Notable

Clinical Stage Predictive Therapeutics Company

Propelling the Right Drugs to the Right Patients

August 26, 2024

Disclaimer

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Notable: Predictive Medicine Platform to Derisk & Propel Clinical Stage Assets

Notable is a clinical-stage oncology predictive therapeutics company with a novel responder-focused approach to drug development

Lead Program: Volasertib

- Originally developed by Boehringer Ingelheim ("BI") through Phase 3; 1,400 patient dataset; survival benefit in Phase 2 trial
- In-licensed following extensive BI post hoc analysis and strong performance on Notable's Predictive Medicine Platform

Entering Phase 2 trial in relapsed/refractory AML*

- Trial design optimized by BI post hoc analysis
- Further enhanced by enrolling patients predicted to respond
- Phase 2 initial safety data expected in the fourth quarter of 2024 followed by initial efficacy data in the first half of 2025

Predictive Medicine Platform (PMP)

- Measures functional cell response to treatment on a patient's cancer sample
- Extensive, scalable database of cancer biological response
- 97% predictive precision across four clinical validation trials

Business Model: De-risk and accelerate drug development

- License undervalued advanced-stage shelved drugs
- Improve patient selection: Enroll patients likely to respond
- Goal: Predictably exceed standard of care for urgent needs (start with AML)

*AML = acute myeloid leukemia, R/R = relapsed/refractory

Experienced Leaders From Across Therapeutics, Diagnostics & Technology

Joseph Wagner, Ph.D.
Chief Scientific Officer & Interim CEO

Glenn Michelson, M.D.
Chief Medical Officer

Scott McPherson, CPA
Chief Financial Officer

Previous Experience

President & Chief Executive Officer
BriaCell Therapeutics Corp

President & Chief Executive Officer
OncoCyte Corporation

President & Chief Technology Officer
Cell Targeting, Inc.

VP, Clinical Development
CytomX Therapeutics

VP, Clinical Development
Portola Pharmaceuticals Inc

VP, Oncology & Chief Medical Officer
Plexxikon Inc.

Chief Financial Officer
MedSec, LLC

Chief Executive Officer
U.S. Environmental, Inc.

Chief Financial Officer
VerifyMe, Inc.

Independent Directors: Leaders from Premier Life Science Companies

Tuomo Pätsi
Chair

EVP, Commercial
Seagen

President International
Celgene

Thomas Graney
Chair Audit Committee

Chief Executive Officer
Oxurion

Chief Financial Officer
Vertex Pharmaceuticals

Thomas Dubin
Chair Compensation Committee

Vice Chair
Norwalk Hospital

Chief Legal Officer
Alexion

Michele Galen
Director

Chief Communication Officer
Shire

Chief Communication Officer
Novartis Oncology and Novartis

Michael Rice
Director

Founding Partner
LifeSci Advisors

Co-Head, Healthcare Investment Banking
Canaccord Adams

Peter Feinberg
Director

Co-Founder
BridgeBio Pharma and Sporos Bioventures

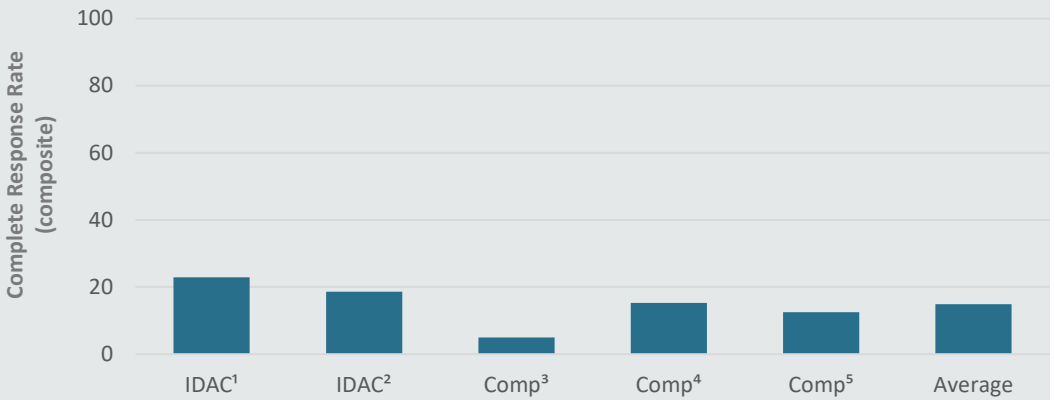
Partner and Co-Founder
Boxcar Partners

Head, Institutional Equities and Sales
Oppenheimer & Co

We Aim to Deliver Better and More Predictable Outcomes for Patients

Precision Medicine (one-dimensional)

- Targets genomic mutations
- Only 15% cancer patients carry actionable mutations
- Response rate often low (considers only genetic mutations)

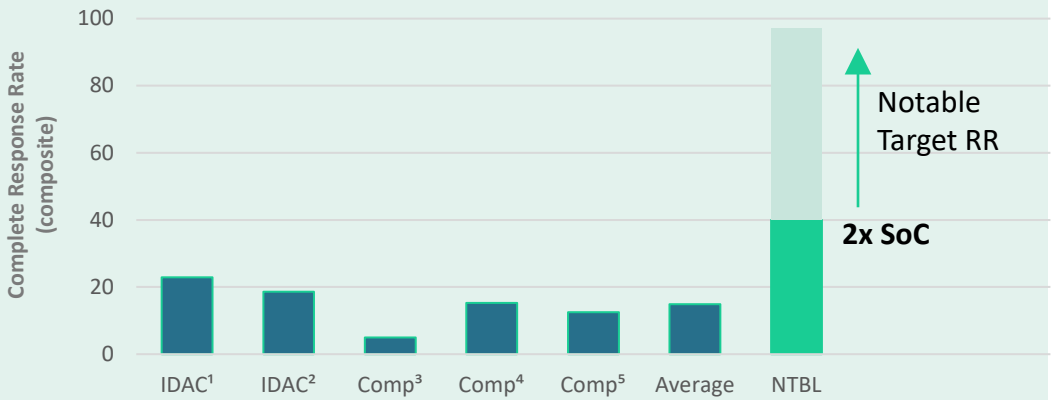


Example: R/R AML

Paradigm Shift

Predictive Medicine (multi-dimensional)

