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BriaCell

INVESTOR PRESENTATION
Autumn 2026

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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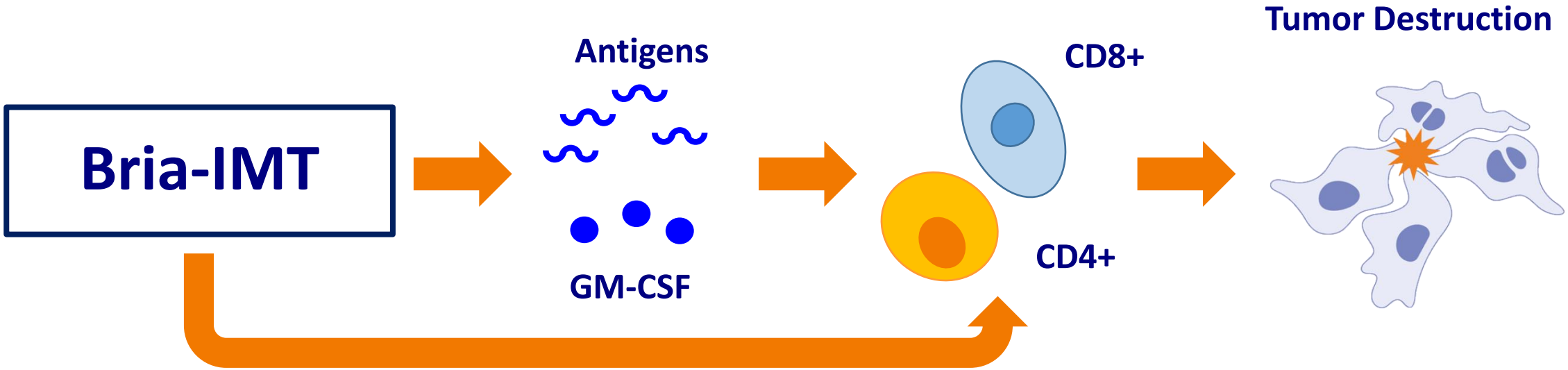
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BriaCell: Novel Immunotherapies to Fight Cancer

- **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
  - Active as a single agent and in combination with an immune check point inhibitor (+ CPI)
- **Bria-OTS™ & Bria-OTS+™: Next generation, cell-based cancer immunotherapy platform**
  - Ongoing Phase 1/2a study in breast cancer
    - Initial positive results with single agent therapy
  - **Bria-OTS+ more potent version of Bria-OTS**
    - Next generation prostate (Bria-PROS+) and breast cancer (Bria-BRES+) candidates scheduled to enter clinic 2026
    - Open INDs and recruiting patients for Bria-BRES+ and Bria-PROS+
  - National Cancer Institute SBIR awards

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)
  - Cycles of therapy every 2-4 weeks (monotherapy) or every 3 weeks (CPI combination)



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=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.

