



PPMP – PREDICTIVE PRECISION MEDICINE PLATFORM

FOCUSING PRECISION ON PATIENT OUTCOMES

October 2023



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NOTABLE SUMMARY

- **Clinical-stage therapeutic platform company headquartered in Foster City, CA**
- **PPMP: Proprietary platform predicts clinical response to treatment***
 - **Merges biology & technology innovation (incl. AI/machine learning)**
 - **97% response rate across 4 clinical validation trials (no need for genetics)**
- **Strategy: Target, boost, and fast-track risk-reduced, undervalued candidate medicines**
- **Pipeline: PPMP-selected therapeutic candidates (Volasertib, Foscicliopirox)**
 - **Lead programs in acute myeloid leukemia (in PPMP predicted responders)**
 - **Cash runway through 4 clinical milestones by 1Q25**
- **Completed merger with VBL Therapeutics to advance Notable's mission**
 - **Supported by \$10.3M private placement incl. Founders Fund, YC, Builders VC, B Capital Group, and First Round Capital**
 - **Notable to trade under "NTBL" symbol on NASDAQ today**

NOTABLE'S PPMP ADDRESSES AN URGENT NEED ACROSS ONCOLOGY

Treatment Limitation

HUGE BENEFIT FOR RESPONDERS BUT FEW TREATED PATIENTS RESPOND

1,000,000s OF TREATED PATIENTS WITHOUT BENEFIT

1,000s OF COMPELLING DRUGS SHELVED

100s OF PROMISING CANDIDATE DRUGS STRUGGLING

Solution

**PREDICT RESPONDERS WITH HIGH PRECISION
→ TREAT PREDICTED RESPONDERS**

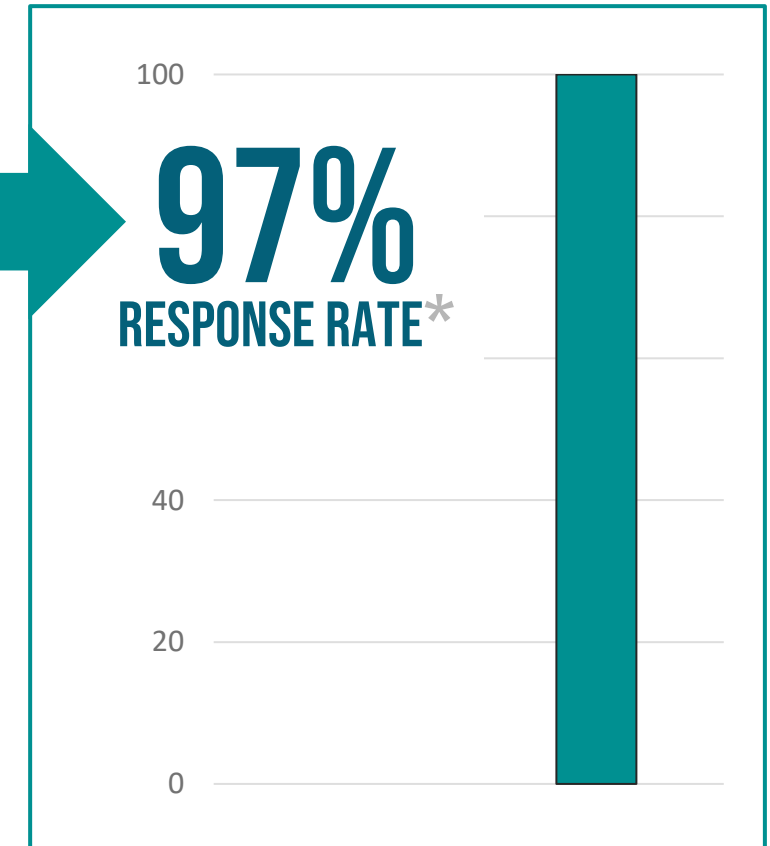
*Higher Response Rates
Lower Risk
Faster Speed*

PPMP DEMONSTRATED HIGH PREDICTIVE PRECISION

PPMP

Predicts Patient Response

- **Bio-simulates treatment**
- **Measures cell response**
- **Applies AI/ML algorithms**
- *Unconfined by genomic markers*