- Interrogates functional cancer cell biology
- Unconstrained by actionable genetic mutations
- Predicted response rate higher (considers numerous factors)

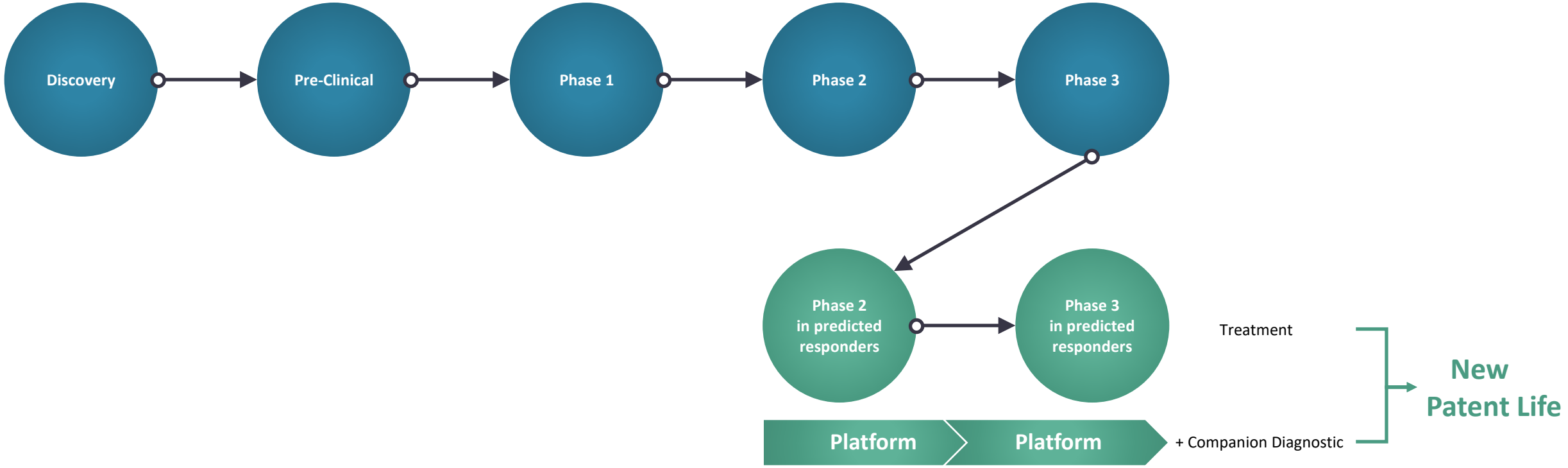


Notable

1. CLASSIC I: Faderl et al, JCO 2012
2. VALOR: Ravandi et al, Lancet Oncol 2015
3. Enasidenib: De Button et al, Blood 2023
4. ADMIRAL Trial: Perl et al, NEJM 2019
5. Maiti et al, Haematologica 2021

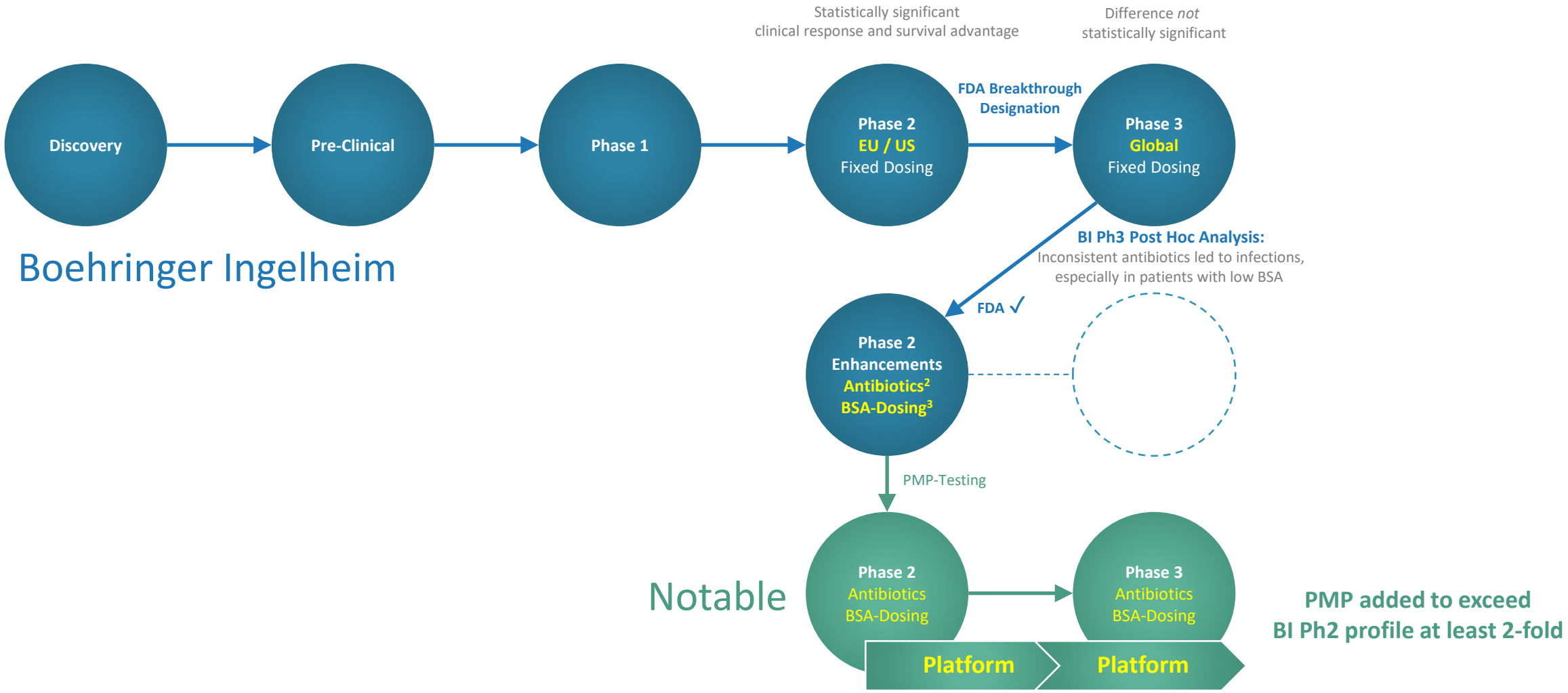
Taking Advantage of Years and Millions of Dollars in Drug Development

