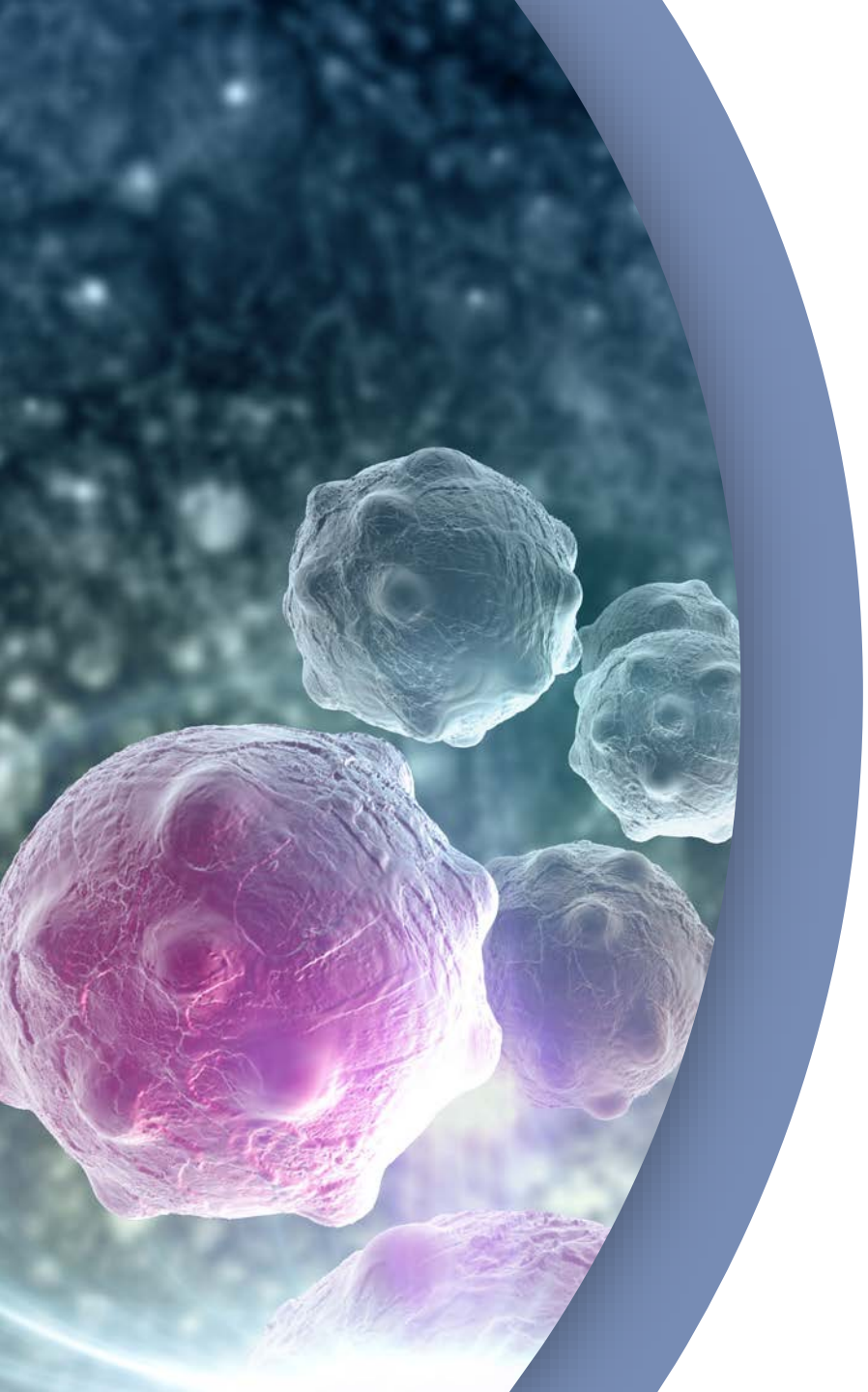

Company Overview

February 15, 2024

Forward-Looking Statements

This confidential presentation (the "Presentation") is being delivered to you by Ayala Pharmaceuticals, Inc. ("Ayala") and Biosight Ltd. ("Biosight") in connection with a proposed offering of securities, in a private placement, of the combined company resulting from the pending consummation of the announced business combination between Ayala and Biosight (the "Transaction"). This Presentation is for information purposes only and is being provided to you solely in your capacity as a potential investor considering an investment in the post-business combination company.

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Actual results could differ materially from those contained in any forward-looking statement as a result of various factors, including, without limitation: the risk that the conditions to the closing of the proposed business combination between Ayala and Biosight are not satisfied, including the failure to timely or at all obtain any required regulatory clearances; uncertainties as to the timing of the consummation of the proposed transaction and the ability of each of Biosight and us to consummate the proposed transaction; the ability of Ayala and Biosight to integrate our businesses successfully and to achieve anticipated synergies; the possibility that other anticipated benefits of the proposed transaction will not be realized, including without limitation, anticipated revenues, expenses, earnings and other financial results, and growth and expansion of the combined company’s operations, and the anticipated tax treatment of the combination; potential litigation relating to the proposed transaction that could be instituted against Ayala, Biosight, the combined company or their respective directors; possible disruptions from the proposed transaction that could harm Ayala’s and/or Biosight’s respective businesses; the ability of Ayala, Biosight or the combined company to retain, attract and hire key personnel; potential adverse reactions or changes to relationships with customers, employees, suppliers or other parties resulting from the announcement or completion of the proposed transaction; potential business uncertainty, including changes to existing business relationships, during the pendency of the proposed transaction that could affect Ayala’s or Biosight’s financial performance; certain restrictions during the pendency of the proposed transaction that may impact Ayala’s or Biosight’s ability to pursue certain business opportunities or strategic transactions; the success and timing of clinical trials, including subject accrual, the ability to avoid and quickly resolve any clinical holds and the ability to obtain and maintain regulatory approval and/or reimbursement of product candidates for marketing; the ability to obtain the appropriate labeling of products under any regulatory approval; plans to develop and commercialize our products; the ability of Ayala, Biosight or the combined company to continue as a going concern; levels of available cash and the need to raise additional capital, including to support current and future planned clinical activities of Ayala, Biosight or the combined company; the successful development and implementation of our sales and marketing campaigns; the size and growth of the potential markets for product candidates and the ability of the combined company to serve those markets; the ability to successfully compete in the potential markets for the combined company’s product candidates, if commercialized; regulatory developments in the United States and other countries; the rate and degree of market acceptance of any of the combined company’s product candidates; new products, product candidates or new uses for existing products or technologies introduced or announced by the combined company’s competitors and the timing of these introductions or announcements; market conditions in the pharmaceutical and biotechnology sectors; the combined company’s available cash, including to support current and planned clinical activities; uncertainties as to our ability to obtain a listing of the combined company’s common stock on Nasdaq; the ability to obtain and maintain intellectual property protection for product candidates; the success and timing of preclinical studies including IND-enabling studies; the timing of IND submissions; the ability to get FDA approval for study amendments; the timing of data read-outs; the ability of product candidates to successfully perform in clinical trials; the ability to initiate, enroll, and execute pilots and clinical trials; the ability to maintain existing collaborations; the ability to manufacture and the performance of third-party manufacturers; the performance of clinical research organizations, clinical trial sponsors and clinical trial investigators; the ability to successfully implement business strategy; legislative, regulatory and economic developments; unpredictability and severity of catastrophic events, including, but not limited to, acts of terrorism or outbreak of war or hostilities, as well as management’s response to any of the aforementioned factors; and such other factors as are set forth in Ayala’s periodic public filings with the SEC, including but not limited to those described under the heading “Risk Factors” in the Form 10-K for the fiscal year ended December 31, 2022 of Old Ayala, Inc. (f/k/a Ayala Pharmaceuticals, Inc.) and the Form 10-K for the fiscal year ended October 31, 2022 of Ayala Pharmaceuticals, Inc. (f/k/a Advaxis, Inc.) (“Ayala” or “we,” “us” or “our”), and such entities’ periodic public filings with the SEC, including but not limited to those described under the heading “Risk Factors” in Ayala’s Form 10-K for the fiscal year ended October 31, 2022. Except as required by applicable law, neither Ayala, Biosight nor the combined company undertakes any obligation to revise or update any forward-looking statement, or to make any other forward-looking statements, whether as a result of new information, future events or otherwise.