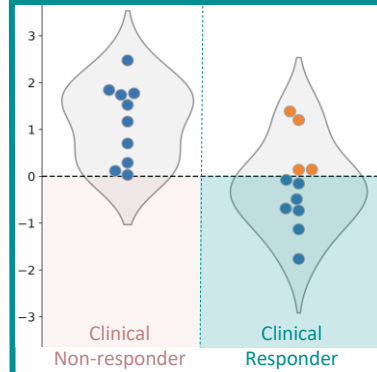


VALIDATED AGAINST ACTUAL PATIENT RESPONSES

PPMP: 97% RR ACROSS CLINICAL VALIDATION TRIALS

RESPONSE RATES*

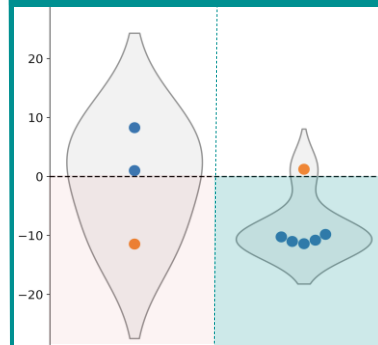
100%



Stanford University¹

Myelodysplastic Syndromes, MDS

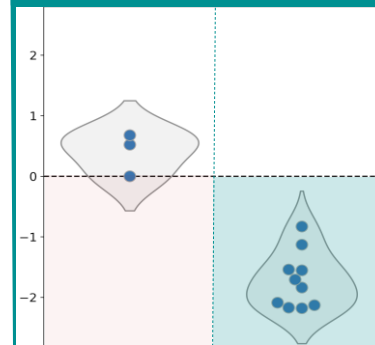
83%



MD Anderson Cancer Center²

Acute Myeloid Leukemia, AML

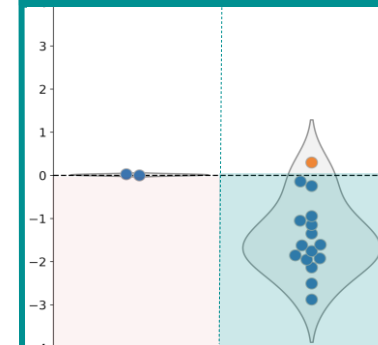
100%



Texas Children's Hospital³

Pediatric AML

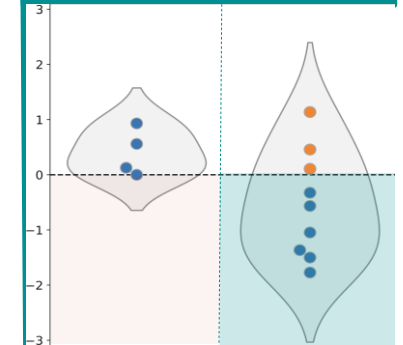
100%



Washington University⁴

MDS + AML (Cohort A)

100%



Washington University⁴

MDS + AML (Cohort B)

1. Blood Adv (2020) 4 (12): 2768–2778. Mean PPV 0.92, 95% CI [0.69-1.0][†]

2. ASH Poster (2021) <https://notablelabs.com/category/scientific-poster/> Mean PPV 0.80, 95% CI [0.50-1.0][†]

3. Blood (2021) 138 (Supplement 1): 2361. Mean PPV 1.0, 95% CI [1.0-1.0][†]

4. AACR 2023 – Cancer Res (2023) 83 (7_Supplement): 4342. A: Mean PPV 1.0, 95% CI [1.0-1.0]; B: Mean PPV 0.86, 95% CI [0.63-1.0][†]

* Response Rate reflects direct Positive Predictive Value (PPV)

[†] Values reflect statistical bootstrapping methodology

PPMP VISION: BETTER, PREDICTABLE OUTCOMES. SIMPLER PRACTICE.

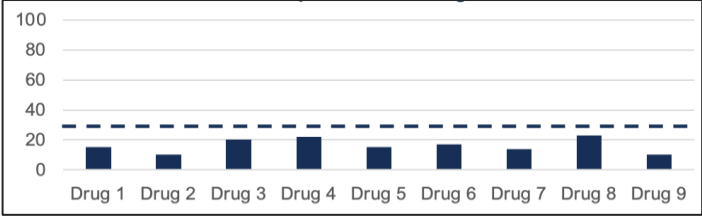
Today*

National Comprehensive Cancer Network®
Acute Myeloid Leukemia | NCCN Guidelines® Version 3.2021

AML ^{1,2} PHYSIOLOGIC AGE ≥60 y (see NCCN Guidelines for Older Adult Oncology)	TREATMENT STRATEGIES ^{3,4}	TREATMENT INDUCTION ^{4,5}
Candidate for intensive remission induction therapy	Favorable-risk cytogenetics	Options: • Standard-dose cytarabine 200 mg/m ² continuous infusion x 7 days with daunorubicin 60 mg/m ² x 3 days and three total doses of gemtuzumab ozogamicin 3 mg/m ² (up to one 4.5 mg vial) may be given on days 1, 4, and 7; ^{6,7} alternatively, a single dose may be given on day 1, or day 2, or day 3, or day 4; ⁸ • Standard-dose cytarabine (100-200 mg/m ² continuous infusion x 7 days) with idarubicin ^{9,10} 12 mg/m ² or daunorubicin ^{9,10} 60-90 mg/m ² x 3 days or mitoxantrone 12 mg/m ² x 3 days See Post-Induction Therapy (AML-7)
	FLT3-mutated (ITD or TKD)	Standard-dose cytarabine 200 mg/m ² continuous infusion x 7 days with daunorubicin 60 mg/m ² x 3 days and oral midostaurin 50 mg every 12 hours, days 8-21 ^{11,12}
	Therapy-related AML, Antecedent MDS/CMBL, AML-MRC	Dual-drug liposomal encapsulation of cytarabine 100 mg/m ² and daunorubicin 44 mg/m ² on days 1, 3, and 5 x 1 cycle ¹³ (category 1)
Unfavorable-risk cytogenetics (exclusive of AML-MRC)	Options: (Principles of Venetoclax, see AML-2) • Venetoclax once daily (100 mg day 1, 200 mg day 2, and 400 mg day 3 and beyond) PO and decitabine 20 mg/m ² IV (days 1-4 of each 28-day cycle) ^{14,15} • Venetoclax once daily (100 mg day 1, 200 mg day 2, and 400 mg day 3 and beyond) PO and azacitidine 75 mg/m ² SC or IV (days 1-7 of each 28-day cycle) ^{16,17} • Venetoclax once daily (100 mg day 1, 200 mg day 2, 400 mg day 3, and 600 mg day 4 and beyond) PO and low-dose cytarabine (LDAC) 20 mg/m ² SC (days 1-10 of each 28-day cycle) ¹⁸ • Low-intensity therapy (azacitidine [category 2B], decitabine) ^{19,20}	
Other recommended regimens for intermediate- or poor-risk disease	Options: • Standard-dose cytarabine (100-200 mg/m ² continuous infusion x 7 days) with idarubicin ^{9,10} 12 mg/m ² or daunorubicin ^{9,10} 60-90 mg/m ² x 3 days or mitoxantrone 12 mg/m ² x 3 days • Standard-dose cytarabine 200 mg/m ² continuous infusion x 7 days with daunorubicin 60 mg/m ² x 3 days and a single dose of gemtuzumab ozogamicin 3 mg/m ² (up to one 4.5 mg vial) given on day 1, or day 2, or day 3, or day 4; alternatively, three total doses may be given on days 1, 4, and 7; ^{6,7} (CD33-positive) (intermediate-risk AML) See Post-Induction Therapy (AML-7)	