Standard Model: From Discovery to Phase 3 – Takes 15 years and $2.5 billion/drug on average



Notable Model: Propel Advanced-Stage Drugs Over Finish Line – Bypass years of risk and millions of dollars of investments

Notable PMP Leverages & Further De-risks BI's Enhanced, FDA-Supported Program[1]



Notable

[1] FDA supported enhanced BI Phase 2 trial at MD Anderson Cancer Center/Yale/Washington University which had already enrolled cohort A when BI stopped Volasertib's development overall
[2] Standard-of-care prophylactic antibiotics mandated for all trial patients to reproduce BI Phase 2 profile
[3] Body Surface Area-based dosing of 200mg/m^2 on Day 1 (vs. Days 1+15 in original BI Phases 2/3 trials) to exceed BI Phase 2 profile

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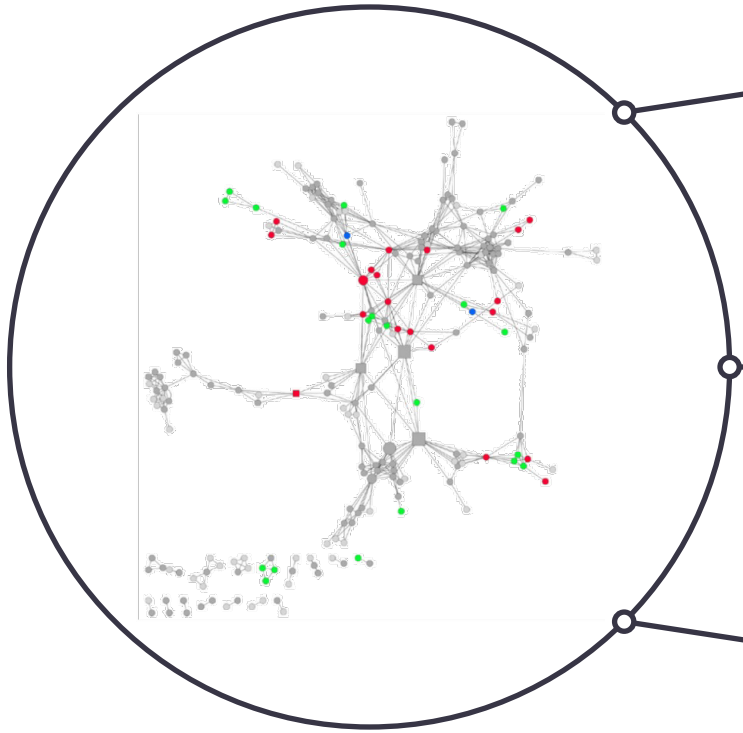
Predictive Medicine Platform

Genomics-Based Precision Medicines are Limited

Patients Urgently Need an Approach That Goes Beyond Genetic Mutations



Less than 15% of cancer patients[1] carry a known actionable genetic marker, and thus can benefit from traditional precision medicines

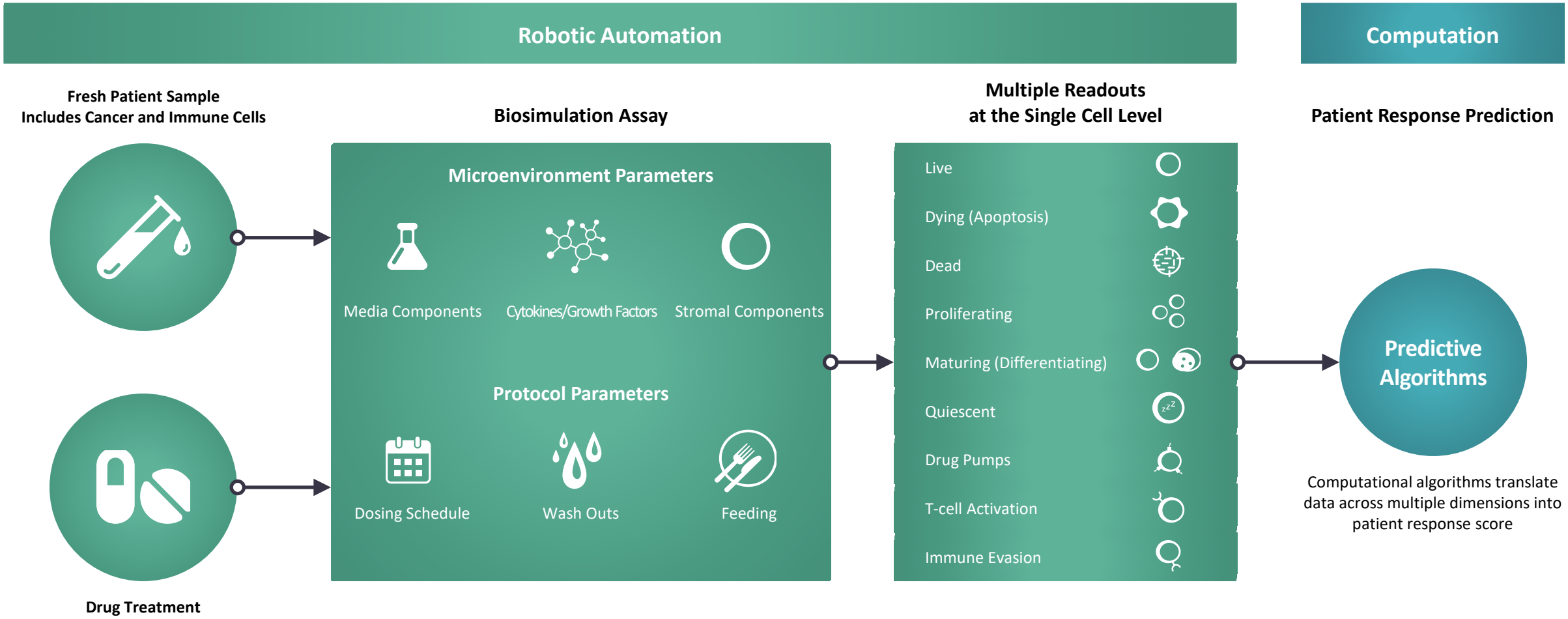
In many clinical settings, genomics-based precision medicines deliver moderate or low clinical response rates[1]