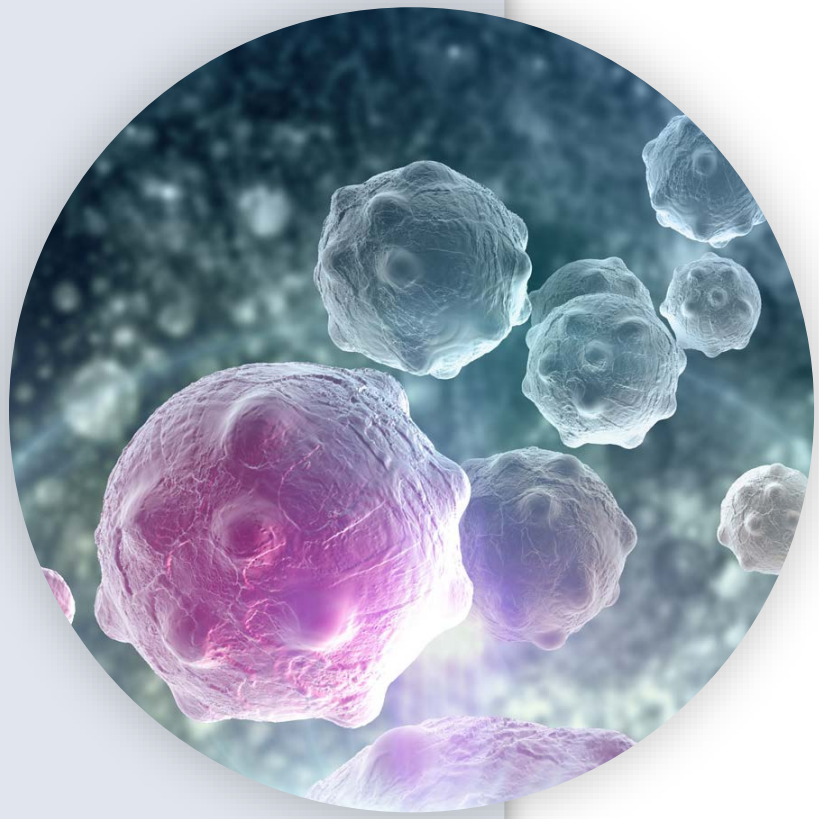
Investment Highlights

- Recently announced entering into an agreement with Immunome (Nasdaq: IMNM) for the sale of all assets relating to AL102 and AL101
  - Asset purchase agreement signed February 5, 2024. Closing subject to Ayala shareholder approval and other customary conditions
  - Immunome will pay Ayala $20 million in cash and ~2.175M shares of IMNM stock plus up to $37.5 million in development and commercial milestone payments for the assets
- Aspacytarabine, or aspa, (BST-236) in acute myeloid leukemia (AML)
  - Phase 1 of Aspa + venetoclax (AbbVie) in first-line unfit AML patients
- Management with deep experience in oncology and rare diseases with track record of bringing drugs through clinical development to approval
  - Combined company leadership Ken Berlin (CEO), Roy Golan (CFO), Andres Gutierrez (EVP CMO), Dana Gelbaum (General Manager & CBO)

Combined Pipeline and Short- and Mid-Term Catalysts

Indication	Product	Preclinical	Phase 1	Phase 2	Phase 3	Catalysts
Desmoid	AL102	RINGSIDE				o Updated Ph2 data o Enrollment completion o Ph3 topline data
AML	Aspacytarabine combo with venetoclax	005 1L unfit AML				o Initial read out o Updated clinical data
Prostate cancer	ADXS-504	IST at Columbia				o Initial clinical and PSA readout in 1H 2024
R/M ACC	AL101	ACCURACY completed				o Path for future development plan by 1H 2024

ESMO, European Society for Medical Oncology; BCL2i, B-cell leukemia/lymphoma 2 inhibitor; AML, acute myeloid leukemia; IST, investigator sponsored trial; PSA, prostate specific antigen



ayala pharmaceuticals

AL102 Once-Daily Oral Treatment of Desmoid Tumors

Late-Stage, De-Risked Program with Attractive Commercial Opportunity

AL102 is an oral gamma secretase inhibitor (GSI) now in Phase 3 study in desmoid tumors (DTs)

- GSIs represent a breakthrough in the treatment of DTs—a new class of drugs that has shown impressive data[1] in clinical trials; SpringWorks' GSI called OGSIVEO (nirogacestat) received FDA approval for DT on 11/27/23
- Maturing Phase 2 clinical data suggest that AL102 may be **best in class** versus nirogacestat

Addressing a locally-aggressive and invasive tumor with prevalence of >30K patients in the US and >45K patients in the EU, of which 6,600-8,000 in the US and 10,000-12,500 in the EU currently receive treatment annually

- With potential superior efficacy and once-daily dosing, AL102 could seize significant market share
- AL102 could be a Fast-Follower poised to capitalize on first mover success in establishing market demand
- Nirogacestat price is set at WAC $29K per month of treatment

Robust patent portfolio with granted patents (out to 2033)* and additional patent filings (out to 2044)*

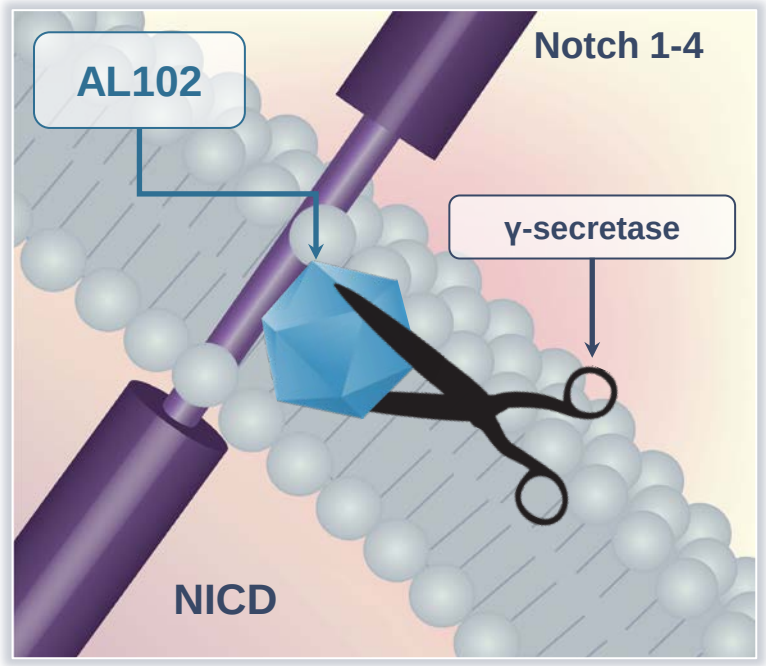
- AL102 has FDA Orphan Drug Designation

1 Kasper, Curr Opin Oncol, 2023 Jul 1;35(4):292-295
* Before potential patent extension

Maturing Phase 2 Clinical Data Suggest that AL102 may be Best in Class vs Nirogacestat

Desmoid Tumor Pathophysiology is Driven by Wnt Pathway

- Desmoid tumors (DT) are driven by CTNNB1 (somatic) mutations (~85%) or APC (germline) mutations (10-15%)—both result in activation of the Wnt Pathway[1]
- There is overlap as well as direct cross talk between Notch target gene activation and Wnt Pathway[2]
- GSIs are potent modulators of Notch, providing a mechanistic rationale for GSI therapy with AL102 in DT[2]
- The genomic landscape supports the use of AL102 in other tumor types (e.g., hepatocellular, endometrial and ovarian cancer)



[1] Lazar, AJ., et al., Am J Pathol. 2008, 173:1518; [2] Ungerbäck, J., et al., PLoS One. 2011, 6:e17957

RINGSIDE Phase 2 Evaluated Three Dose Levels and Treatment Schedules

Phase 2 completed, patients on OLE

FDA Fast Track Designation

RINGSIDE

Phase 2 (N=42)
Dose Selection

R

AL102 1.2 mg, once daily

AL102 4 mg, Intermittent
(2 days on/5 days off)

AL102 2 mg, Intermittent
(2 days on/5 days off)

Roll over to OLE

Open Label Extension
(AL102 1.2 mg once daily)

Primary Endpoint:
- Safety

Secondary Endpoint:
- Tumor volume reduction

Exploratory Endpoints:
- RECIST and T2 signal

Phase 2 Key Inclusion Criteria
- Relapsed/refractory or treatment-naïve DT
- Age ≥18
- Measurable Lesion on MRI

MRI, magnetic resonance imaging | OLE, open-label extension

Phase 2: Patient Population – Representative for Patients with DTs

Baseline characteristics were generally balanced across treatment groups

Baseline Patient and Disease Characteristics	Total (N=42) n (%)
Age (years), Median (range)	38.5 (19-72)
Gender	
Female	31 (73.8)
Male	11 (26.2)
Location of Tumor at Initial Diagnosis	
Intra Abdominal	11 (26.2)
Extra Abdominal	31 (73.8)
Size of Tumor, Measured (n)	39
Median in mm (min, max)	61.0 (0, 169)
Prior Desmoid Cancer Therapies	29 (69.0)
Prior Desmoid Cancer Surgeries	20 (47.6)
Prior Desmoid Radiation Therapies	4 (9.5)