See footnotes on AML-SA
 Note: All recommendations are category 2A unless otherwise indicated.
 Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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 AML-5

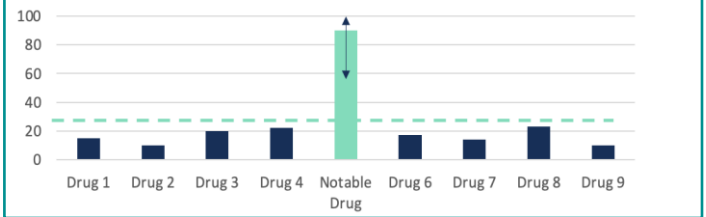


Treatment Options

PPMP*

Yes

No



Treatment Options



*Concept of clinical settings in which today's treatment options deliver low response rates. Notable drug's response rate refers to PPMP-predicted responders.

PPMP STRATEGY: TARGET, BOOST & FAST-TRACK

In-License Shelved Drugs (compelling efficacy + low RR):

Maximize Return + Minimize Risk

- Boost phase 3 drug to market-leading RR
- Fast-track in predicted responders

Co-Develop Active Precision Drugs (proven class + low/moderate RR)

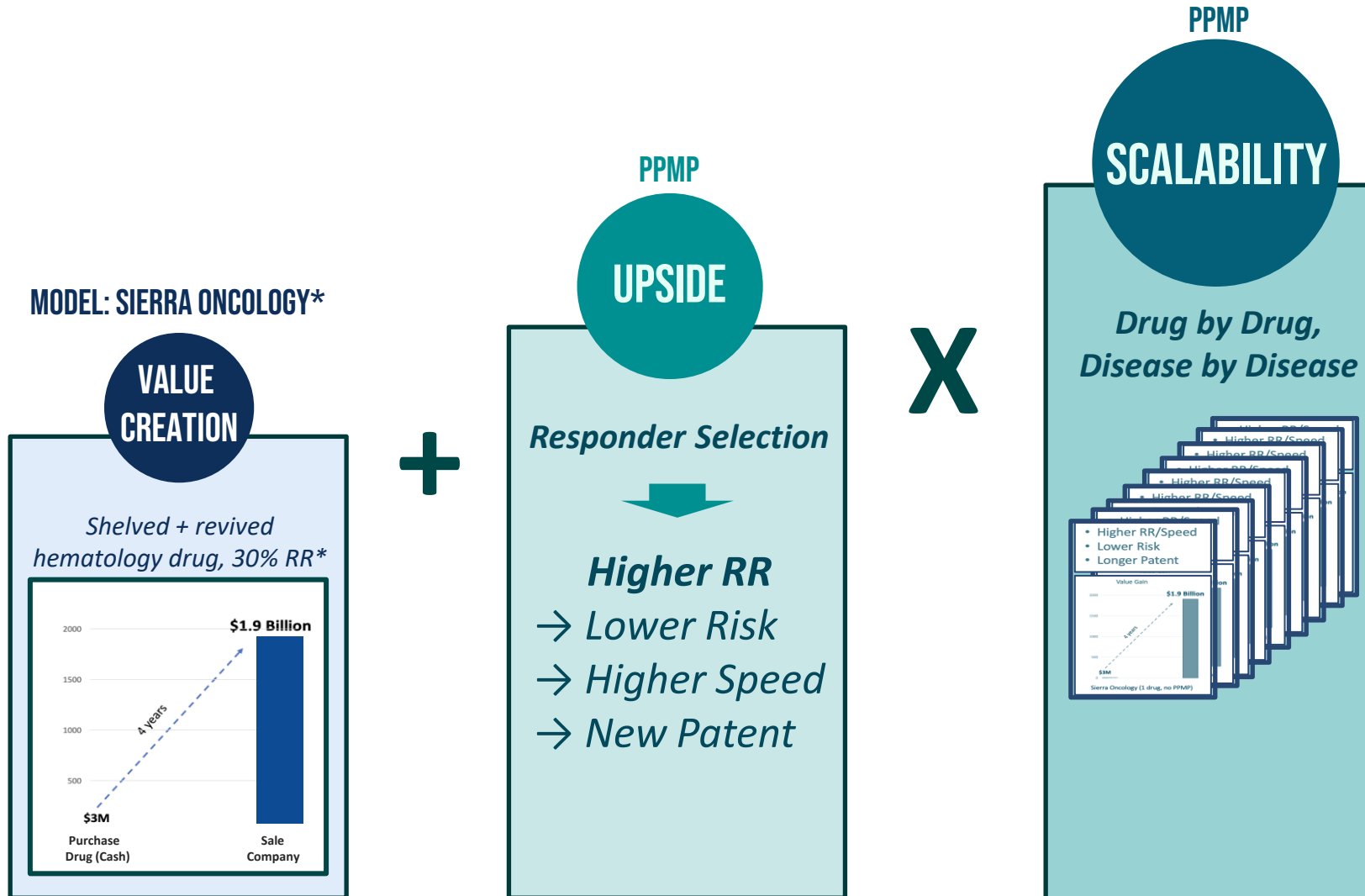
Maximize Growth @ Reduced Risk

- Boost fast-follower drug to class-leading RR
- Fast-track in predicted responders