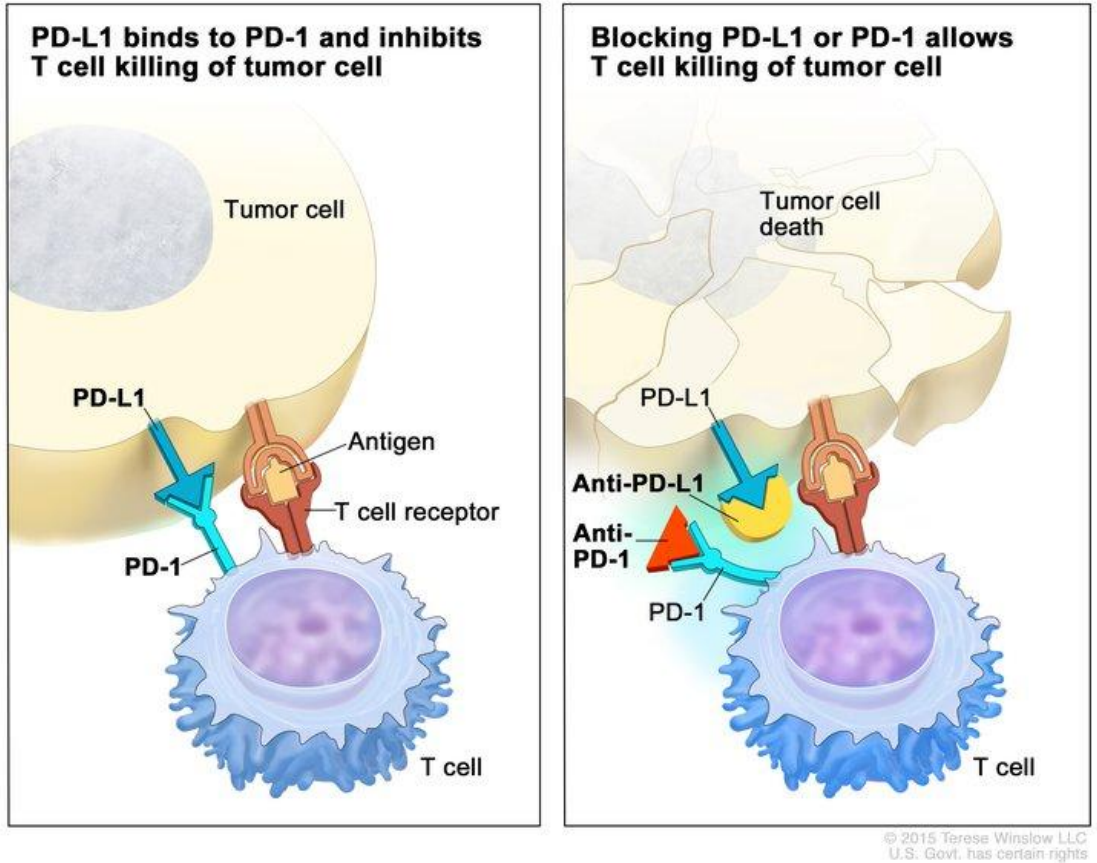
Bria-IMT Combination with CPIs

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

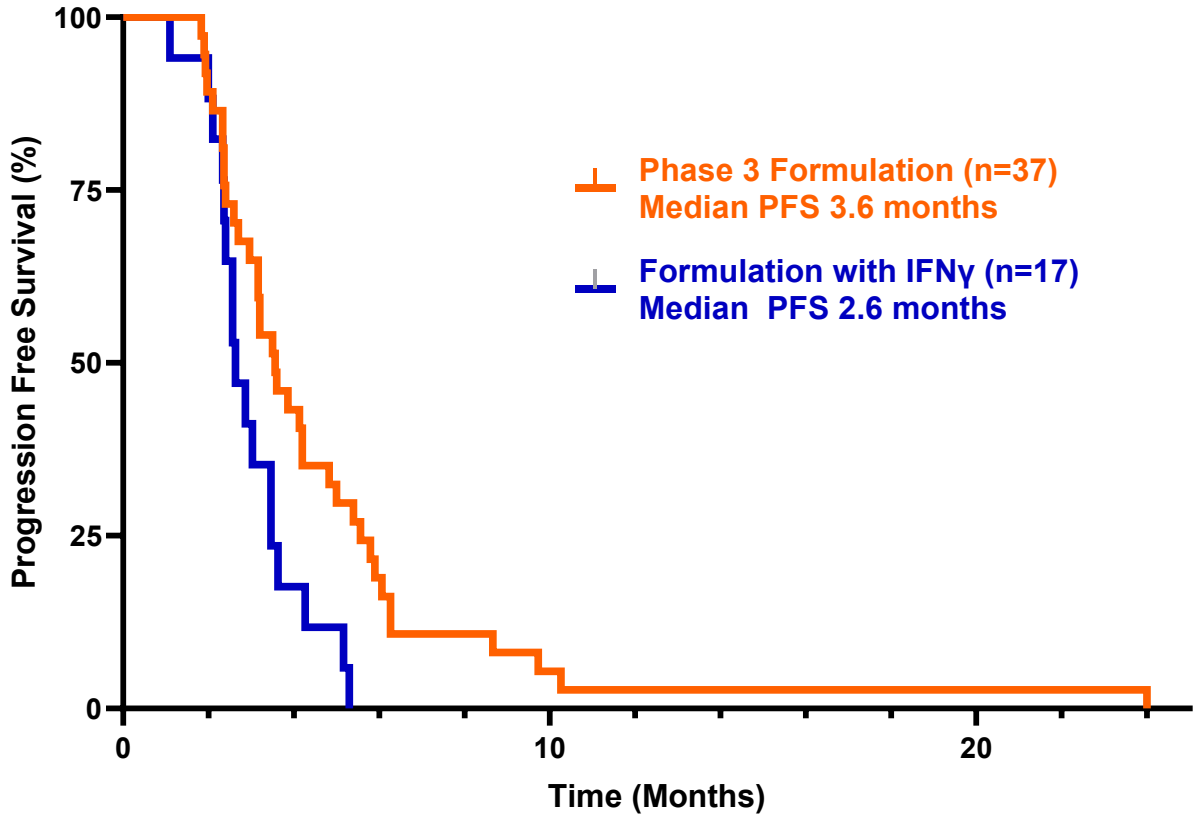
Why combine Bria-IMT with CPIs?

- >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) 3.6 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

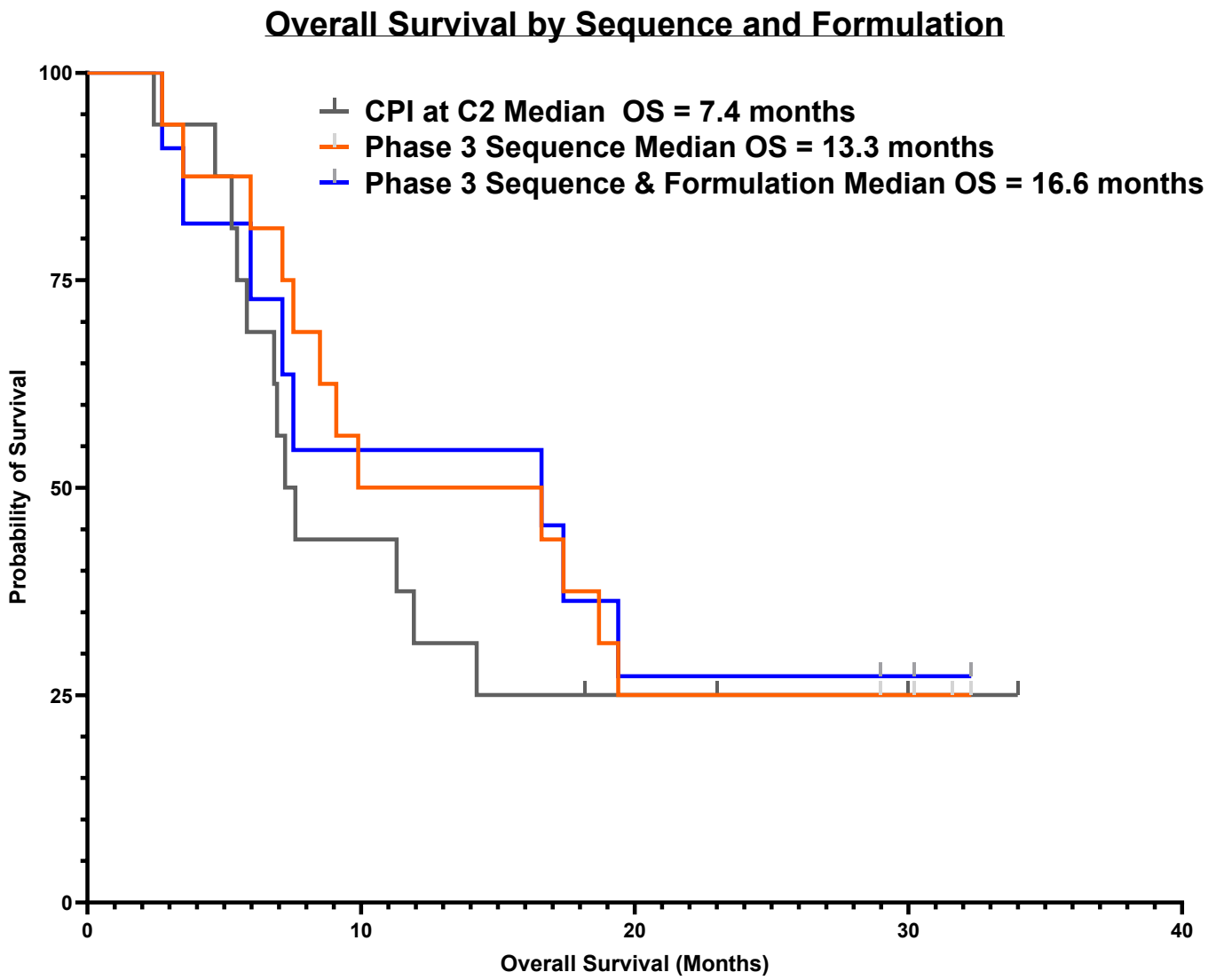


Data presented at ASCO 2026
https://www.asco.org/abstracts-presentations/261300

[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 in Randomized Phase 2

- 32 patients treated with 2 sequences
  - ➢ 16 patients CPI in Cycle 1 (Phase 3 Sequence)
    - ➢ A subset also received the Phase 3 formulation
  - ➢ 16 patients with CPI in Cycle 2 (CPI in C2)
- Median 6 prior lines of therapy (range 2-13)
- Overall survival (OS) 13.3 months for the Phase 3 sequence
- Overall survival (OS) 16.6 months for the Phase 3 formulation and sequence
- OS compares favorably to 5.9-9.8 months[1] reported in comparable metastatic breast cancer patients
- No dose limiting toxicities to date



