cancer Res Treat. 2022; Tripathy D, et al. JAMA Oncol. 2022; Bardia A, et al. J Clin Oncol. 2024 May 20;42(15):1738-1744

Update of data presented at the 2024 San Antonio Breast Cancer Symposium
ClinicalTrials.gov ID NCT03328026

Bria-IMT + CPI Phase 2 Overall Survival vs Trodelvy

- 37 patients treated with Phase 3 formulation
  - ➢ 25 patients hormone receptor (HR) positive
- Overall survival (OS) 17.3 months for HR+ Patients
- ➢ Compares well to Trodelvy pivotal registration study
  - ➢ 14.4 months for Trodelvy
  - ➢ 11.2 months for single agent chemotherapy

Overall survival of Bria-IMT vs TROPiCS-02[2]



[2]Rugo, H. S., et al. The Lancet, 402(10411), 1423–1433.

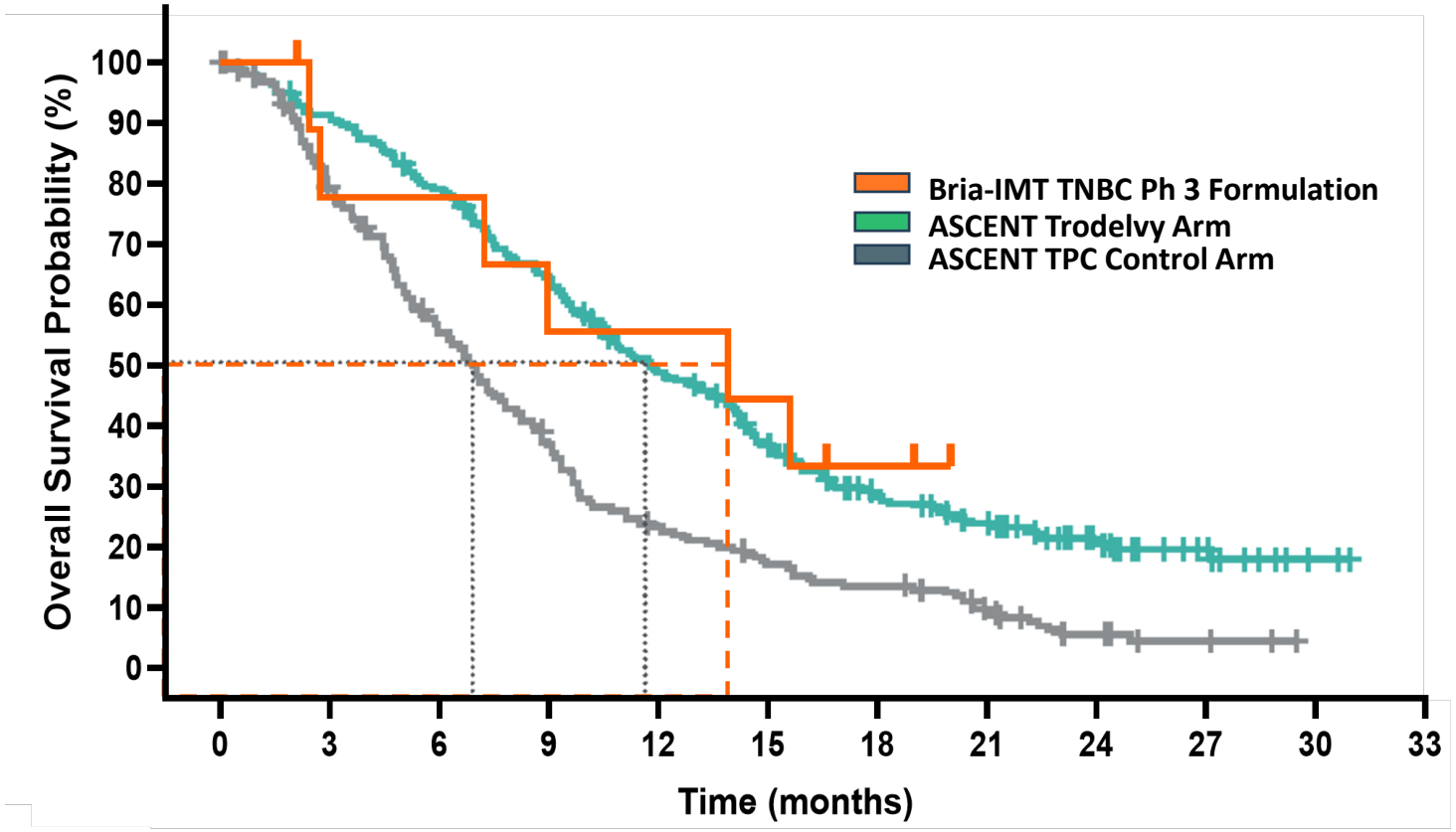
ClinicalTrials.gov ID NCT03328026

https://www.gilead.com/-/media/files/pdfs/medicines/oncology/trodelvy/trodelvy_pi.pdf

Bria-IMT + CPI Phase 2 Overall Survival vs Trodelvy

- 37 patients treated with Phase 3 formulation
  - ➢ 10 patients with triple-negative breast cancer (TNBC)
- Overall survival (OS) 13.9 months for TNBC
- ➢ Compares favorably to Trodelvy pivotal registration study
  - ➢ 11.8 months for Trodelvy
  - ➢ 6.9 months for single agent chemotherapy

Overall survival of Bria-IMT vs ASCENT[1]