Close to 90% of the patients would fit the criteria for inclusion in Phase 3 study
Gounder M., et al., ASCO Annual Meeting 2023, Abst #11515
AL102 Data Cut Date: 03 Jan 2023

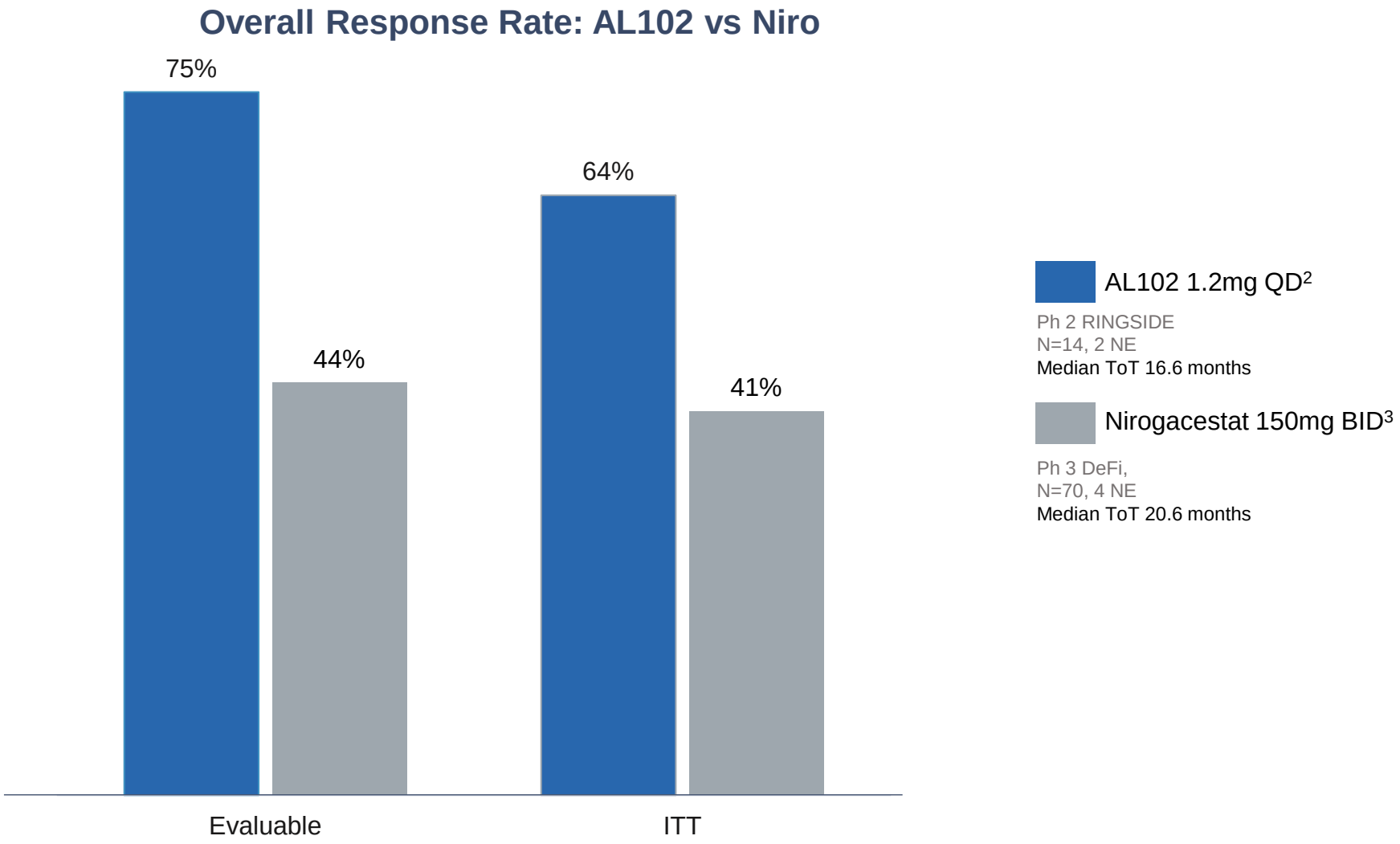
Efficacy Measure #1: Best Overall Response Rate (ORR) by RECIST1 Substantial Reductions in Tumor Size

AL102 Phase 2 interim results

Population	1.2 mg QD		4 mg BIW		2 mg BIW		ALL	
	Evaluable (n=12)	ITT (n=14)	Evaluable (n=13)	ITT (n=14)	Evaluable (n=11)	ITT (n=14)	Evaluable (n=36)	ITT (n=42)
Objective Response Rate[1] (CR + PR), n (%)	**9 (75%)**	**9 (64%)**	**8 (62%)[2]**	**8 (57%)[2]**	**5 (45%)**	**5 (36%)**	**22 (61%)**	**22 (52%)**
Best Overall Response								
Complete Response (CR)	0	0	0	0	**1 (9%)**	**1 (7%)**	**1 (3%)**	**1 (2%)**
Partial Response (PR)	**9 (75%)**	**9 (64%)**	**8 (62%)[2]**	**8 (57%)[2]**	**4 (36%)**	**4 (29%)**	**21 (58%)**	**21 (50%)**
Stable Disease (SD)	3 (25%)	3 (21%)	5 (38%)	5 (36%)	5 (45%)	5 (36%)	13 (36%)	13 (31%)
Progressive Disease (PD)	0	0	0	0	1 (9%)	1 (7%)	1 (3%)	1 (2%)
Disease Control Rate (DCR)	12 (100%)	12 (86%)	13 (100%)	13 (93%)	10 (91%)	10 (71%)	35 (97%)	35 (83%)
Time to objective response, median (range), months	6.8 (3.8, 15)		12 (9, 18)		9.2 (6.4, 9.2)		9.3 (3.8, 18)	

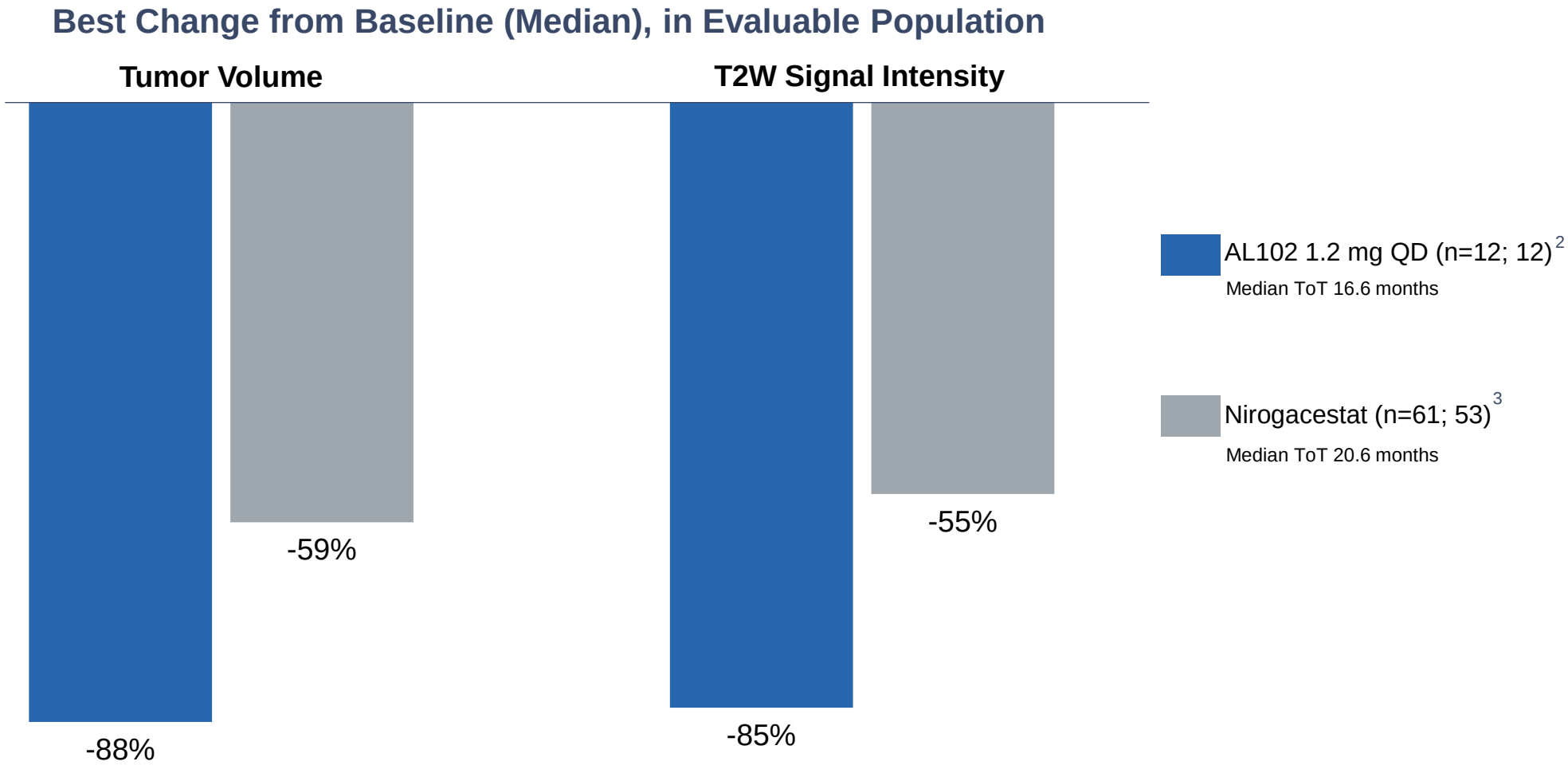
Kasper, B. et al., ESMO Congress 2023_1929P with updates to ORR and time to response based on additional analyses in Jan 2024
Evaluable, population with baseline and follow-up scan; ITT, Intention-to-Treat; NE, not evaluable
1 Change from baseline in tumor shrinkage as measured on MRI by Blinded independent Central Review (BICR)
2 Three of the eight responses in this arm occurred after rollover to OLE