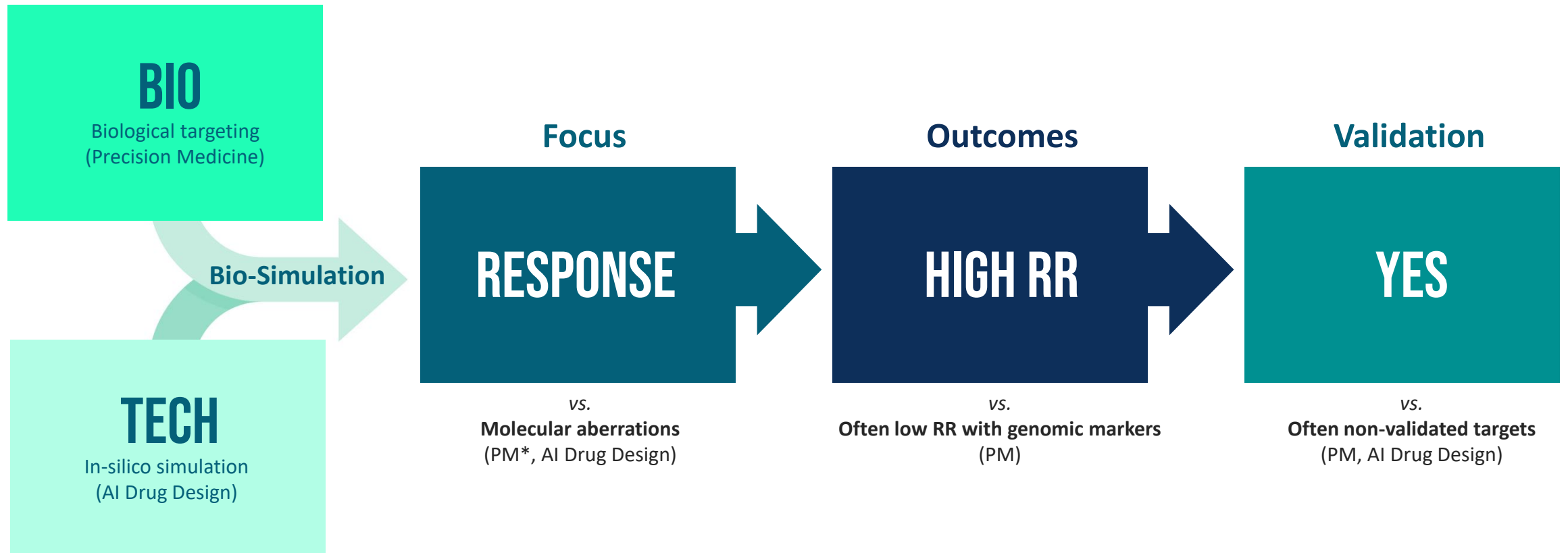


**DELIVER
HIGHEST RR
FOR PATIENTS WITH
HIGHEST NEEDS***

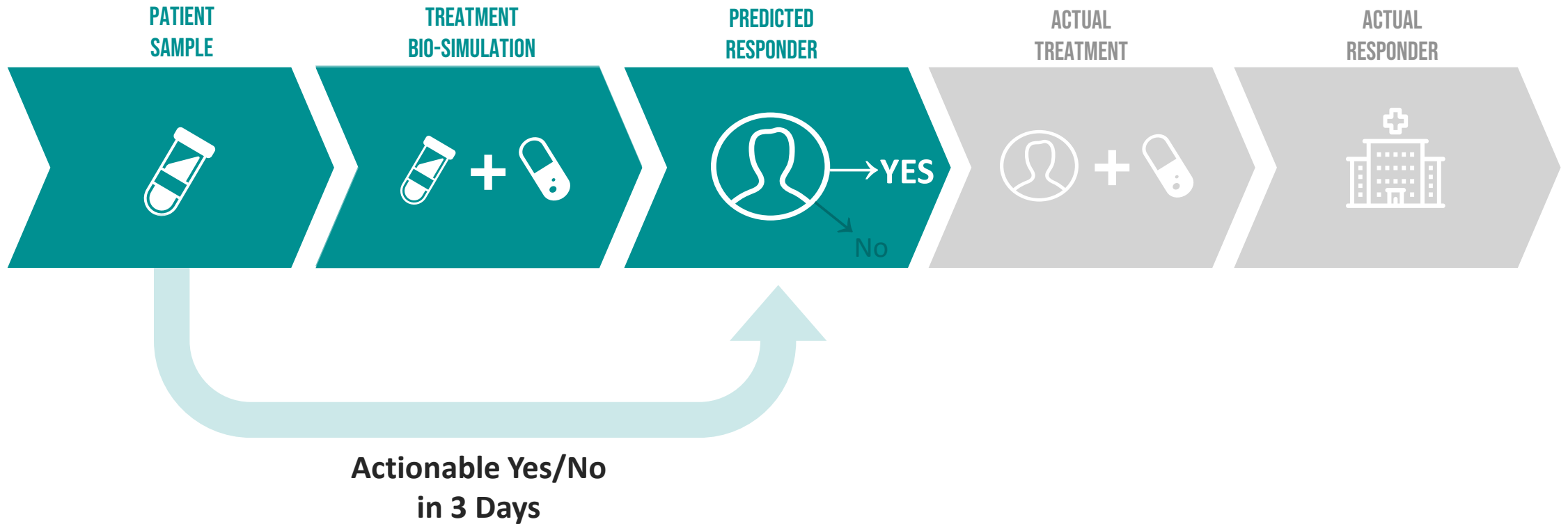