Example: Precision medicine gilteritinib targets FLT3, a genetic mutation found in AML, yet only 34%[2] of Flt3+ patients respond

Notable

1. Haslam et al; Annals of Oncology, Vol 32, Issue 7; April 2021
2. Perl et al; New England Journal of Medicine, 381;18; October 31, 2019

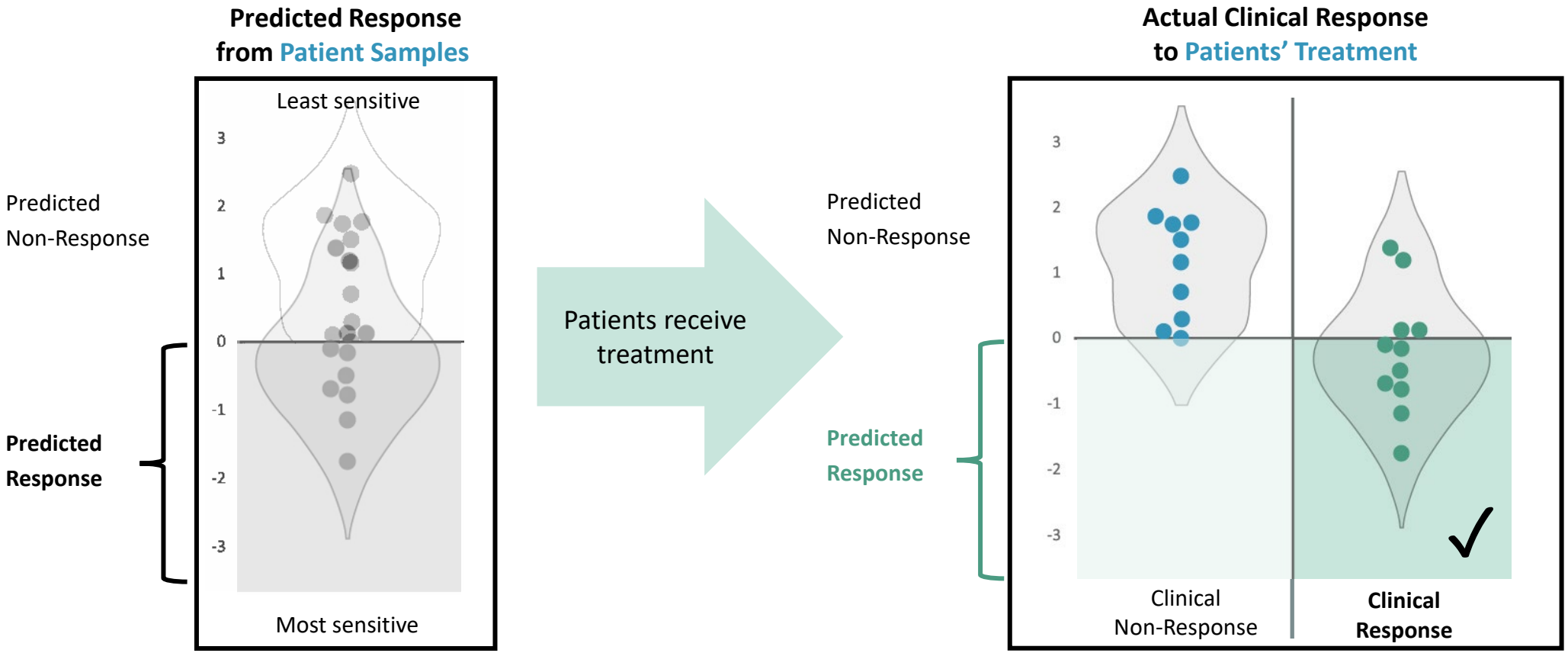
Predictive Medicine Platform Merges Biology and Advanced Technology



Response Prediction Results in Seven Days or Less

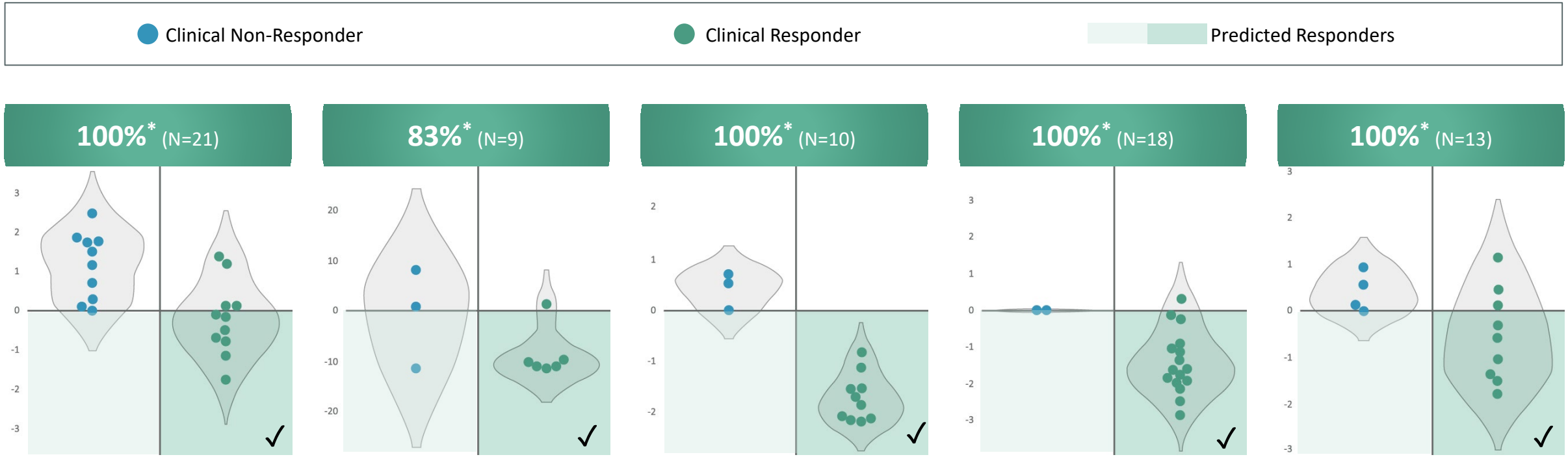
All Platform-Predicted Responders Clinically Responded to Their Actual Treatment