Efficacy Measure #1: Best Overall Response Rate by RECIST[1] Potential Superior Efficacy



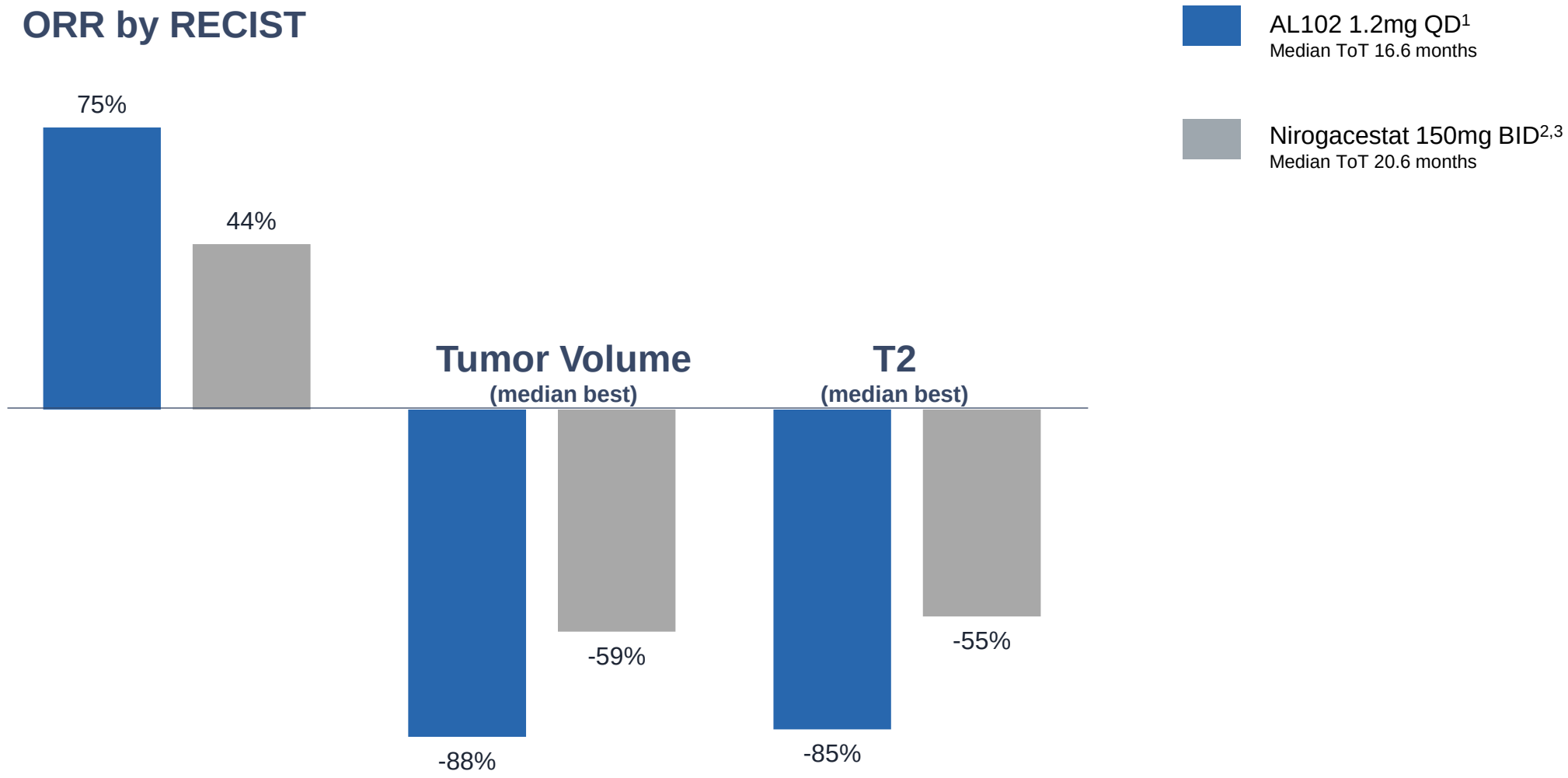
1 Change from baseline in tumor shrinkage as measured on MRI by Blinded independent Central Review (BICR)
2 Kasper B et al., ESMO Congress 2023_1929P with updates to Overall Response Rate based on additional analyses in Jan 2024
3 Gounder M et al., NEJM 2023, 388:898
ITT, Intention-to-Treat; NE, not evaluable

Efficacy Measures #2 & 3: Change to Tumor Volume & T2 Signal[1] Potential Superior Efficacy



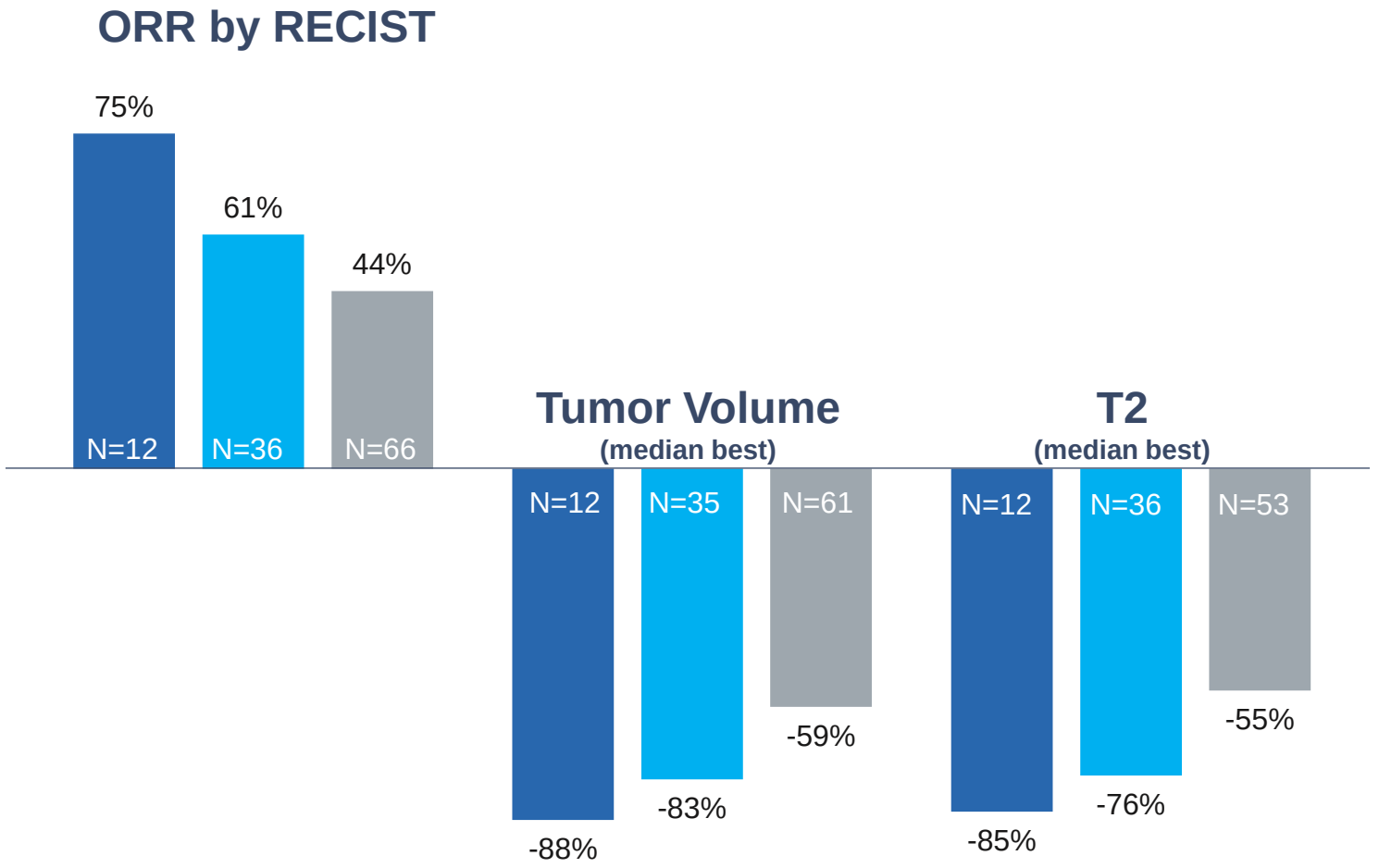
1 As measured on MRI by Blinded independent Central Review (BICR) in RINGSIDE and DeFi Studies
2 Kasper B et al., ESMO Congress 2023_1929P
3 Alcindor T., et al., ASCO Annual Meeting 2023, Abstract #11514
ToT, time on treatment