[1]Bardia, A., et al Journal of Clinical Oncology, 42(15), 1738–1744

ClinicalTrials.gov ID NCT03328026

https://www.gilead.com/-/media/files/pdfs/medicines/oncology/trodelvy/trodelvy_pi.pdf

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.

Robust Market Potential

Drug	Trial	Prior Lines	ORR (%)	PFS (months)	WW 2024 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	$ 3.0
KEYTRUDA® ** (pembrolizumab)	Ph 2 (MBC HER2 negative)[2]	1	0	1.9	$ 29.5
LYNPARZA® (Olaparib) + cediranib	Ph 1 (MBC triple negative)[3]	3	0	3.7	$ 3.7
IBRANCE® (palbociclib)	Ph 2a (MBC retinoblastoma+)[4]	2	0	3.7	$ 4.4
	Ph 2 (MBC HR+/HER2-)[5]	2		6	
PERJETA® (pertuzumab)	Ph 1 (MBC)[6]	2	0		$ 4.0
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	$ 1.3
Verzenio® (abemaciclib)	Ph 1/2 (HR+/HER2– MBC progressed on endocrine Rx and prior chemo)[10]	4	0	6	$ 5.3
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	$ 2.2
	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	$ 1.5
ENHERTU® (HER2low) (fam-trastuzumab deruxtecan-nxki)	Ph 2 [15]	1	52		$ 3.8
ENHERTU® (HER2high) (fam-trastuzumab deruxtecan-nxki)	Ph 2 [15]	5	60		

$2-5 billion Bria-IMT opportunity#

*Worldwide sales figure is based on SEC filings
**Approved for multiple cancer indications
Independent market analysis