Clinical Validation Trial with Stanford in MDS[1]: Results of the 21 Patients Treated with Platform-Screened Compounds[2]



[1] MDS = Myelodysplastic Syndromes; Response Rate reflects direct Positive Predictive Value (PPV)
[2] Blood Adv (2020) 4 (12): 2768–2778. Mean PPV 0.92, 95% CI [0.69-1.0] in publication reflect statistical bootstrapping methodology

97% Predicted Responders Achieved Clinical Response Across 4 Validation Trials



Stanford University
Myelodysplastic Syndromes, MDS

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

MD Anderson Cancer Center
Acute Myeloid Leukemia, AML

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

Texas Children's Hospital
Pediatric AML

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

Washington University
AML (Cohort A)

Washington University
MDS + AML (Cohort B)

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]†

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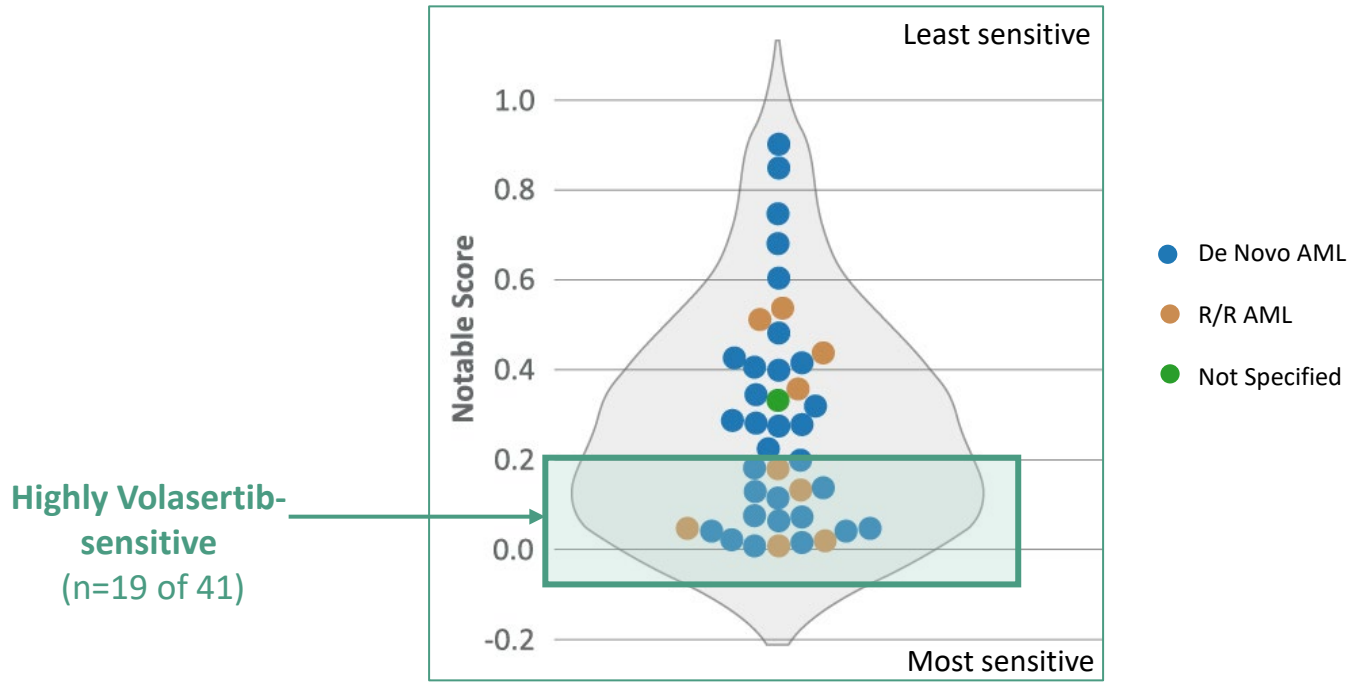
* Response Rate reflects direct Positive Predictive Value (PPV)/Predictive Precision
† Values reflect statistical bootstrapping methodology

Volasertib: Strong Predictive PMP Performance Further De-Risks Program



Highly sensitive samples included 50% of R/R AML patients

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Presented at AACR 2024, San Diego, CA "Guided by a predictive ex vivo test: bringing the PLK1 inhibitor volasertib back into the clinic for relapsed/refractory acute myeloid leukemia patients"
AACR 2024, abstract published in Cancer Res (2024) 84 (6_Supplement): 5178

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Volasertib Lead Candidate

Acute Myeloid Leukemia (AML) is an Urgent Unmet Need

Acute Myeloid Leukemia (AML)

Estimated in 2024 (US): 20,800 cases; 11,220 deaths[1]

Not Eligible for Intensive Chemotherapy (>50% of AML[9])

- Standard of care: Venetoclax + hypomethylating agents (Ven/HMA)
- Response rate 60-70%[2] + improved survival
- Worse outcomes if complex cytogenetics/TP53 mutations[2,3,5,6]
- All patients will relapse