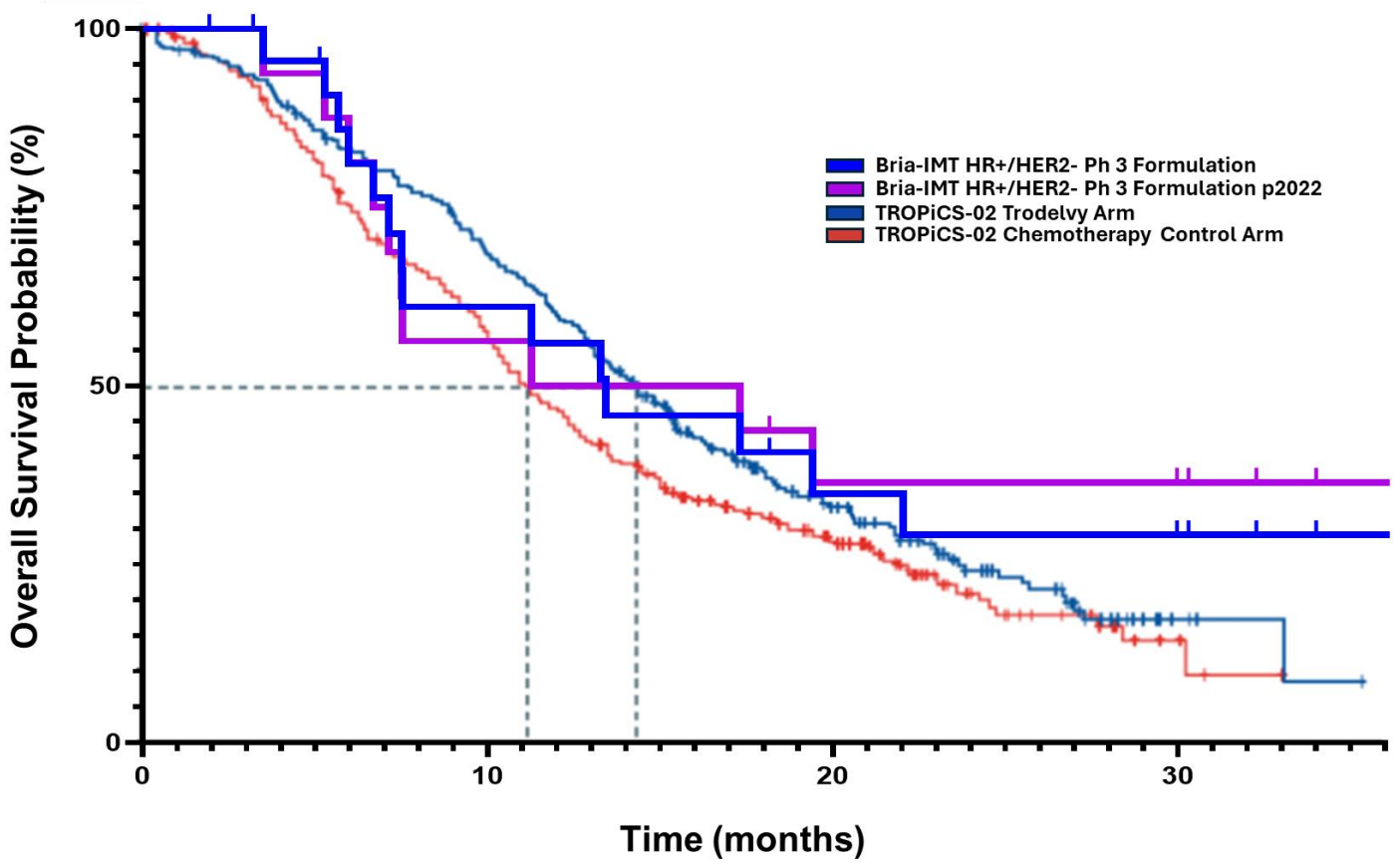
[1] Cortes J, et al. Annals of Oncology 2018; Kazmi S, et al. Breast Cancer Res Treat. 2020 Aug 17; O'Shaughnessy J et al. Breast Cancer Res Treat. 2022; Tripathy D, et al. JAMA Oncol. 2022; Bardia A, et al. J Clin Oncol. 2024 May 20;42(15):1738-1744

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Bria-IMT + CPI Phase 2 OS vs Trodelvy in HR+ MBC

- 37 patients treated with Phase 3 formulation
  - Median 6 prior lines of therapy
  - 24 patients hormone receptor (HR+)
  - Overall survival (OS) 13.4 months for HR+ Patients
  - OS 14.3 months for HR+ Patients treated since 2022
- **Compares well to Trodelvy pivotal registration study in HR+ Patients**
  - Median 4 prior lines of systemic therapy
  - OS 14.4 months for Trodelvy
  - OS 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.