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/
4. https://pubmed.ncbi.nlm.nih.gov/25501126/
5. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8676999/
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10. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5581697/
11. https://aacrjournals.org/clincancerres/article/26/20/5310/82934/
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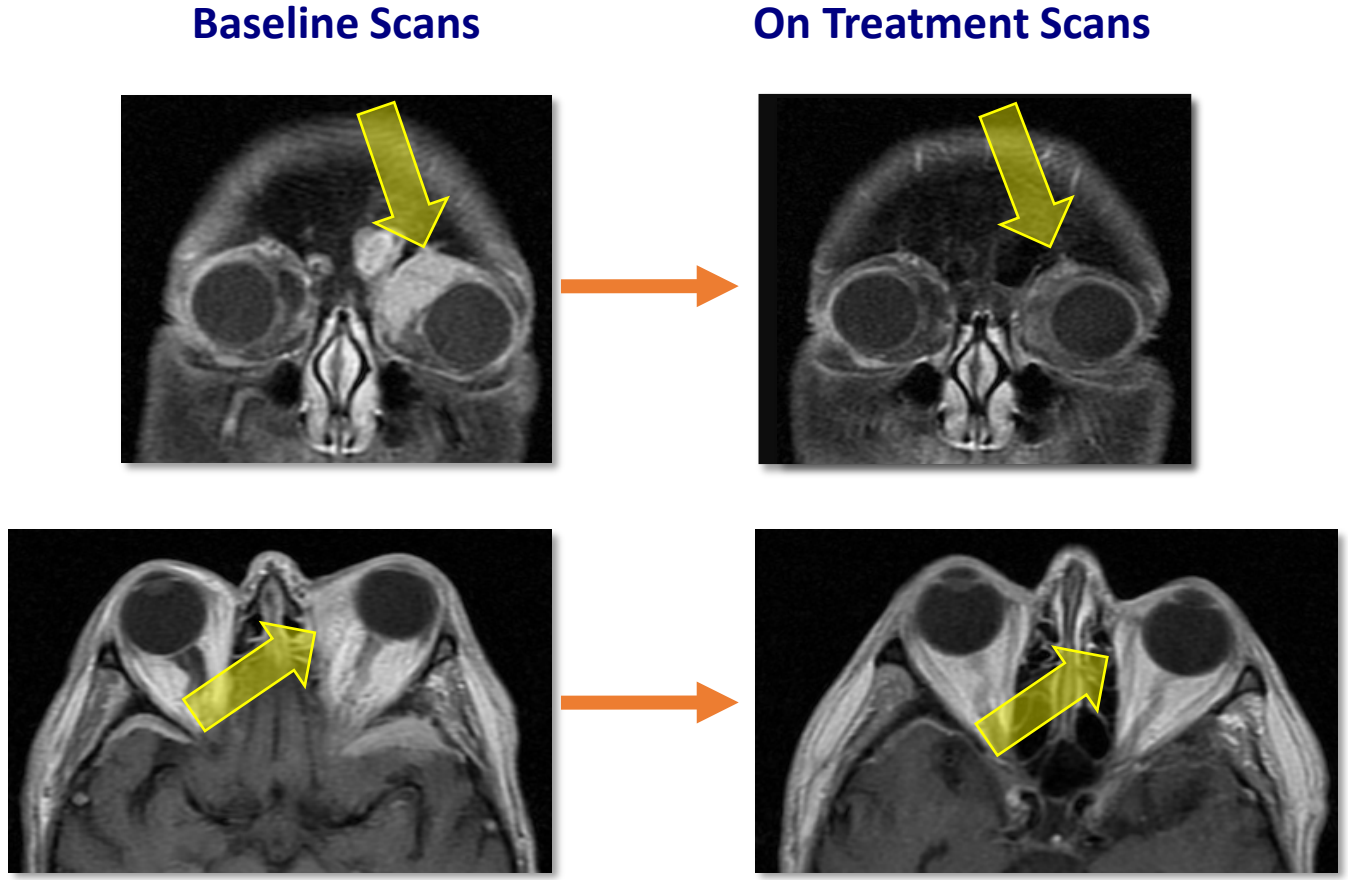
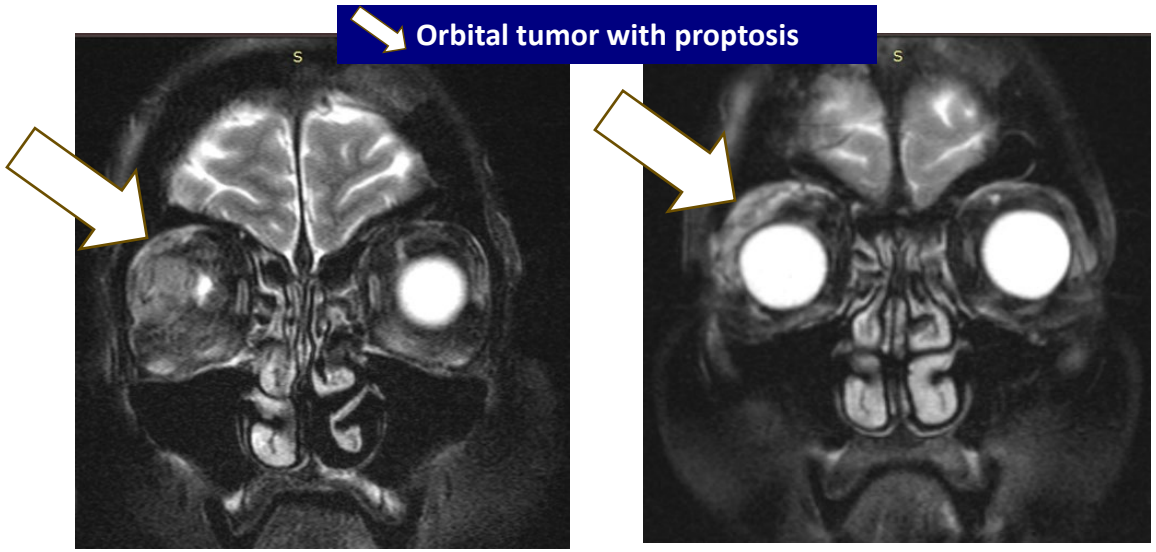
15. https://pubmed.ncbi.nlm.nih.gov/36780610/; https://medicalinformation.astrazeneca-us.com/home/prescribing-information/enhertu.html