PPMP STRATEGY BOOSTS PROVEN MODEL



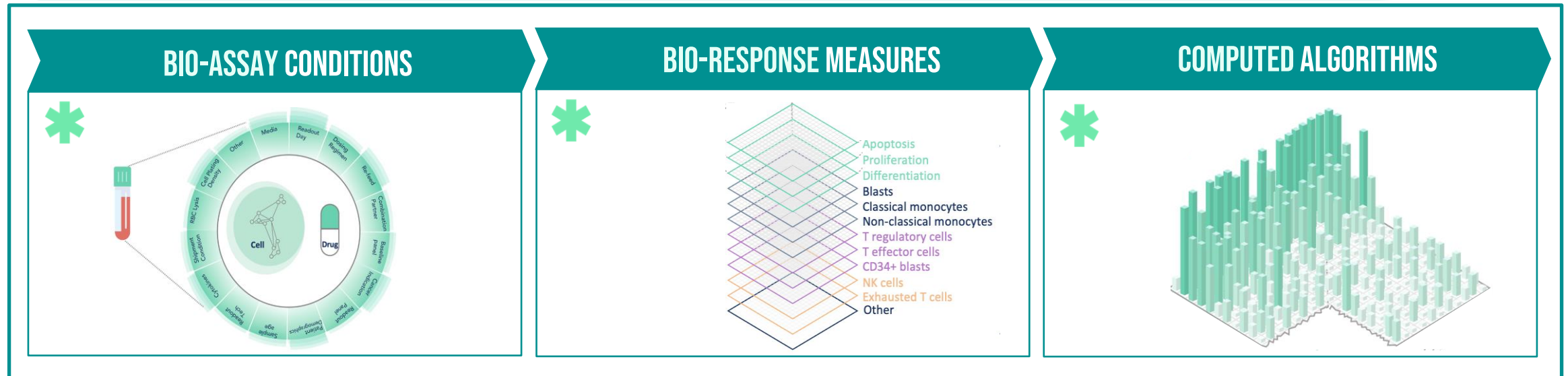
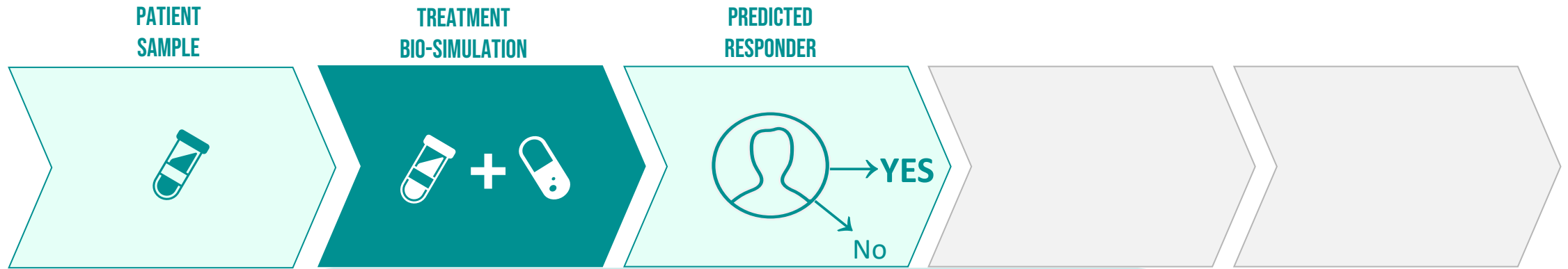
PPMP FOCUSES BIOLOGY & TECHNOLOGY ON RESPONSE