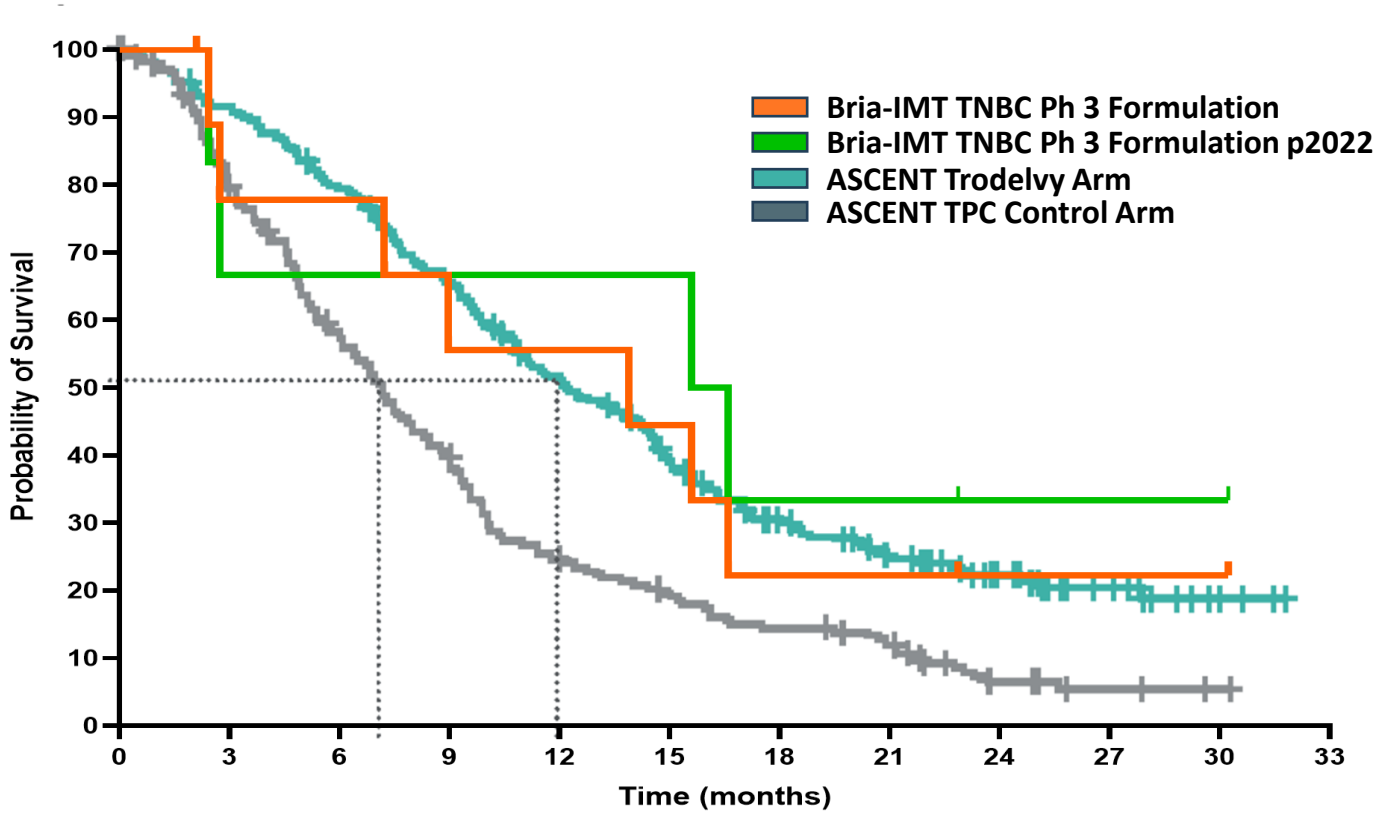
ClinicalTrials.gov ID NCT03328026

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

Bria-IMT + CPI Phase 2 OS vs Trodelvy in TNBC

- 37 patients treated with Phase 3 formulation
  - Median 6 prior lines of therapy
  - 10 patients with triple-negative breast cancer (TNBC)
  - Overall survival (OS) 13.9 months for TNBC
  - OS median 16.1 months for TNBC patients treated since 2022
- **Compares favorably to Trodelvy pivotal registration study in TNBC**
  - Median 4 prior regimens
  - OS 11.8 months for Trodelvy
  - OS 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

Evaluation of ADC Resistant 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 **53%** of evaluable patients in **all subtypes** of breast cancer who had failed an ADC
  - 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 ADC Resistant Phase 2 patients who received pivotal Phase 3 study formulation (Bria-IMT regimen)	**3.5**	**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 = 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 2025 Sales* (Bil $)
Bria-IMT™	Ph 2	5.5	10	3.6	
KISQALI® (ribociclib)	Ph 1/2a (MBC previously Rx trastuzumab, pertuzumab, and trastuzumab emtansine)[1]	5	0	1.3	$ 4.8
KEYTRUDA® ** (pembrolizumab)	Ph 2 (MBC HER2 negative)[2]	1	0	1.9	$ 31.7
LYNPARZA® (Olaparib) + cediranib	Ph 1 (MBC triple negative)[3]	3	0	3.7	$ 3.3
IBRANCE® (palbociclib)	Ph 2a (MBC retinoblastoma+)[4]	2	0	3.7	$ 4.1
	Ph 2 (MBC HR+/HER2-)[5]	2		6	
PERJETA® (pertuzumab)	Ph 1 (MBC)[6]	2	0		$ 3.7
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	$ 1.4
Verzenio® (abemaciclib)	Ph 1/2 (HR+/HER2– MBC progressed on endocrine Rx and prior chemo)[10]	4	0	6	$ 5.7
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	$ 2.6
	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	$ 1.3
ENHERTU® (HER2low) (fam-trastuzumab deruxtecan-nxki)	Ph 2 [15]	1	52		$ 5.0
ENHERTU® (HER2high) (fam-trastuzumab deruxtecan-nxki)	Ph 2 [15]	5	60		