Summary
Potential Superior Efficacy of AL102 across Three Efficacy Measures



1 Kasper B et al., ESMO Congress 2023_1929P with updates to ORR based on additional analyses in Jan 2024
2 Gounder M et al., NEJM 2023, 388:898
3 Alcindor T., et al., ASCO Annual Meeting 2023, Abstract #11514
Evaluable Population

Summary
Superior Efficacy of AL102 across Three Efficacy Measures



AL102 1.2mg QD[1]
Ph 2 RINGSIDE, Interim Results
Median ToT 16.6 months

AL102 all doses[1]
Ph 2 RINGSIDE, Interim Results
Median ToT 16.6 months

Nirogacestat 150mg BID [2,3]
Ph 3 DeFi
Median ToT 20.6 months

1 Kasper B et al., ESMO Congress 2023_1929P with updates to ORR based on additional analyses in Jan 2024
2 Gounder M et al., NEJM 2023, 388:898
3 Alcindor T., et al., ASCO Annual Meeting 2023, Abstract #11514
Evaluable Population

Safety Profile in 1.2 mg Once-Daily Cohort Consistent with GSI Class

AL102 had lower incidence of Grade ≥3 and Serious TEAEs in comparison to nirogacestat

Safety Population, n (%)	AL102 mg QD (n=14)		Nirogacestat 150 mg BID (n= 69)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3
No. of pts with one or more TEAE	14 (100)	**5 (35.7)**	69 (100)	**38 (55)**
TEAEs leading to discontinuation	4 (28.6)		14 (20)	
Any serious TEAE	1 (7.1)		14 (20)	
Treatment-related serious TEAEs	0		9 (13)	
TEAEs leading to death	0		0	
Months on the study (mean range), months	16.6 (1-21.6)		20.6 (0.3 - 33.6)	

Kasper B et.al. ESMO Congress 2023_1929P
Nirogacestat reported TEAEs in Gounder M et al., NEJM 2023, 388:898 | SWTX Corporate presentation Jan 2023

Safety Profile in 1.2 mg Once-Daily Cohort Consistent with GSI Class

TEAEs reported in ≥25% of pts in AL102 1.2 mg QD arm

Study Population, n(%)	AL102, 1.2mg QD (n=14)		Nirogacestat 150mg BID (n=69)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Diarrhoea	13 (92.8)	2 (14.3)	58 (84)	11 (16)
Nausea	8 (57.1)	-	37 (54)	1 (1)
Fatigue	7 (50)	-	35 (51)	2 (3)
Alopecia	7 (50)	-	13 (19)	-
Dry skin	7 (50)	-	11 (16)	-
Stomatitis	7 (50)	1 (7.1)	20 (29)	3 (4)
Dermatitis acneiform	6 (42.9)	-	15 (22)	-
Dry mouth	6 (42.9)	-	NR	NR
Hypophosphatemia	6 (42.9)	-	29 (42)	2 (3)
Rash maculo-papular	5 (35.7)	-	22 (32)	4 (6)
Aspartate aminotransferase increased	4 (28.6)	-	11 (16)	-
Months on the study (mean range), months	16.6 (1-21.6)		20.6 (0.3 - 33.6)	

Ovarian dysfunction* in pre-menopausal women: 5/9 (55.6%) with AL102 in 1.2 mg QD arm versus 27/36 (75.0%) in Niro DeFi Study

Kasper B et.al. ESMO Congress 2023_1929P
Nirogacestat reported TEAEs in Gounder M et al., NEJM 2023, 388:898 | Gounder, CTOS 2022
* Ovarian dysfunction defined as premature menopause, menopause, ovarian failure, amenorrhea, and irregular menstruation; 6/8 (75%) with AL102 4 mg twice weekly and 3/6 (50%) with AL102 2 mg twice weekly

RINGSIDE Phase 3 Pivotal Study in DT Initiated on Strength of Positive Phase 2 Results

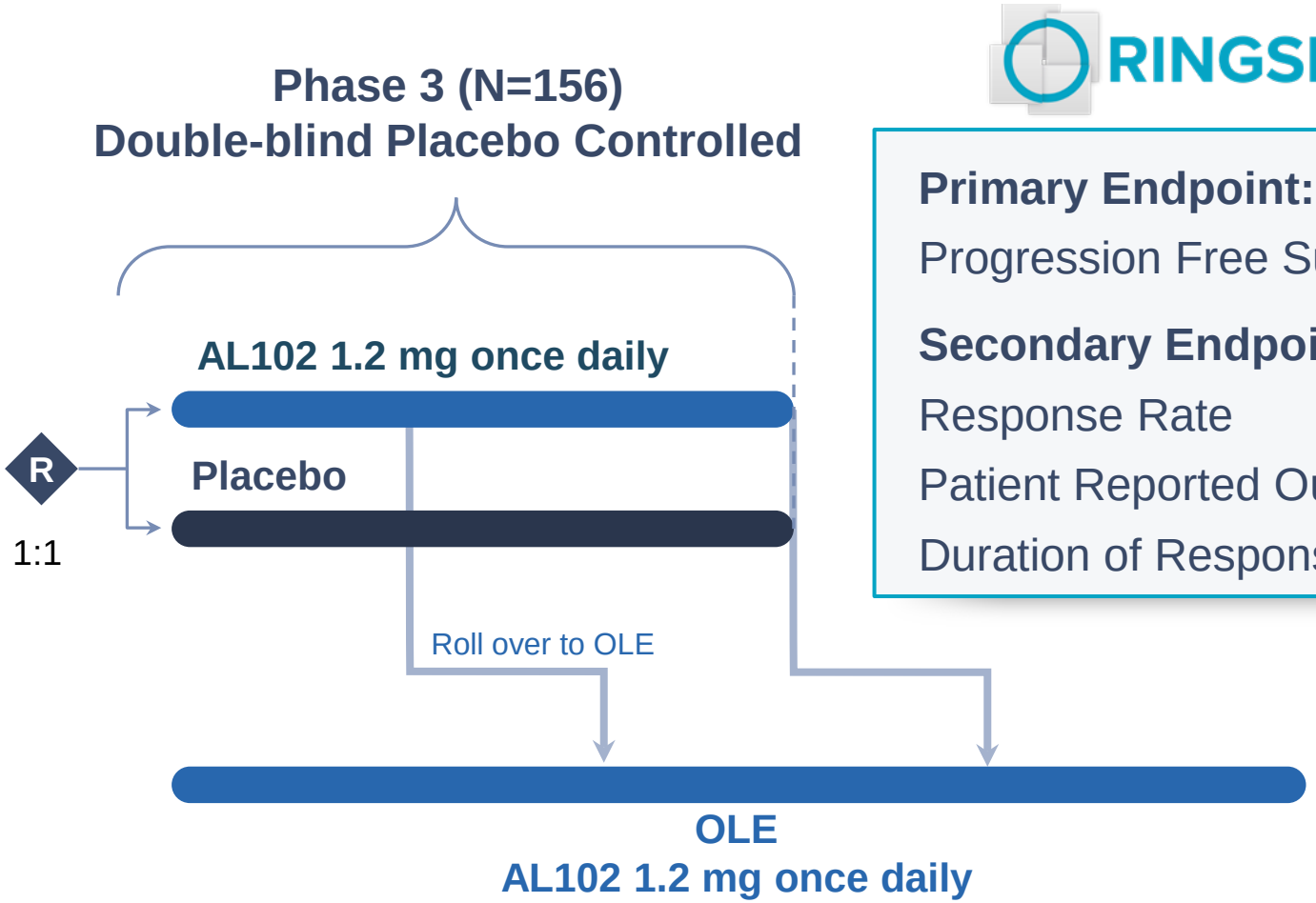
Randomized, double-blind placebo-controlled study evaluating 1.2mg once-daily dose