Bria-IMT + CPI Remarkable CNS Responder Case #1

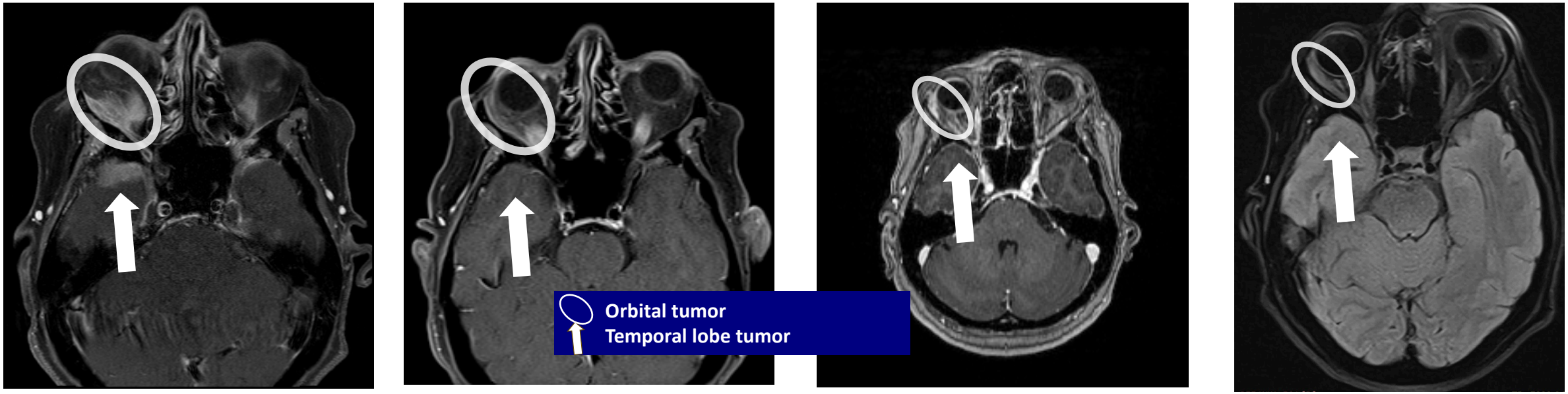
- Patient failed 13 prior regimens
- Baseline breast cancer metastases
  - Behind the left eye (orbit)
  - Outside lining of the brain (dura mater)
  - Adrenal gland
- 6 months of treatment
  - Orbital tumor completely resolved
  - The patient judged an overall partial responder