~$1-4 billion Bria-IMT opportunity#

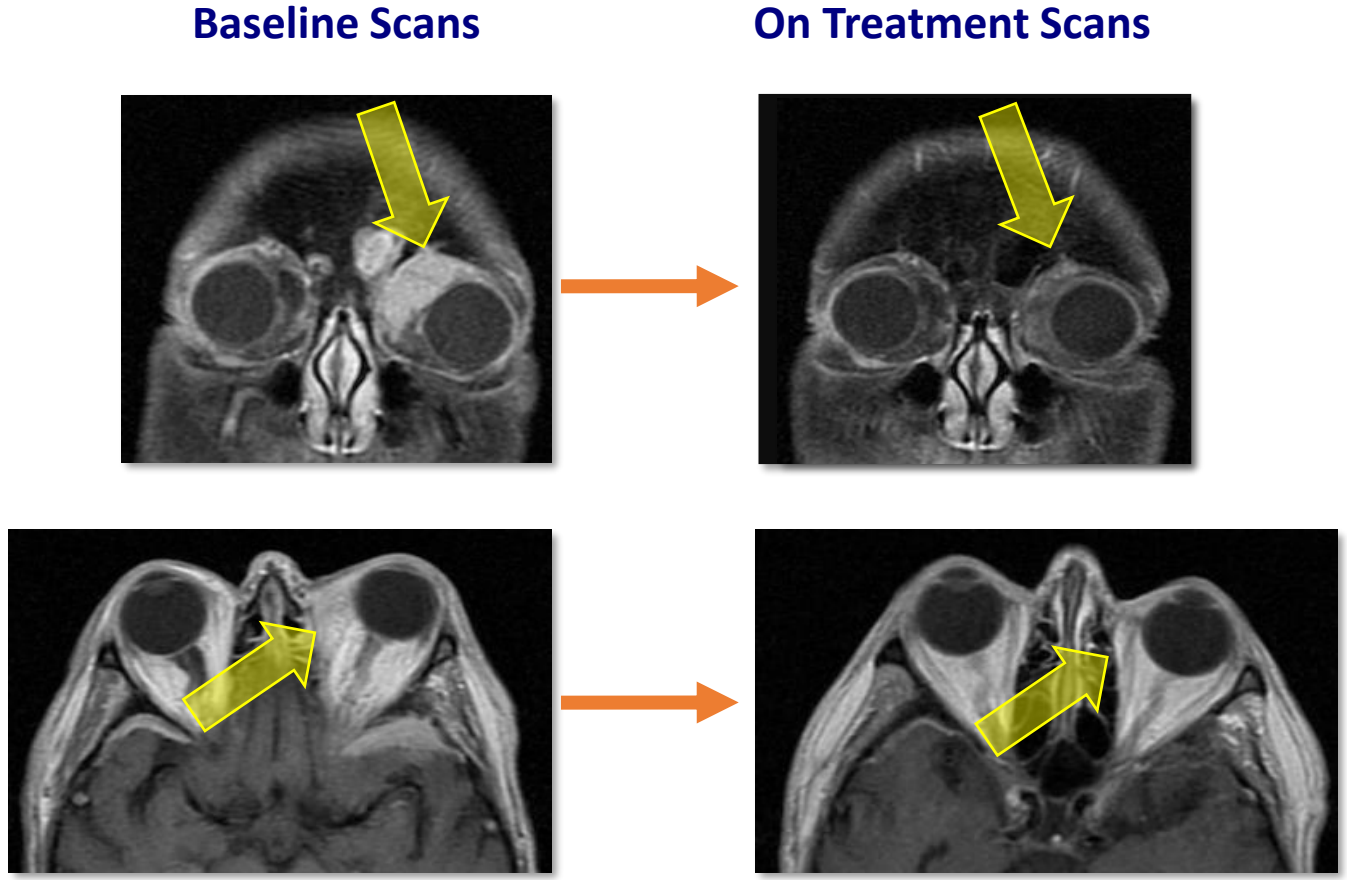
*Worldwide sales figure is based on SEC filings
**Approved for multiple cancer indications
Independent market analysis

References:

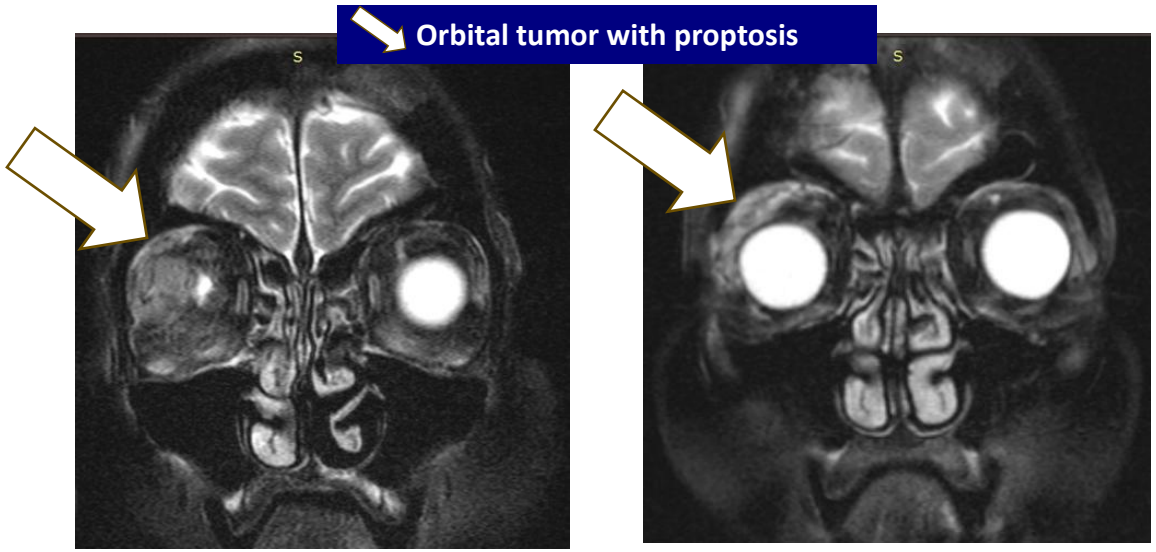
1. https://pubmed.ncbi.nlm.nih.gov/31235441/
2. https://ascopubs.org/doi/10.1200/JCO.2023.41.16_suppl.1095
3. https://pubmed.ncbi.nlm.nih.gov/23810467/
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10. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5581697/
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12. https://pubmed.ncbi.nlm.nih.gov/20421541/
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 Responder Case #1

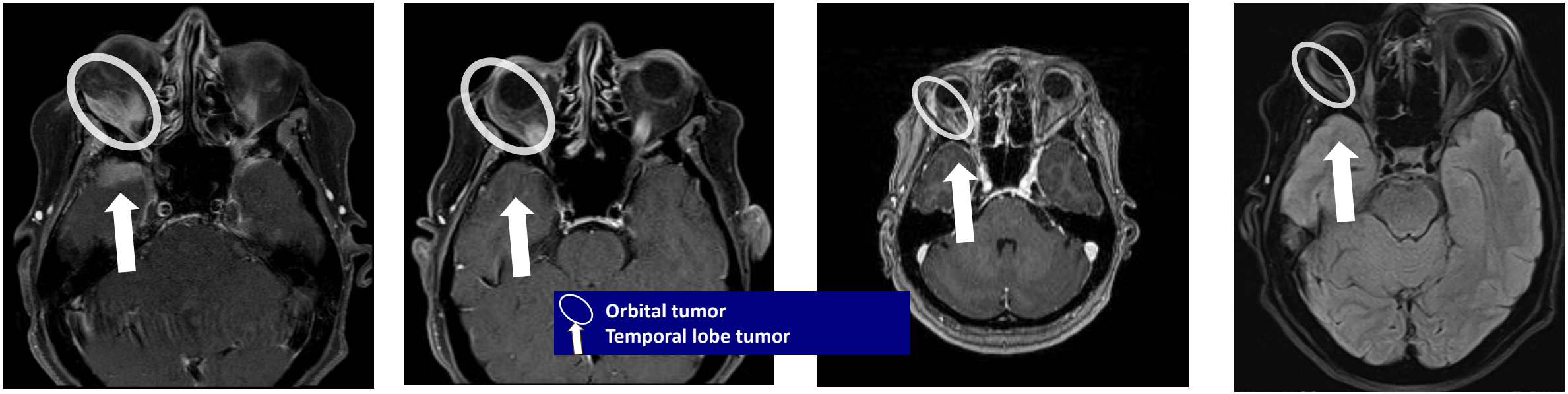
- Patient on 13 prior failed regimens
- Baseline breast cancer metastases
  - Behind the left eye (orbit)
  - Outside lining of the brain (dura mater)
  - Adrenal gland
- 6 months of treatment
  - Orbital tumor completely resolved
  - The patient judged an overall partial responder