FDA Fast Track Designation

RINGSIDE

Phase 3 Key Inclusion Criteria

- Relapsed/Refractory or
- Treatment Naïve DT
- Age ≥12



Primary Endpoint:

Progression Free Survival

Secondary Endpoints:

Response Rate

Patient Reported Outcomes

Duration of Response

CT, computed tomography; DT, desmoid tumor; MRI, magnetic resonance imaging; OLE, open-label extension; R, randomization

RINGSIDE Phase 3 Enrolling Globally

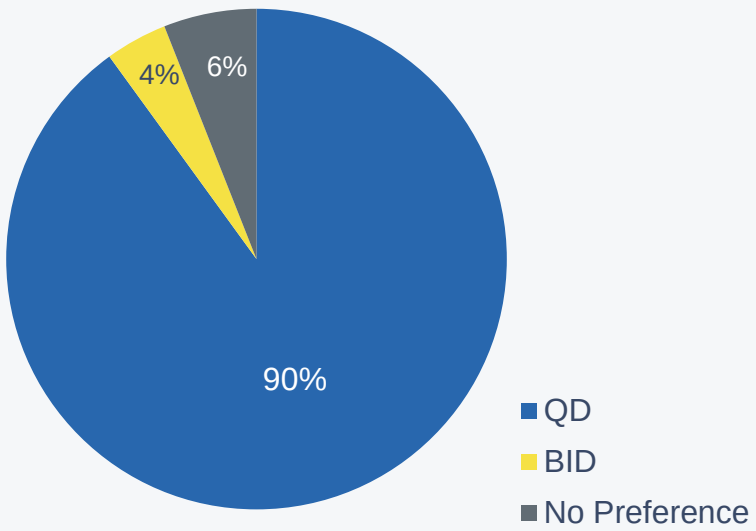
> 70% of patients enrolled

Study running in:

- USA
- Australia
- Belgium
- Germany
- Israel
- Italy
- Netherlands
- Poland
- Spain
- South Korea
- UK

ClinicalTrials.gov Identifier: NCT04871282

Patients Prefer Once-Daily Option

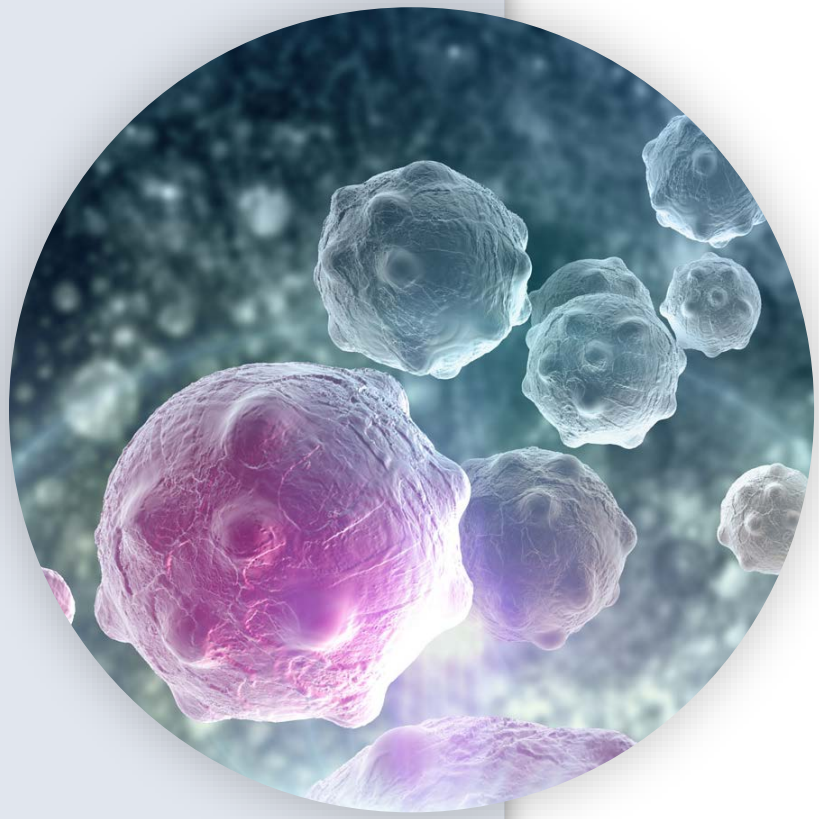


> I like the **one-time-a-day** versus twice-a-day. That to me is a big difference between the two... The morning dose is always easy to remember, but the evening dose sometimes you get caught up in daily life and tend to forget to take.
>
> – DT Patient

Patient market research reveals that most patients prefer once-daily (QD) dosing regimen vs. twice-daily (BID)[1]

- Patients see once-daily dosing as a key competitive advantage for AL102 (assuming efficacy is at least comparable)[2]
  - Enhanced adherence
  - Less intrusive
  - Better fit to schedule and active life-style

[1] The Nemetz Group LLC, Cancer Patient Quantitative Market Research, August 2021; [2] The Nemetz Group LLC, Desmoid Patient Qualitative Market Research, December 2022.



Aspacytarabine (BST-236), a Potential New Backbone for Combination Therapy in Acute Myeloid Leukemia

Aspacytarbine: Clinical-Stage Asset with Significant Commercial Potential

Potential new backbone for AML combination regimens

- Aspa, a novel anti-metabolite with reduced toxicity
- Enables delivery of high doses of cytarabine to unfit AML patients with prospect of improved survival[1]

High Unmet Need[2]

- Intensive cytarabine-based chemotherapy is the gold standard for fit AML patients, delivering high complete remission rates and median overall survival of ~24 months[3]
- Half of patients diagnosed with AML are medically unfit for this therapy[2,4]
- Current treatment options for unfit patients deliver inferior outcomes with median overall survival of 14.1 months[5]

Clinical proof of concept as monotherapy (Phase 2) and in combination[6-7]

- Initial data in combination with venetoclax suggest potential for improved outcomes in first line, unfit AML patients

[1] Altman JK,. 2021 ASCO Annual Meeting, June 2021; [2] Miyamoto T et.al. Leuk Lymphoma 2022, 63:928; [3] Mayer RJ N Eng J Med 1994, 331:896; [4] DiNardo CD, Blood 2020, 135:85;
[5] DiNardo, CD, et al. N Engl J Med, 2020;383(7):617;[6] Altman, JK, et al. 63rd Annual Meeting of the American Society of Hematology, December 11, 2021 [7] Data on File, Biosight LTD;

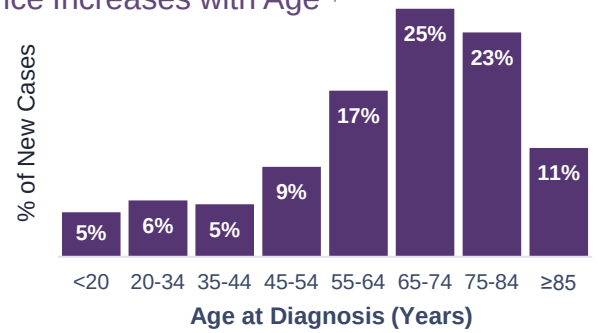
AML is a Large and Growing Market Predominantly Affecting the Elderly Population

Age at Diagnosis

Median age at diagnosis:

68-75 years

Incidence Increases with Age[1,2]

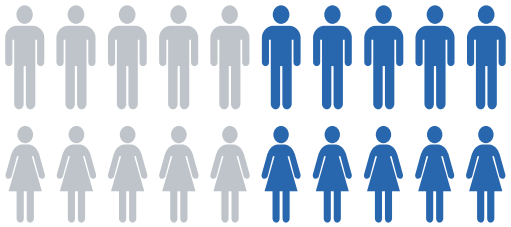


Disease Incidence

Survival Rate in Patients ≥ 70 years old:[3]