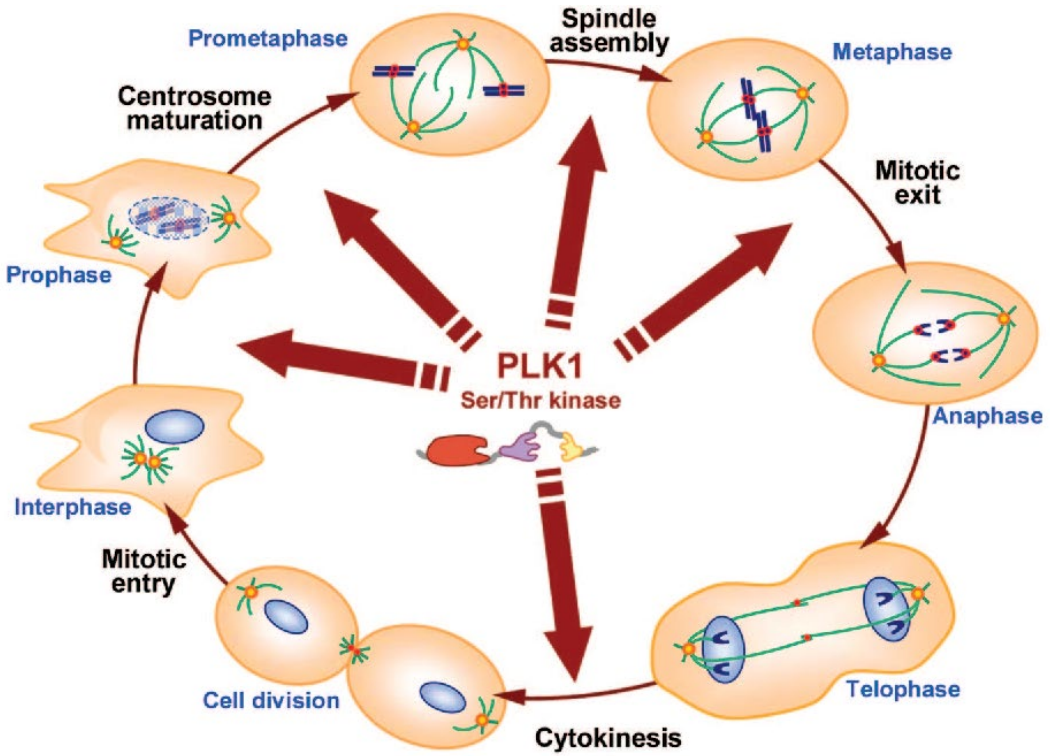
Relapsed/Refractory AML[7]

- Response rate of available treatments approx. 15%
- No defined standard of care
- Except for few patients with genetic mutations[7,8]
  (but time to genetic results may jeopardize timely clinical decisions)

1. American Cancer Society website, https://www.cancer.org/cancer/types/acute-myeloid-leukemia/about/key-statistics.html, accessed 4/24/2024
2. Dinardo, et al, NEJM 2020
3. Green, et al, CCR 2022
4. Appelbaum, et al Blood 2006
5. Ong, et al, Cancer Drug Resistance 2022
6. Dinardo, et al, Blood 2020
7. NCCN Guidelines, AML, v4.2023
8. Perl et al; NEJM, 2019
9. Griffith et al. Leukemia Res, 2020

Volasertib: PLK1 Plays Central Role in Leukemia and Other Cancers

Mechanism of Action



Demonstrated Over-Expression

- Polo-like kinase 1 (PLK1) plays central role in cancer cell proliferation
- PLK1 over-expression has been found in multiple cancers and associated with poor prognoses
- PLK1 inhibition leads to death of cancer cells by interfering with multiple stages of mitosis

Cancer Type	*P* Value	Fold Change
Lung squamous cell carcinoma	7.41E-157	20.8
Breast invasive carcinoma	5.88E-126	11.3
Lung adenocarcinoma	1.18E-63	9.7
Kidney renal clear cell carcinoma	2.33E-55	6.1
Head and neck squamous cell carcinoma	6.52E-50	4.2
Liver hepatocellular carcinoma	3.59E-40	11.7
Uterine corpus endometrial carcinoma	1.96E-36	21.3
Colon adenocarcinoma	5.97E-33	2.5
Stomach adenocarcinoma	8.45E-27	4.8
Esophageal carcinoma	9.52E-27	10.2
Bladder urothelial carcinoma	4.96E-26	9.1
Prostate adenocarcinoma	1.29E-22	3.3
Kidney renal papillary cell carcinoma	6.76E-22	4.7
Cholangiocarcinoma	6.97E-14	24.3
Glioblastoma multiforme	5.63E-12	12.4
Kidney chromophobe	1.63E-06	3.3
Rectum adenocarcinoma	1.06E-05	2.3
Pancreatic adenocarcinoma	0.04	2.2

Schöffski, Patrick. "Polo-like kinase (PLK) inhibitors in preclinical and early clinical development in oncology." *The oncologist* 14.6 (2009): 559-570.
Liu, Zhixian, Qingrong Sun, and Xiaosheng Wang. "PLK1, a potential target for cancer therapy." *Translational oncology*10.1 (2017): 22-32.

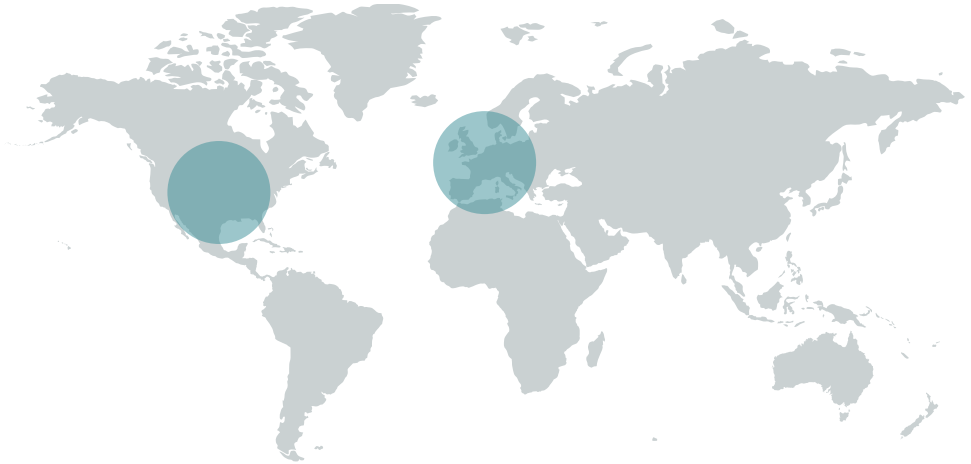
Boehringer Ingelheim Volasertib Front Line AML Clinical Summary