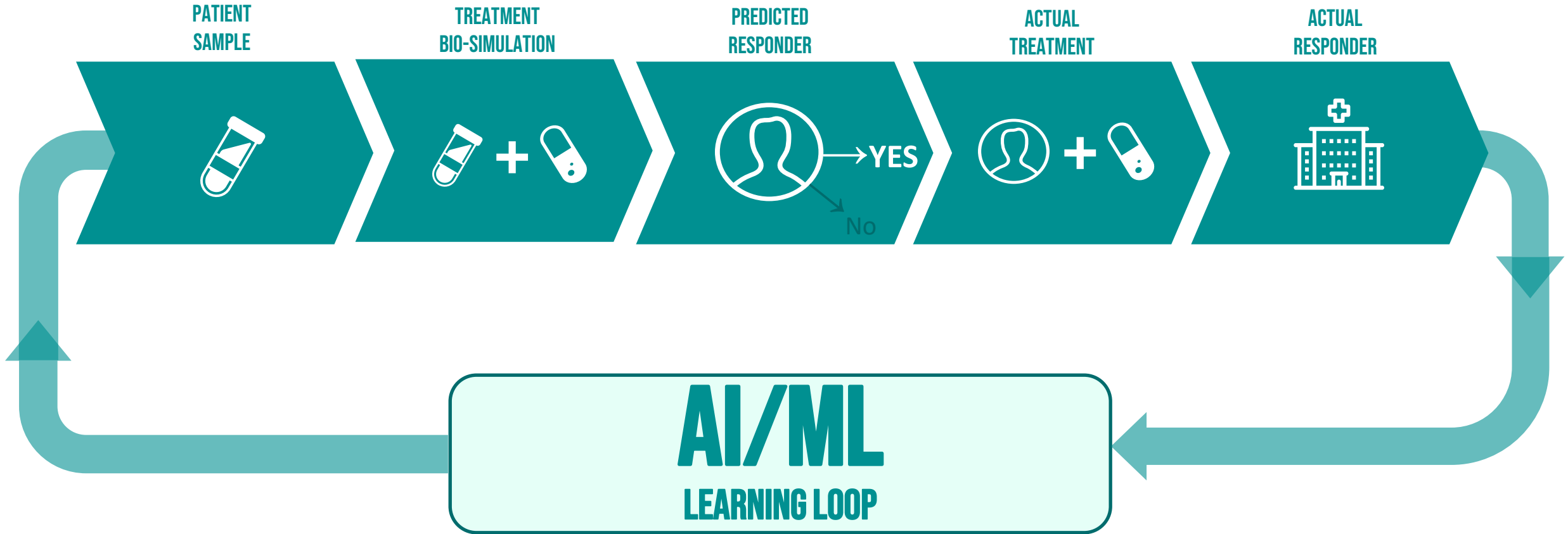
PPMP MAKES TREATMENT DECISIONS SIMPLER



PPMP MERGES BIOLOGY & TECHNOLOGY



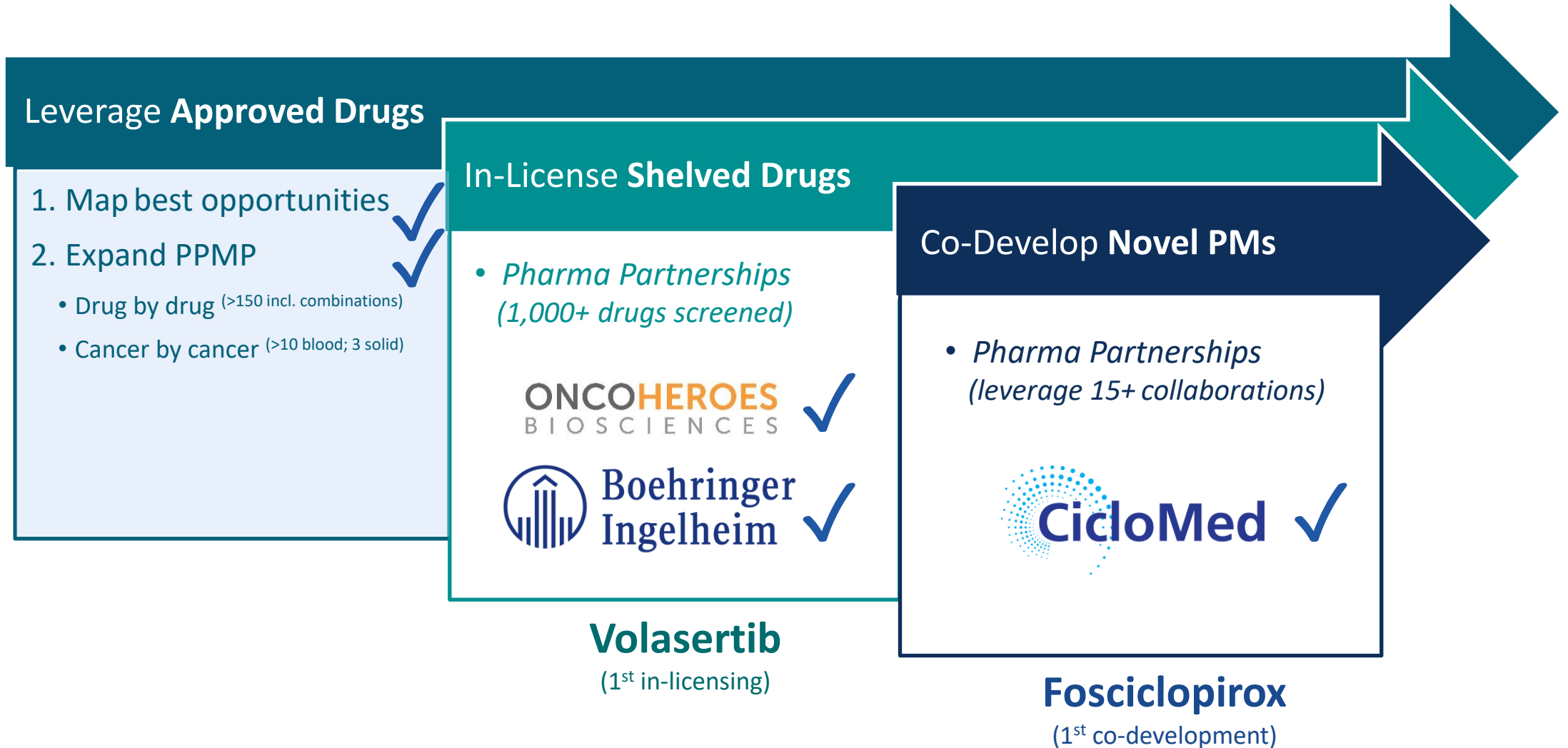
AI/ML CONTINUALLY ADVANCE PERFORMANCE



WORLD'S LARGEST CANCER BIO-RESPONSE DATABASE (HEMATOLOGY)

190 billion lines of Notable data

PPMP PLAN: START IN LEUKEMIA. EXPAND BROADLY.