1-year 9-26%
5-year 2-5%

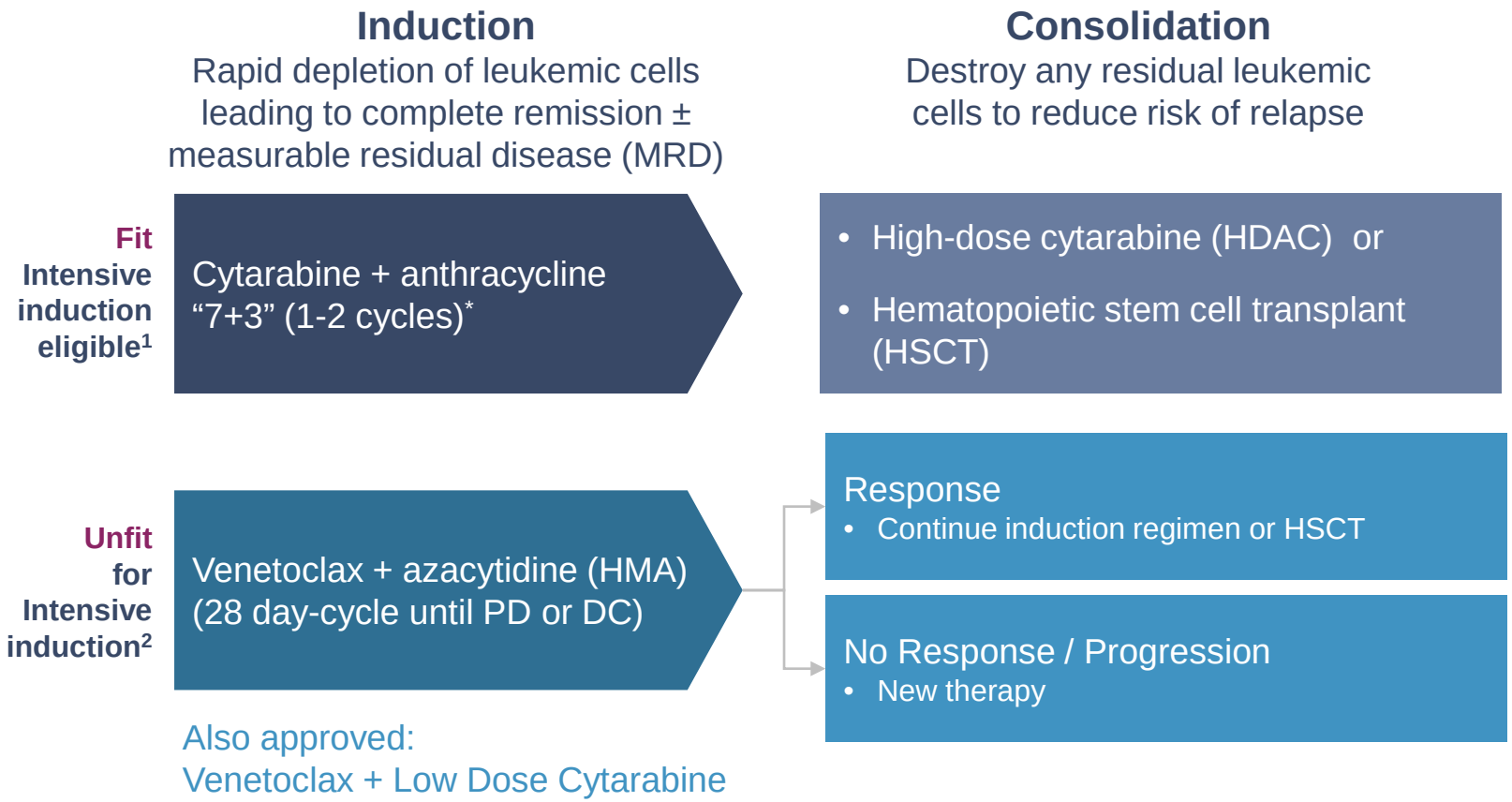
Half of the patients are **unfit** for SOC chemotherapy[3,4]



9K new unfit AML patients annually in the US[1]

[1] National Cancer Institute, Surveillance, Epidemiology, and End Results Program. Cancer stat facts: leukemia—acute myeloid leukemia (www.seer.cancer.gov);); [2] Cancer.Net: https://www.cancer.net/cancer-types/leukemia-acute-myeloid-aml/statistics; [3] Haematological Malignancy Research network. https://hmrn.org/statistics/survival, accessed September 2023 ; [4] Klepin et al., 2019 ASCO Educational Book. DOI https://doi.org/10.1200/EDBK_239097;

Standard of Care for AML Fit & Unfit Patients

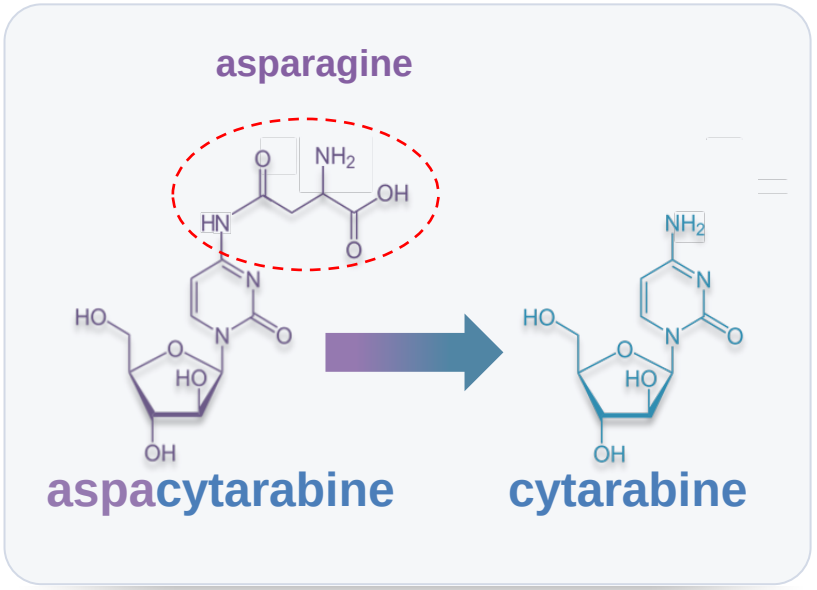


*Standard dose regimen; other variations possible, including addition of FLT3 or anti-CD33 targeted therapy;
SOC, standard of care; PD, progressive disease; DC, discontinuation; [1] Mayer RJ N Eng J Med 1994, 331:896; [2] DiNardo CD N Eng J Med 2020, 383:61

Aspacytarabine Delivers High-Dose Cytarabine with Less Toxicity

- Aspa is a designed prodrug with unique pharmacokinetics

- Aspa gradually releases cytarabine over ~8 hours, reducing systemic exposure to free cytarabine[1]
  - Enables high-dose cytarabine treatment with relative sparing of normal tissue
  - 1-hour intravenous infusion of 4.5 g/m^2/day of aspa provides the equivalent of 3 g/m^2/day cytarabine infused over 3 hours[2]



Dose	4.5 g/m^2/day
Administration	6-day cycles, IV
Regimen	1 - 2 inductions 1 - 3 consolidations

[1] Altman JK,. 2021 ASCO Annual Meeting, June 2021; [2] Capizzi RL et.al., J Clin Oncol, 1983

Aspa Monotherapy Is Clinically Active with a Safety Profile Suitable for Combination Studies

- >140 patients treated to-date (studies 001 to 004)

Study	Phase	Status	Indications
001	Ph1/2a	Completed	AML, ALL
002	Ph2b	Completed	1L unfit AML
003	Ph2 IIS	Ongoing	R/R unfit AML R/R HR unfit MDS
004	Ph2	Ongoing	R/R unfit AML R/R HR unfit MDS

1 BST-236 CSR V1.0_25 April 2023
R/R, relapsed refractory; ALL, acute leukoblastic leukemia; HR MDS. Higher-risk myelodysplastic syndrome; CR, complete remission; mOS, median overall survival; IIS, Investigator Initiated Study
MRD-, measurable residual disease negative; HSCT, hematopoietic stem cell transplant

Aspa Ph2b Results Show Strong Clinical Activity and Tolerability in Frontline Unfit AML Patients[1]

- Single-agent activity at 4.5 g/m^2/day in 6-day cycles (n=66)
  - CR = 37% (all with complete recovery of blood cells)
  - CR MRD- = 52%
  - mOS = 9 months (range 6.0-16)
  - 4 patients able to proceed to potentially curative HSCT