Bria-IMT + CPI Remarkable CNS Responder Case #2



- Patient on 8 prior failed 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 24 months

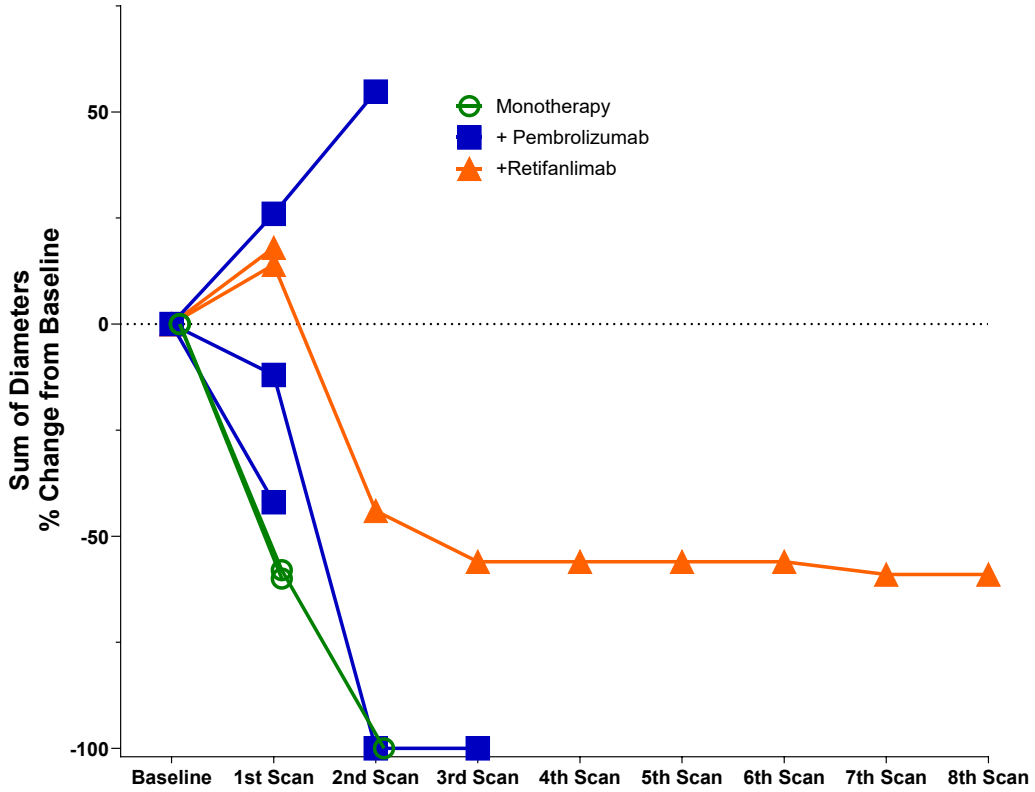


Pre-treatment **6 Months** **12 Months** **20 Months**

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*



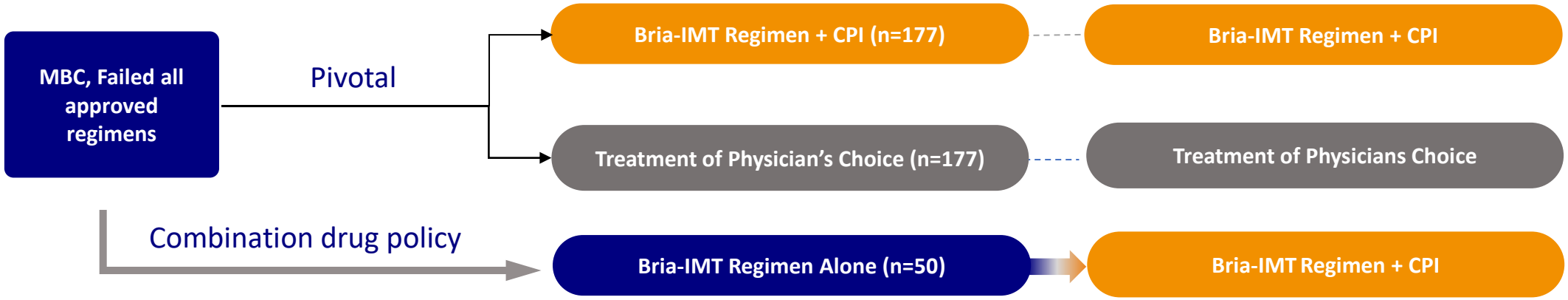
[1] Niwinska A, Pogoda K, Jagiello-Gruszfeld A, Duchnowska R. Intracranial Response Rate in Patients with Breast Cancer Brain Metastases after Systemic Therapy. Cancers (Basel). 2022 Feb 15;14(4):965. doi: 10.3390/cancers14040965. PMID: 35205723; PMCID: PMC8869862.

[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

BriaCell Featured in Nature Medicine

Eleven clinical trials that will shape medicine in 2026

Nature Medicine asks leading researchers to name their top clinical trial for 2026, from long-awaited vaccines for infectious diseases to new treatments for advanced cancers and long COVID.