Bria-IMT + CPI Remarkable CNS Responder Case #2



- Patient failed 8 prior regimens including ADC Enhertu®
- Baseline tumor status
  - Extensive proptosis (eye bulging) & brain (temporal lobe) metastasis
- Marked tumor reduction at 11 months
  - Near complete proptosis resolution at 3 months with orbit (eye socket) tumor: 42 mm → 28 mm
  - Brain temporal lobe tumor: 22 mm → 0
  - Overall, 56% reduction (PR)
  - Improvement in eye pain and reduction in tumor markers
- On study for >21 months

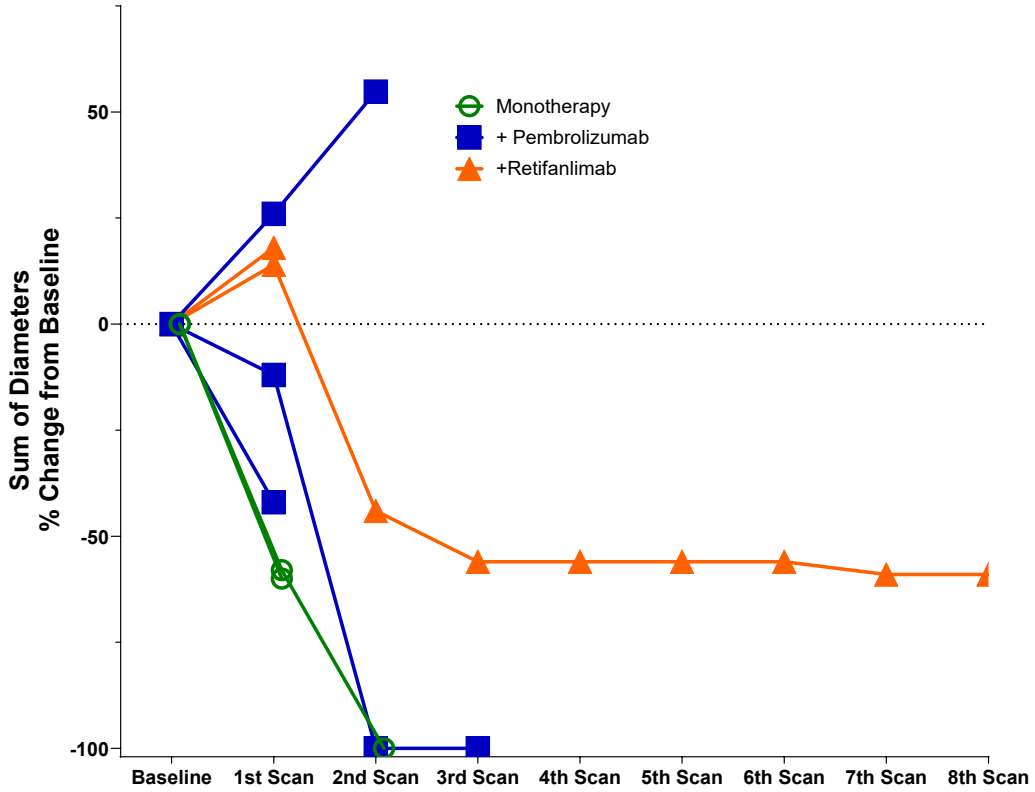


Pre-treatment **6 Months** **12 Months** **20 Months**

Impressive CNS Response Rate in MBC Patients

- **71% (5/7) intracranial objective response rate (iORR)**
  - ➢ Positive results in both Bria-IMT monotherapy and CPI combination
- **iORR in comparable patients typically <20%[1,2]**
- Response across all subtypes of breast cancer
- Heavily pre-treated population includes 1 ADC resistant patient
- Planned CNS disease subgroup analysis in pivotal phase 3
- **Data highlight strong Bria-IMT potential in CNS metastases**