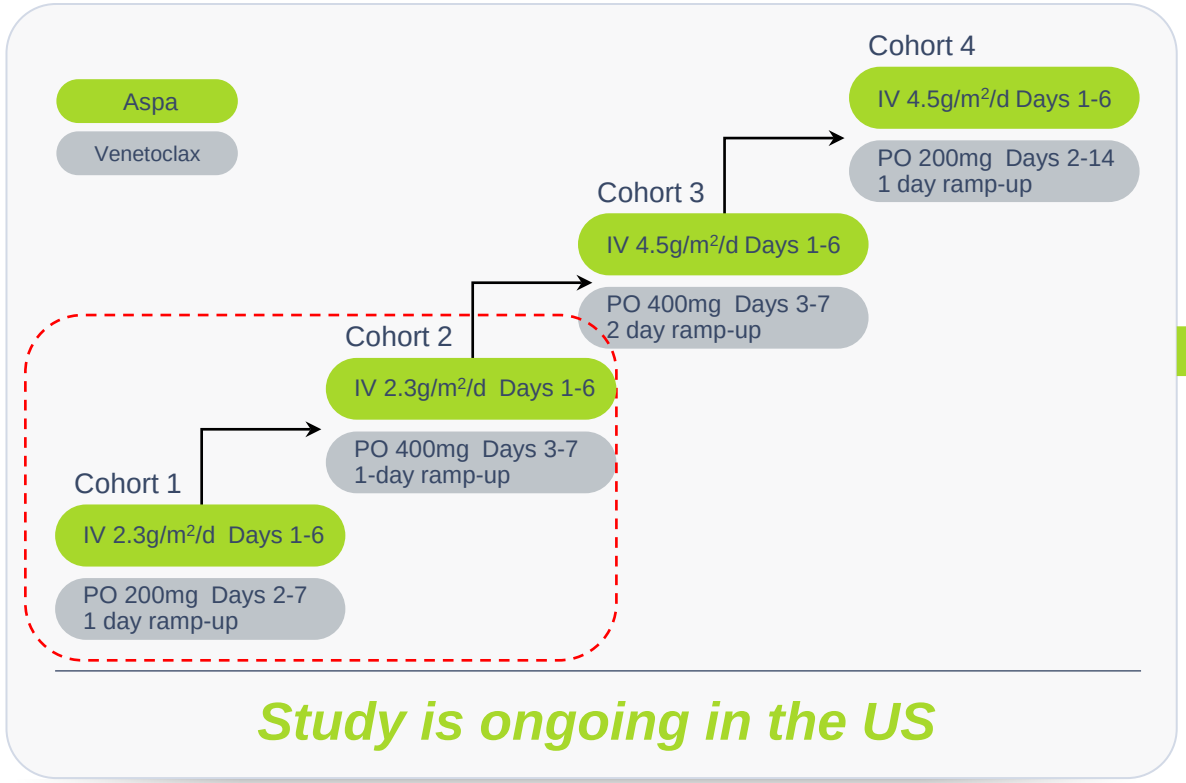
- Aspa was well tolerated in older and unfit patients–a profile acceptable for future combination therapies
  - Mainly “on-target” adverse events; no ≥ Grade 3 cerebellar toxicity or severe mucositis as seen with high-dose cytarabine
  - Rapid recovery of blood cell counts in 21-28 days
  - Low 30-day all cause mortality of 12.5%

[1] BST-236 CSR V1.0_25 April 2023
R/R, relapsed refractory; ALL, acute leukoblastic leukemia; HR MDS. Higher-risk myelodysplastic syndrome; CR, complete remission; mOS, median overall survival; IIS, Investigator Initiated Study
MRD-, measurable residual disease negative; HSCT, hematopoietic stem cell transplant

Study 005 – Phase 1/2 Aspacytarabine Combo with Venetoclax

Status	Phase 1 ongoing in US sites Cohort 1 & 2 fully enrolled
Study Population	Newly-diagnosed AML patients, unfit for standard induction therapy
Primary Endpoints	DLT
Treatment Regimen	Induction: BST-236 + venetoclax – up to 2 cycles Consolidation: up to 3 cycles with aspa
NCT	NCT05503355

Phase 1 Dose Escalation

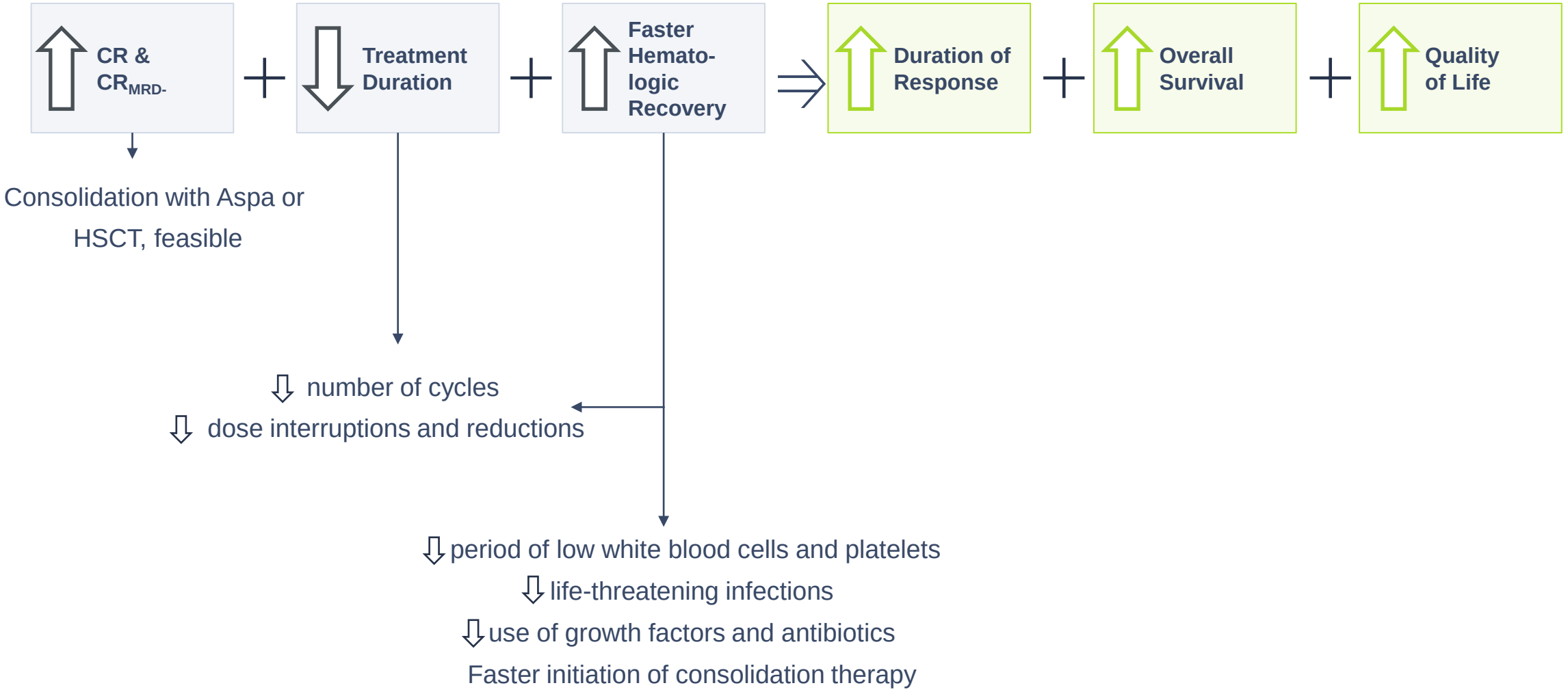


Objectives

- Safety profile
- MTD (Maximum Tolerated Dose)
- RP2D (Recommended Phase 2 Dose)

Cohort 4 is optional

Frontline Aspa + Venetoclax has Potential Advantages for Unfit AML Patients vs Ven + Aza or Ven + LDAC



AZA, azacytidine; CR, complete remission; MRD-, measurable disease negative; HSCT, hematopoietic stem cell transplant; LDAC, low dose cytarabine;

Frontline Aspa + Venetoclax in Unfit AML Patients – Next Steps

- Initial data in combination with venetoclax suggest potential for improved CR and MRD- rates in frontline, unfit AML patients
  - Phase 1 study to be completed to define safety, tolerability, clinical activity and Recommended Phase 2 Dose (RP2D)

- A future single-arm, Phase 2 study could lead to a potential accelerated approval if the safety/efficacy ratio in unfit AML patients is compelling

Investment Highlights

- Recently announced entering into an agreement with Immunome (Nasdaq: IMNM) for the sale of all assets relating to AL102 and AL101
  - Asset purchase agreement signed February 5, 2024. Closing subject to Ayala shareholder approval and other customary conditions
  - Immunome will pay Ayala $20 million in cash and ~2.175M shares of IMNM stock plus up to $37.5 million in development and commercial milestone payments for the assets
- Aspacytarabine, or aspa, (BST-236) in acute myeloid leukemia (AML)
  - Phase 1 of Aspa + venetoclax (AbbVie) in first-line unfit AML patients
- Management with deep experience in oncology and rare diseases with track record of bringing drugs through clinical development to approval
  - Combined company leadership Ken Berlin (CEO), Roy Golan (CFO), Andres Gutierrez (EVP CMO), Dana Gelbaum (General Manager & CBO)

ayala
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