Table 1 | Clinical trials to watch in 2026

Treatment	Organization	Description	Phase	Indication
Bria-IMT	BriaCell Therapeutics Corporation	Cell-based immunotherapy plus an immune checkpoint inhibitor	Phase 3	Metastatic breast cancer

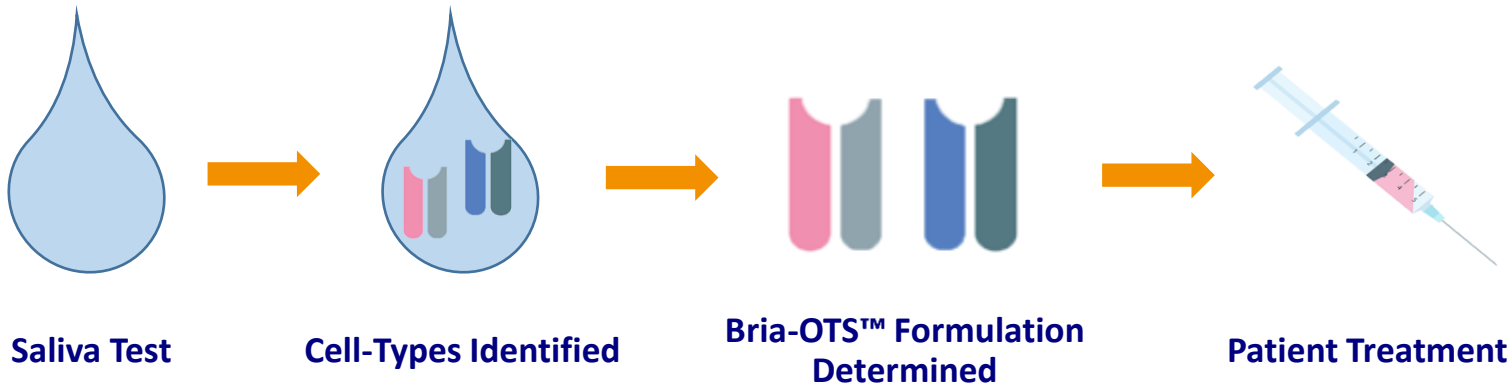
Nature Medicine | Volume 31 | December 2025 | 3943–3947 | **3943**

- Currently over 75 clinical sites open in the US for the Phase 3 study including Mayo Clinic, U of Arizona, Cedar-Sinai, UCLA, UC San Diego, Yale, U Miami, Northwestern, Dartmouth, Cleveland Clinic,
- Collaborations with MD Anderson, Memorial Sloan Kettering, Yale, Mayo Clinic, University of Pennsylvania, National Cancer Institute, and other top-tier institutions

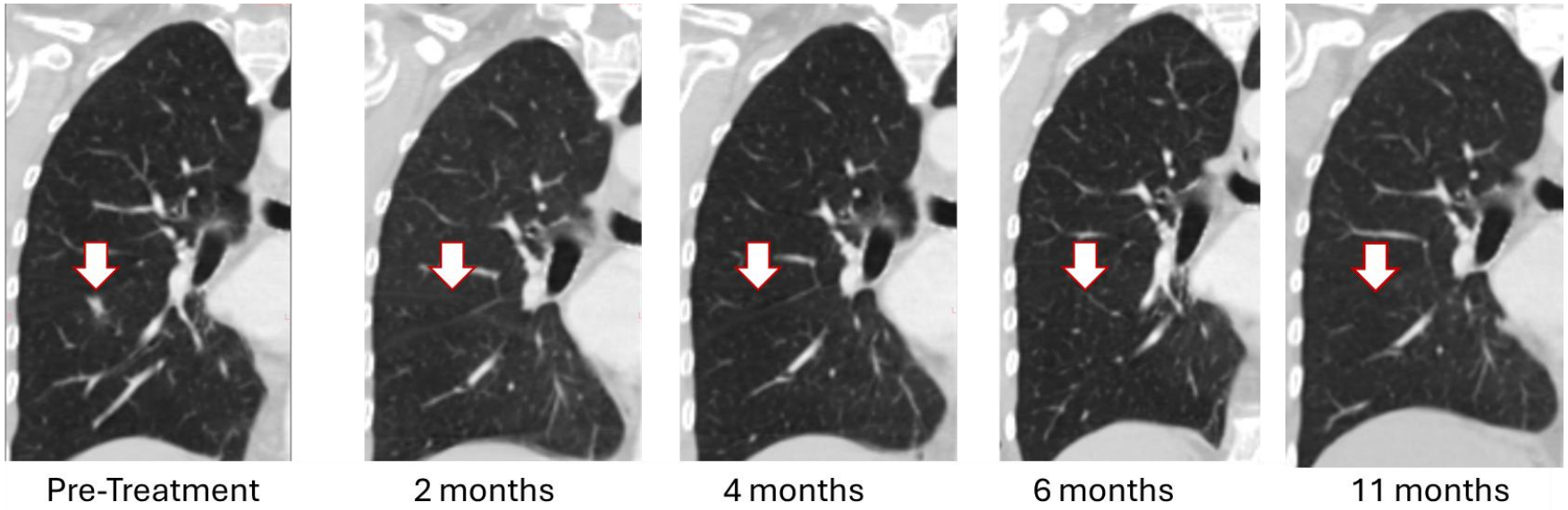
Listed in Nature Medicine as one of the Clinical Trials that will SHAPE MEDICINE IN 2026