753 AML Patients Across Phase 2 and Phase 3 Trials

Treatment[1]: LDAC + Fixed/Flat Dose Volasertib Vs. LDAC + Placebo

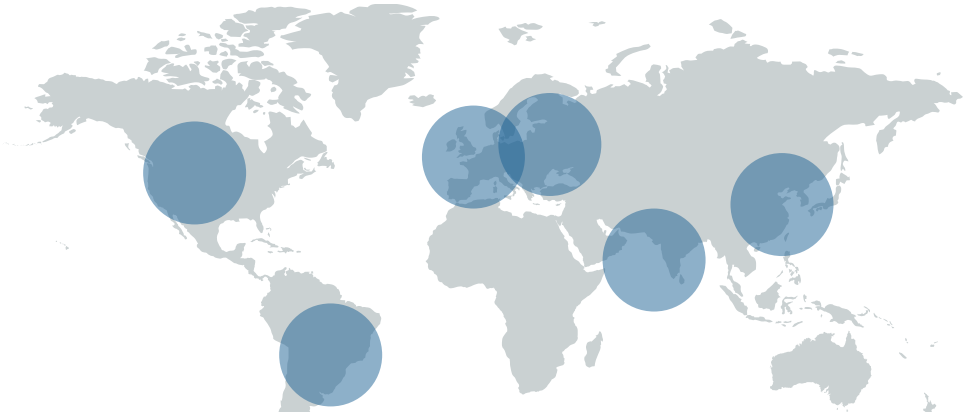
Phase 2 (US/Western Europe)[3]

- Volasertib arm
- CR + Cri**: 31%; durable remissions, some >2 years
- 8.0 months median overall survival (significant benefit)



Phase 3 (Worldwide)[4]

- Volasertib arm
- CR + CRi: 27.7%
- 5.6 months median overall survival (no significant difference)



Inconsistent Antibiotic Prophylaxis /Management

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[1] LDAC: low dose ara-c
[2] CR: complete remission; Cri: CR with incomplete hematologic recovery

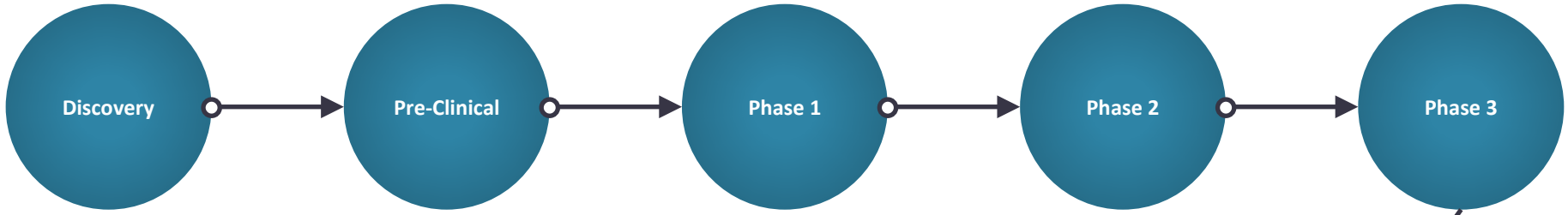
[3] Doehner et al, Blood 2014
[4] Doehner et al, HemaSphere 2021

Volasertib Phase 2 and Phase 3 Trial Results Summary

Summary of AML Trial Results	Phase 2[1]		Phase 3[2]	
	LDAC	LDAC + Vola	LDAC + Placebo	LDAC + Vola
Treatment	45	42	222	444
Complete Response (CR)	6.7% (3)	14.3% (6)	12.2% (27)	15.1% (67)
CRi	6.7% (3)	16.7% (7)	5.0% (11)	12.6% (56)
Overall Response Rate (CR + Cri)	**13.3% (6)**	**31.0% (13)**	**17.1% (38)**	**27.7% (123)**
Median Overall Survival (months)	**5.2**	**8.0**	**6.5**	**5.6**
Median Event-Free Survival (months)	2.3	5.6	2.8	3.3
Median Relapse-Free Survival (months)	10.0	18.5	18.7	13.1
Febrile Neutropenia (CTCAE grades 3-5)	15.6% (7)	54.8% (23)	28.4% (63)	58.7% (258)
Infections and Infestations (CTCAE grades 3-5)	22.2% (10)	47.6% (20)	38.3% (85)	57.4% (255)

1. Doehner, et al, Blood 2014
2. Doehner, et al, HemaSphere 2021

BI Phase 3 Post Hoc Analysis Triggered Enhanced BI Trial at MDACC



Phase 3 Post Hoc Analysis

- Clinical responses across all risk groups, including high risk (complex cytogenetics; p17/TP53)
- Inconsistent antibiotic prophylaxis: febrile neutropenia, infections, including grade 5 infections
- Infections especially increased in patients with low body surface area (BSA) due to Volasertib fixed dosing*

Enhanced BI Trial**
(FDA-cleared)

Enhanced Phase 2
Antibiotics
BSA-dosing

Prophylactic Antibiotics to reproduce Ph2 profile
BSA-Dosing to further increase benefits

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* Fixed dosing: all patients receive the same cancer treatment dose regardless of size of weight
** At MD Anderson Cancer Center, Yale University, Washington University

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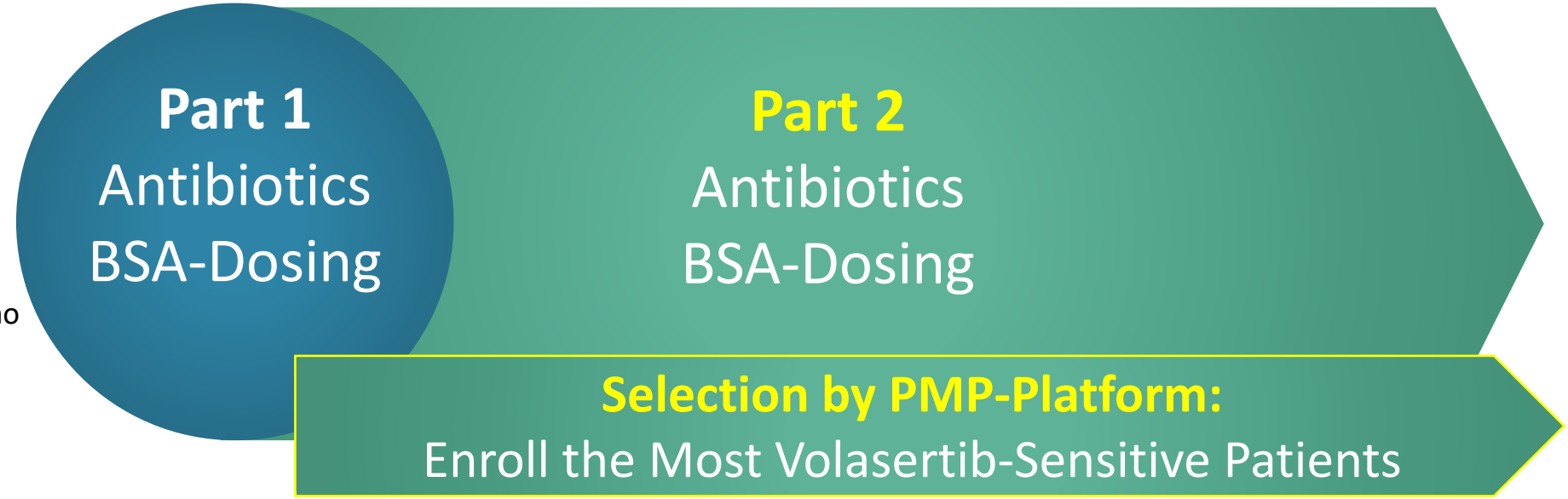
Notable’s Phase 2 Trial Overview