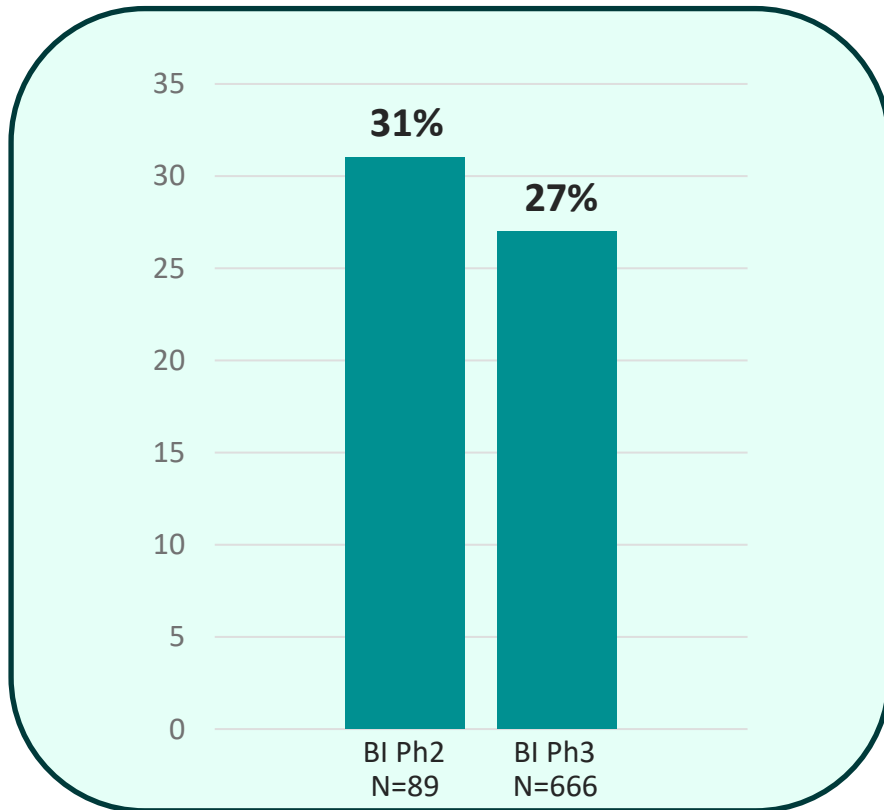


NOTABLE'S VOLASERTIB: COMPELLING & RISK-REDUCED



VOLASERTIB: CONSISTENT & COMPELLING ACTIVITY

Consistent RR



Major Impact for Responders

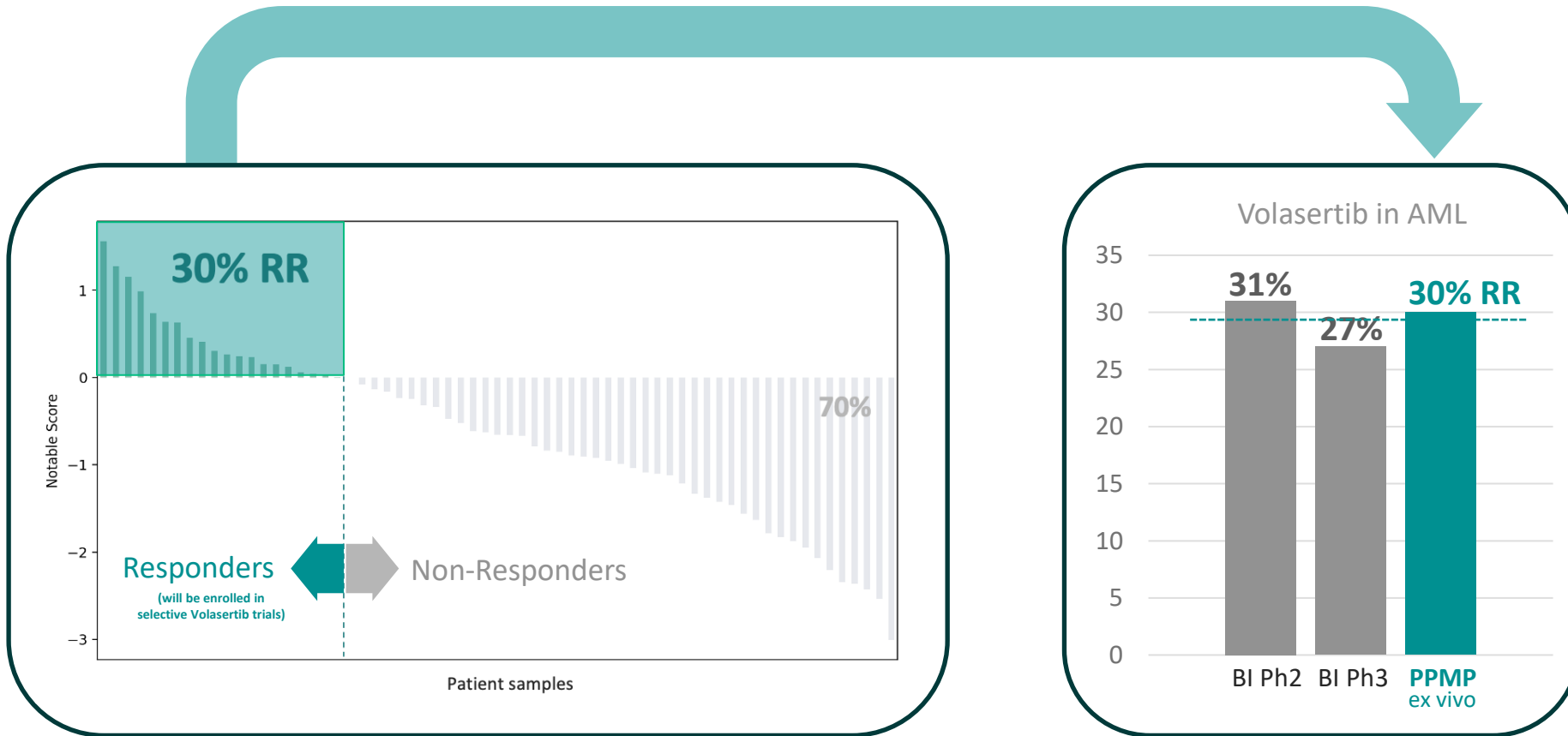
- **Multi-year responses beyond trial duration**
- **Significant, meaningful survival increase (Ph2)**