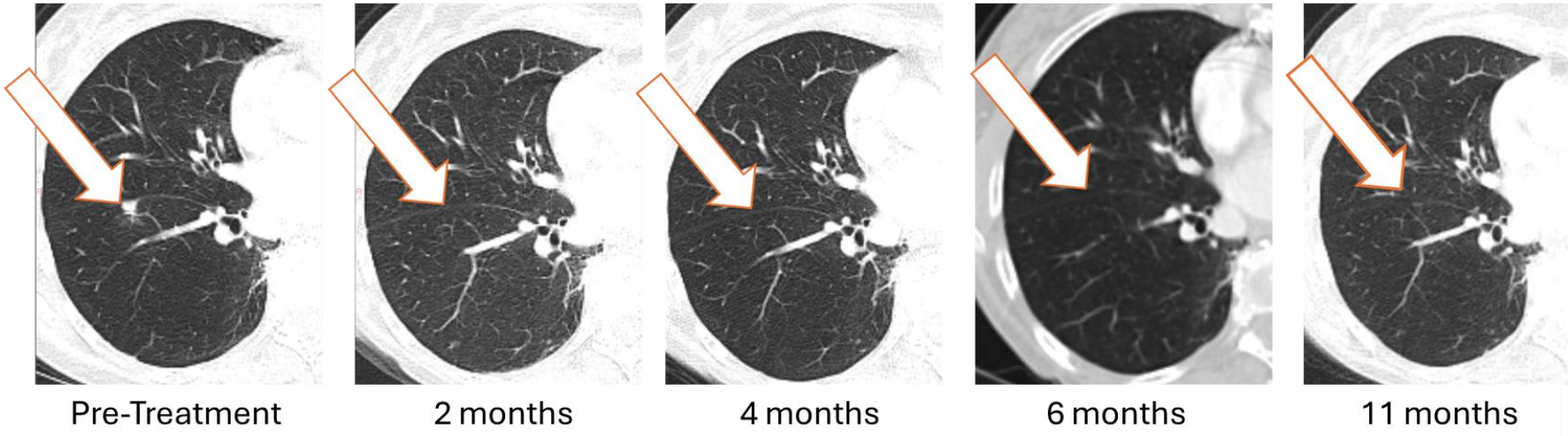
Bria-OTS Personalized & Off-The-Shelf

- BriaCell immunotherapy is most effective in human leukocyte antigen (HLA) type matched patients
- HLA typing identifies patient specific immune cells 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 ongoing**



Bria-OTS Metastatic Breast Cancer Phase 1/2a





- 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 11 months
  - ➢ Stable disease elsewhere
  - ➢ Multiple prior therapy failures

From Bria-IMT to Bria-OTS to Bria-OTS+: Engineering Stronger, Broader Immune Activation

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Bria-IMT™ (1st Generation)

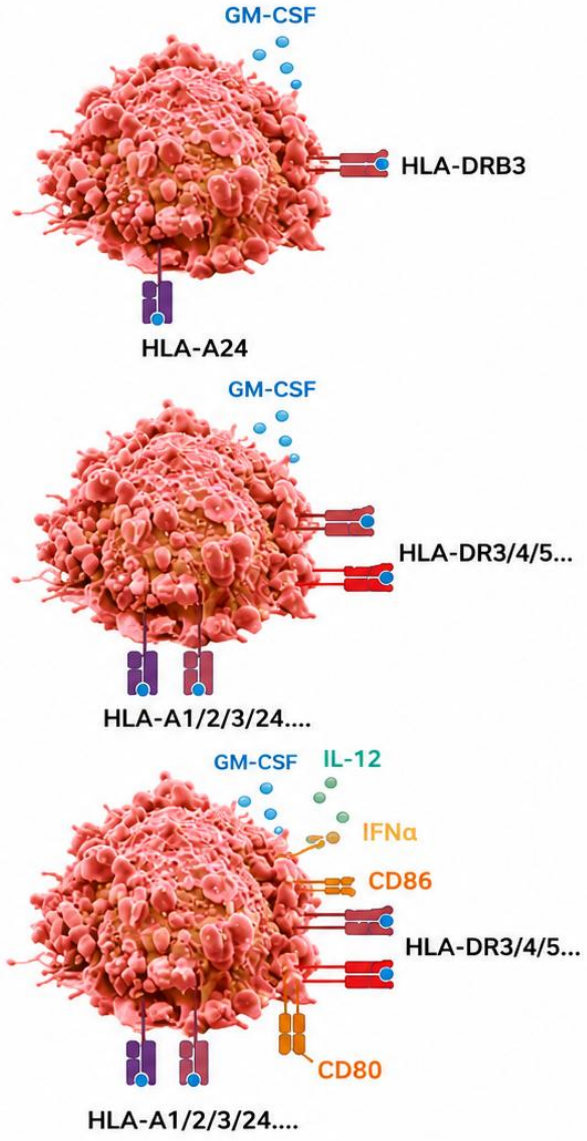
- ❑ Breast cancer cell line engineered to express GM-CSF
- ❑ Demonstrated clinical activity and survival benefit in Phase 1/2a
- ❑ Validates whole-cell immunotherapy and provides the foundation for OTS

Bria-OTS™ (2nd Generation: HLA-Matched Platform)

- ❑ Evolution of Bria-IMT™ engineered to express 15 HLA alleles
- ❑ Four semi-allogeneic, off-the-shelf cell lines providing >99% population coverage
- ❑ Enables scalable, rapid, and personalized matching without autologous manufacturing

Bria-OTS+™ (3rd Generation: Engineered for Potency)

- ❑ Adds co-stimulatory molecules (CD80, CD86, CD40) and immune-modulatory cytokines (GM-CSF, IL-12, IL-7, IFN-α)
- ❑ Broad activation of $CD4^+$, $CD8^+$, NK, NKT, and dendritic cells and serial killer activity
- ❑ Supported by a National Cancer Institute Small Business Innovative Research award
- ❑ OTS+ variants in development for multiple indications
  - ❑ Breast cancer, prostate cancer, lung cancer, melanoma, ovarian cancer
- ❑ ***IND approved and clinical studies open for Bria-BRES+ and Bria-PROS+***
- ❑ *Bria-BRES+ and Bria-PROS+ scheduled to enter the clinic 2026*



Expected Development Timeline and Catalysts

Bria-IMT + CPI

- **Presentations at scientific conferences**
- **Quarterly DSMB updates on pivotal Phase 3 study**



Bria-OTS/OTS+

- OTS Phase 1/2a dose escalation in breast cancer
- Ongoing data readouts from breast cancer study
  - →Initiation of Bria-BRES+ clinical study
    - → Initiation of Bria-PROS+ clinical study in prostate cancer
      - Continuous study readouts with additional indications (lung, melanoma and others)

- **Identify lead indications and initiate Bria-OTS+ pivotal registration studies**
  - **→ First Indication**
    - **→ Second Indication**
      - **→ Third Indication**

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
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*

	Nasdaq: BCTX, BCTXL TSX: BCT
Share Price:	US$3.51
Shares Outstanding:	8.7M
Market Cap:	US$30M
Options (US$33.10 WAEP):	335k
Warrants (US$16.08 WAEP):	7.2M

(*) as of November 17, 2026

Investment Highlights

- **Bria-IMT™ + CPI**: Pivotal phase 3 study underway in metastatic breast cancer
  - ~2-fold increase in survival in Phase 2 compared to comparable patients in the literature
  - Phase 3 interim analysis expected in 2026
- **Bria-OTS/OTS+™**: Ongoing phase 1/2a studies for Bria-BRES™ and Bria-BRES+
  - Bria-PROS+ IND submission and initiation of clinical study in prostate cancer expected in 2026
  - Other indications to include lung cancer, melanoma and ovarian cancer
- **Proven Management Team:** Clinical strategy team involved in 20 previous drug or device approvals



BriaCell

Developing Novel Therapeutics to Destroy Cancer

Thank-you!