Notable's Phase 2 Further Enhanced By PMP Patient Selection

Key Inclusion Criteria
- Confirmed AML
- Ineligible for intensive chemo
- 1-3 failed treatments



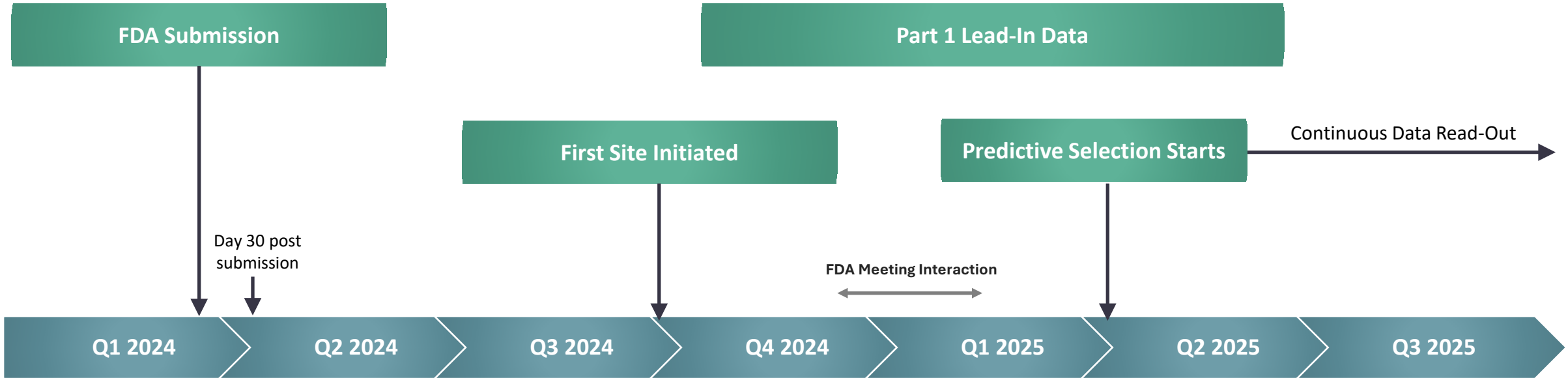
Goal Part 1:

Prophylactic Antibiotics/BSA-Dosing Tolerability Data
- Volasertib 170mg/m^2 (Day 1 of 28d cycle)
- Can be adjusted based on clinical profile
- In combination with Decitabine 20mg/m^2, D1-5

Goal Part 2:

Enrich Volasertib-Responsive Population at Least Two-Fold
- Prepare Phase 3 trial

Volasertib Phase 2 Trial: Anticipated Near-Term Milestones



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Corporate Summary and Intellectual Property

Notable Business Model is Scalable

Predict Clinical Responders Through the Notable Platform. Propel Advanced-Stage Drugs over the Finish Line

Platform

Biology and Technology

- Identifies patients most likely to respond to a treatment (no need for genetic markers, e.g. next generation sequencing)
- Measures multi-dimensional biological response of cells to drugs in proprietary bioassay (flow cytometry)
- Computational algorithms integrate these data to accurately predict patient response

Validated and Scalable

- Robotic automation enables virtuous learning cycles and optimization via machine learning
- 97% of predicted responders clinically responded to their actual treatment across 4 validation trials
- Massive, continually growing data repository drives expansion across drugs and diseases

Business Model

From Shelf to Leadership

- Focus on indications with high unmet need (low response rates)
- Target, screen, and in-license advanced-stage shelved drugs or co-develop undervalued drug opportunities
- De-risk and fast-track remaining development in predicted responders

Volasertib: Lead Clinical Program

- In-licensed from Oncoheroes/ Boehringer Ingelheim (BI)
- Initial focus on predicted responders with relapsed/refractory AML
- First Phase 2 data expected in 4Q 2024 (enhancements vs. BI trials)
- Continuous safety and efficacy readouts in 2025 (in platform-predicted responders)

Intellectual Property Built on Three Pillars

Volasertib

- **In-licensed BI portfolio**
  - 19 issued patents across API, formulation, method of use, method of manufacture
  - API Loss of Exclusivity = 2027
  - Patent Term Extension strategy: Use on critical Method of Use family, expiring 2035

Predictive Medicine Platform

- **Protected via trade secrets**
- Parsing of knowledge across scientific, engineering and data teams
- Drug-specific method filings protect as above

Volasertib + PMP

- **Notable additional filings**
  - CDX + VOLA novel method patents would extend to 2044+

Cash Position and Stock Information

- NASDAQ: NTBL (launched on Oct 17, 2023, following reverse merger with VBLT)
- Office and laboratories in Foster City, California
- $4.1 mm cash and cash equivalents (June 30, 2024)
  - $3.2 mm cash and cash equivalents (Aug. 9, 2024)
- 9.7 mm shares outstanding (Aug. 14, 2024)
  - 0.1mm warrants*
  - No debt

*Warrants are out of the money: strike price >$100/share

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Thank you!