VOLASERTIB: MANAGEABLE & ROBUST TOLERABILITY

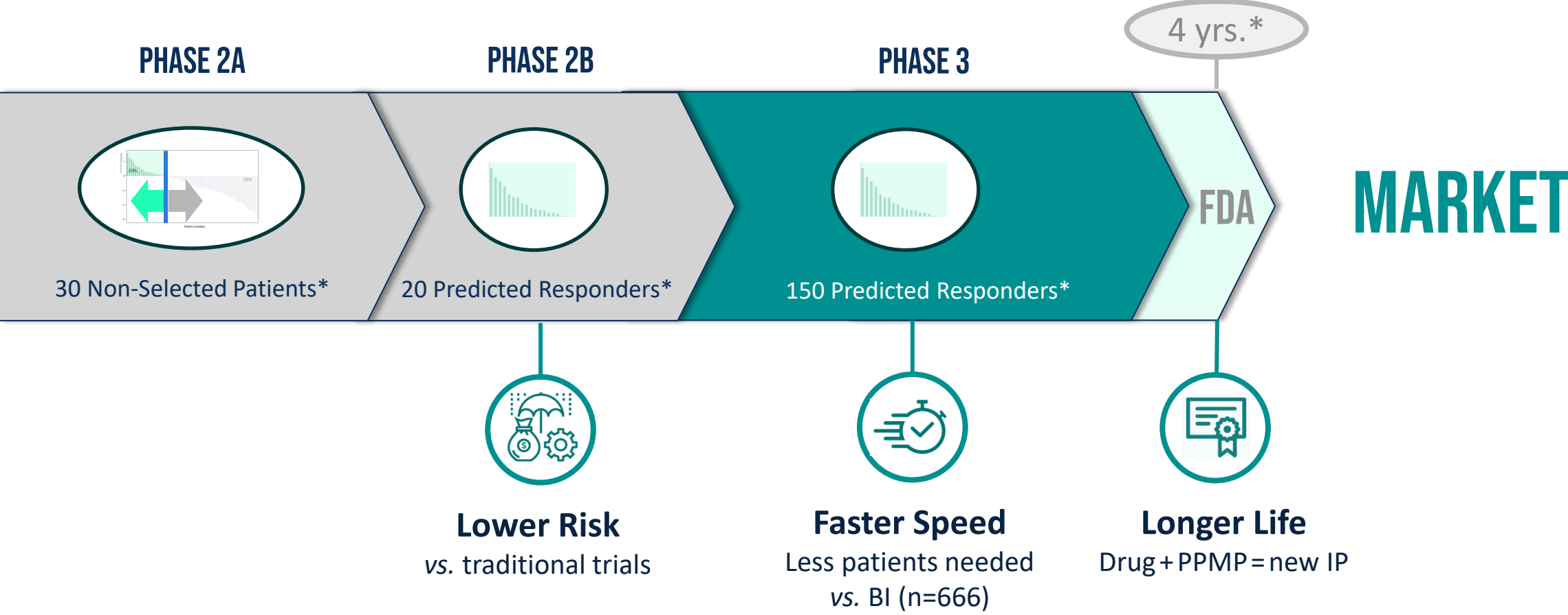
- Safety database includes > 1400 patients
- Data reported by experienced company (Boehringer Ingelheim)
- BI post-hoc analysis suggests upsides for clinical profile through
 - *Consistent infectious prophylaxis*
 - *Change to weight/BSA-tailored dosing*

VOLASERTIB: STRONG PERFORMANCE ON PPMP

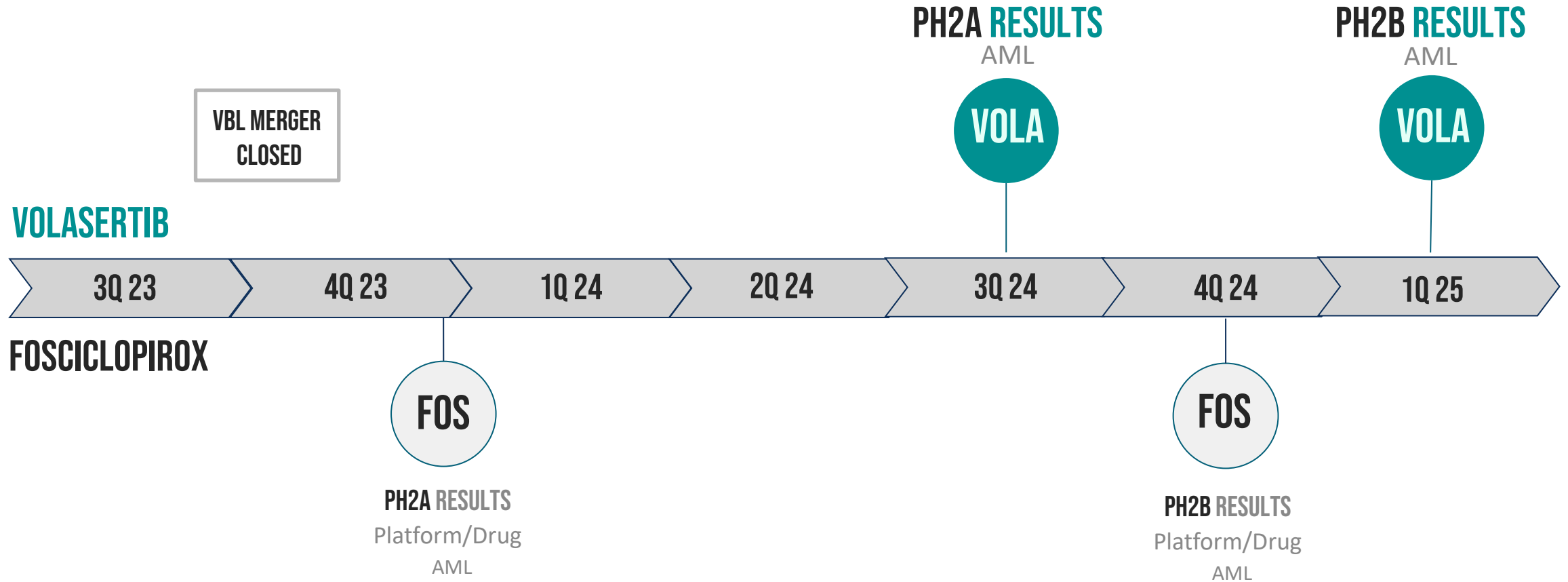
PPMP bio-simulation modeled BI results



VOLASERTIB ON PPMP: ADVANCE TO BEST-IN-MARKET PROFILE



PPM PIPELINE NEARS INFLECTION POINTS



NOTABLE PPMP: POLE POSITION FOR GAME-CHANGING IMPACT