Intracranial Tumor Responses*



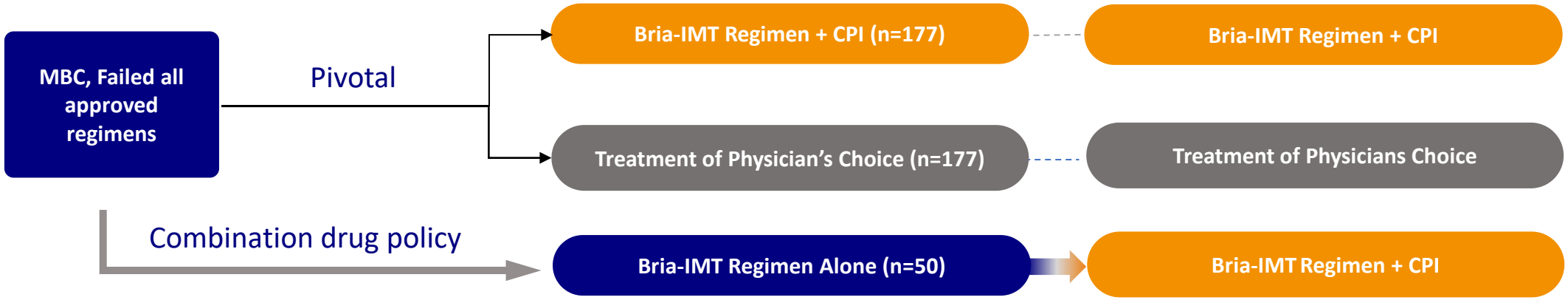
[1] Niwinska A, Pogoda K, Jagiello-Gruszfeld A, Duchnowska R. Intracranial Response Rate in Patients with Breast Cancer Brain Metastases after Systemic Therapy. Cancers (Basel). 2022 Feb 15;14(4):965. doi: 10.3390/cancers14040965. PMID: 35205723; PMCID: PMC8869862.

[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.

*Data in evaluable patients

Bria-IMT + CPI Pivotal Phase 3 Study

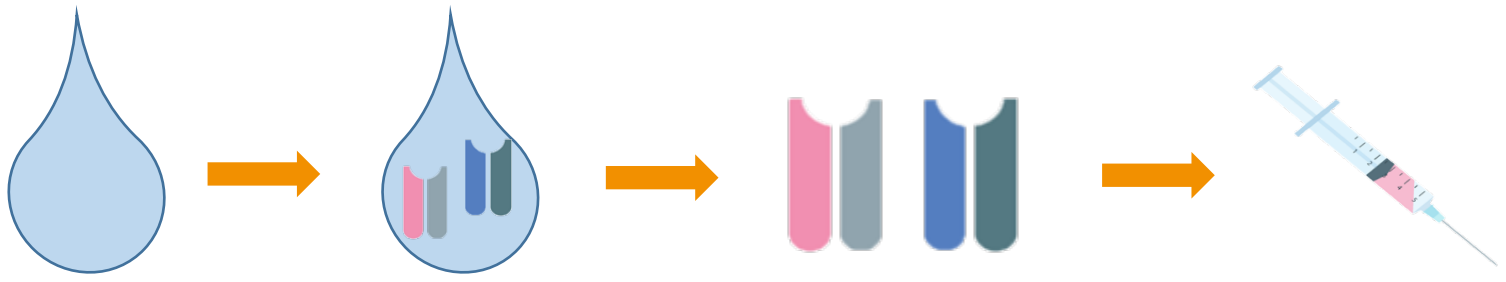
- Ongoing pivotal Phase 3 study in ***A***dvanced ***B***reast ***C***ancer (Bria-ABC)
- ***Primary endpoint of overall survival***
  - Interim efficacy at 144 events
  - 97.5% powered to detect a 40% reduction in mortality
- ***Positive interim results could support FULL approval of Bria-IMT + CPI***



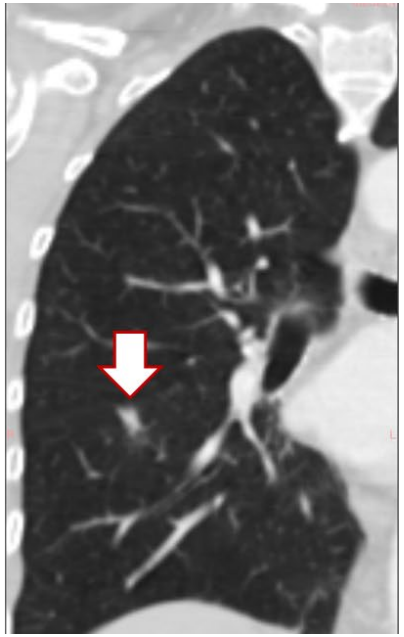
Analyze at 144 events. If hazard ratio (HR) is ≤ 0.6, submit BLA. If > 0.6, continue to completion with HR target of 0.7

Bria-OTS Personalized & Off-The-Shelf

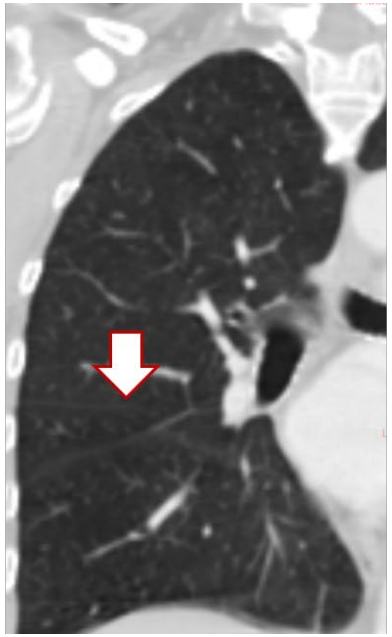
- BriaCell immunotherapy is most effective in human leukocyte antigen (HLA) type matched patients
- HLA typing identifies patient specific T cell presenting antigens necessary for immune response
- Bria-OTS expresses 15 HLA types in 4 cell lines, providing matched treatment to >99% of patients
- Simple saliva test delivers personalized Bria-OTS immunotherapy
- **Breast cancer Phase 1/2a study enrolling**
  - Bucket trial with other cancer indications to be added (prostate, melanoma and lung)
- Enhanced Bria-OTS+ to enter clinic 2025
  - Positive pre-IND meeting for Bria-OTS+ completed



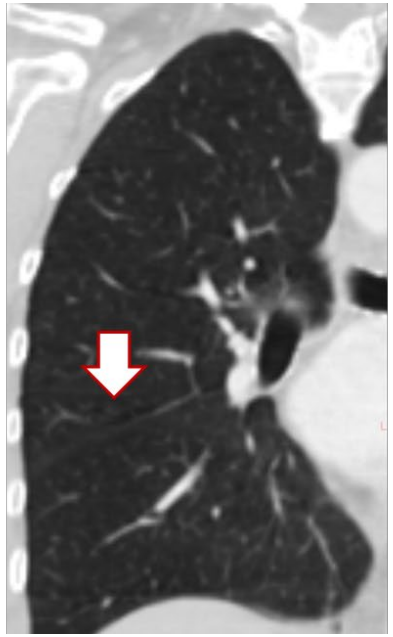
Bria-OTS Metastatic Breast Cancer Phase 1/2a



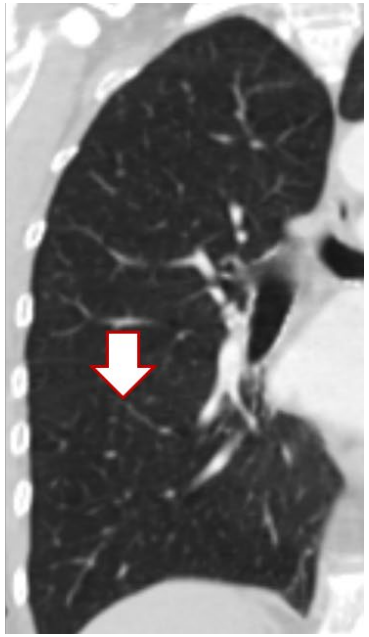
Pre-Treatment



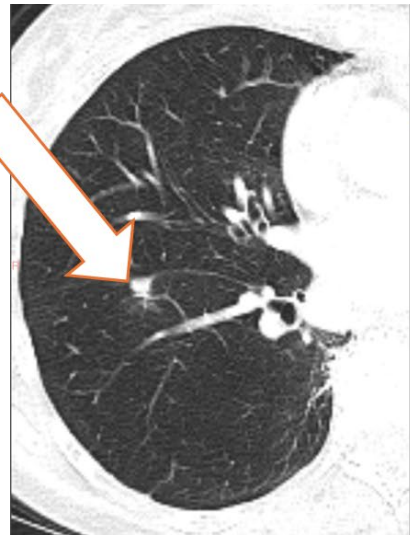
2 months

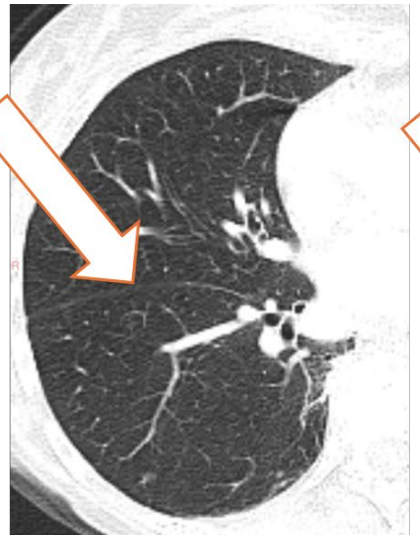


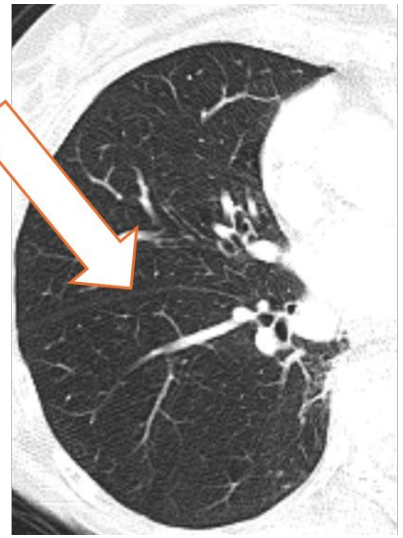
4 months

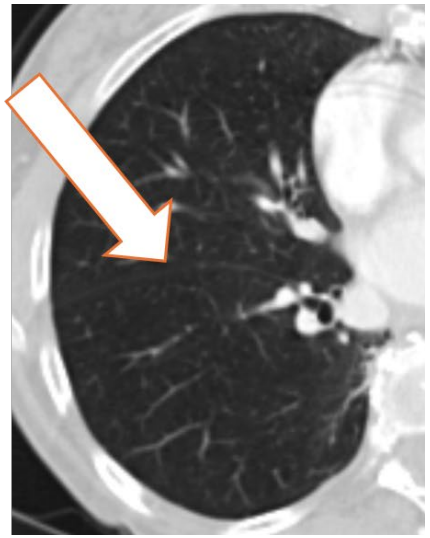


6 months









- Initial monotherapy dose escalation then dose expansion in combination with CPI
  - ➢ Up to 18 patients including 9 patient dose expansion
- Results of first patient treated:
  - ➢ Complete resolution of lung lesion at two months sustained for 6 months
  - ➢ Stable disease elsewhere
  - ➢ Multiple prior therapy failures

Development Timeline and Catalysts

Bria-IMT + CPI

Phase 2 safety & efficacy data with presentations at scientific conferences, DSMB updates on pivotal Phase 3 study

Phase 3 interim analysis

Potential BLA submission

Potential marketing approval

Bria-OTS/OTS+

Phase 1/2a dose escalation in breast cancer
Initiation of Bria-BRES+
Ongoing data readouts from breast cancer study

Continuous basket study readouts with additional indications (lung, melanoma and others)

Bria-PROS+ IND Submission and Initiation of Clinical Study in prostate cancer

Identify lead indications and initiate Bria-OTS+ pivotal registration study

DSMB = Data Safety Monitoring Board, 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 20 previous drug or device 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
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- 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*

	Nasdaq: BCTX, BCTXW,BCTXZ TSX: BCT
Share Price:	US$7.49
Shares Outstanding:	1.8M
Market Cap:	US$14.1M
Options (US$892.80 WAEP):	13k
Warrants (US$57.00 WAEP):	1.7M

(*) as of August 25, 2025

BriaCell

Developing Novel Therapeutics to Destroy Cancer

Thank-you!