Committed to Cures

Pioneering next-generation cell therapies for patients with cancer and other serious diseases

January 2022
Disclaimer

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Gamida Cell’s advanced cell therapy programs are demonstrating **near-term promise** and **long-term potential**

**Omidubicel**

**Lead therapy poised to address unmet needs**

- Potential to be first FDA-approved cell therapy for allogeneic hematopoietic stem cell transplant (allo-HSCT)
- Breakthrough Therapy and Orphan Drug status
- Preparing for BLA submission in 1H22

**GDA-201**

**Progressing clinical program in NK cells**

- NK cell product with positive Phase 1 data using fresh product
- Submitted IND for a Phase 1/2 trial in NHL with an allogeneic readily available cryopreserved formulation
- Ongoing discussion with the FDA to advance the IND

**GDA-301/401/501/601**

**Opening new frontiers in cancer immunotherapy**

- Proof-of-concept for genetic engineering modifications, including CAR, membrane bound IL15, and knockouts using multiple approaches including CRISPR
- Evidence of increased cytotoxicity in preclinical studies
- Potential in hematologic cancers and solid tumors

**Well positioned to execute goals** | $96M Cash* | Cash runway into mid-2023 and through potential omidubicel approval

*As of December 31, 2021, unaudited

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Our pipeline reflects our commitment to developing **curative therapies** for patients with **hematologic diseases and solid tumors**.

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>DISCOVERY</th>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
<th>REGISTRATION</th>
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<tr>
<td>ALLO-HSCT</td>
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<td>OMIDUBICEL</td>
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<td>FDA Breakthrough Orphan Designation</td>
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<td>Hematologic Malignancies</td>
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<td>Severe Aplastic Anemia</td>
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<td>NK CELL THERAPIES</td>
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<td>GDA–201</td>
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<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>+ rituximab</td>
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<td>IST complete*</td>
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<td></td>
<td>+ rituximab</td>
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<td>Phase 1/2 planned</td>
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<td>GDA–301</td>
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<td>Solid Tumors</td>
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<td>GDA–501</td>
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<td>Solid Tumors</td>
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<td>HER2 CAR</td>
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<td>GDA–601</td>
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<td>Multiple Myeloma</td>
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<td>CD38 KO + CD38 CAR</td>
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*Investigator Sponsored Trial (IST) was with a fresh formulation of GDA-201*
Our proprietary NAM Platform powers our commitment to cures

Gamida Cell NAM Platform

- Enhances cellular functionality and phenotype
- Augments the number of allogeneic donor cells
- Demonstrates potential to multiply any cell type

NAM=nicotinamide. The NAM therapeutic platform leverages the unique properties of NAM to enable the expansion of multiple cell types, including stem cells, with appropriate growth factors to maintain the cells’ original phenotype and potency.

Omidubicel

A potentially curative treatment for patients with hematologic malignancies in need of an allogeneic stem cell transplant

gamida Cell
Allo-transplant is a **potentially curative treatment option**, and while a **growing market**, it is not without **unmet needs**

7,700 patients 12+ with hematologic malignancies were transplanted in 2019, and that number is **projected to grow** due to increase in aging population, growth in hematologic malignancies, earlier diagnosis, and accelerated referrals.

Transplanters indicate that the number of patients **unable to find appropriate donors** is equivalent to ~14% of potential transplant volume.

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**Allo-HSCT in the United States**

- **7,700** Completed Transplants
- **975** Not Transplanted: Donor Reasons
Each patient who receives an allo-HSCT must be **uniquely paired with a donor source**, and currently there is **no standard of care**

**Donor source usage rates are driven by HLA match**, availability, donor age, and timing

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**Donor Usage Rates (2019)**

- **Matched Related Donor (MRD)**: 22%
- **Matched Unrelated Donor (MUD)**: 22%
- **Haploidentical Donor (Haplo)**: 46%
- **Mismatched Unrelated Donor (MMUD)**: 7%
- **Umbilical Cord Blood (UCB)**: 4%

**Matched Related Donor (MRD)**: 8/8 HLA-matched cells from a related donor

**Matched Unrelated Donor (MUD)**: 8/8 HLA-matched cells from an unrelated donor

**Haploidentical Donor (Haplo)**: HLA-half matched cells from a related donor

**Mismatched Unrelated Donor (MMUD)**: Incompletely matched cells from an unrelated donor

**Umbilical Cord Blood (UCB)**: HLA matched, unrelated stem cells identified through a cord blood bank

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*HLA match* refers to the process in which blood or tissue samples are tested for **human leukocyte antigens** (HLAs) to determine the **degree of matching** between the donor and transplant recipient.
Donor source **identification and selection is complex**, and each source has **limitations**

<table>
<thead>
<tr>
<th>Matched Related Donor</th>
<th>Matched Unrelated Donor</th>
<th>Haploidentical Donor</th>
<th>Mismatched Unrelated Donor</th>
<th>Umbilical Cord Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognized as the <strong>gold standard</strong></td>
<td>Seen as the <strong>next alternative</strong> to MRD</td>
<td>Extends chance of finding a related donor</td>
<td>Registries provide <strong>more options</strong></td>
<td>Readily available, less stringent matching criteria without the risk of increased GvHD</td>
</tr>
</tbody>
</table>

- **70%** of patients will **NOT have an MRD**
- Requires consideration of donor age, as older donors are associated with **reduced overall survival** (OS)

- Likelihood of finding a match is **lower for minority groups**
- The search process averages 2-3 months, with **delayed acquisition** significantly impacting patient outcomes

- Use of PTCy reduces GvHD, but leads to **increased incidence of infection** and risk of **cardiotoxicity**
- Potential for **older donor age** also negatively impacts outcomes

- The **decreased HLA match** increases risk of infections for patients
- Patients face the same negative consequences as MUD when a **significant delay** occurs

- **Engraftment time is delayed** due to lower cell count, leading to increased risk of infection
- Patients face **additional hospitalization days** compared to other donor sources

GvHD: Graft versus Host Disease
Additionally, Transplant Centers **differ in their use of donor source**

CIBMTR 2018 and 2019 – allogenic transplants in patients 12+ years with hematological malignancies by center
There is a particularly urgent unmet need for patients within minority groups, as these patients comprise only ~30% of transplants today.

<table>
<thead>
<tr>
<th>Race</th>
<th>Likelihood of Finding a Donor Match (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Patients*</td>
<td>16-19%</td>
</tr>
<tr>
<td>Asian Patients**</td>
<td>27-42%</td>
</tr>
<tr>
<td>Hispanic Patients***</td>
<td>34-40%</td>
</tr>
<tr>
<td>White Patients of Middle Eastern or North African Descent</td>
<td>46%</td>
</tr>
<tr>
<td>White Patients of European descent</td>
<td>75%</td>
</tr>
</tbody>
</table>

* Includes African American, African, Black South or Central American, and Black Caribbean
** Includes Chinese, Korean, South Asian, Japanese, Filipino, Southeast Asian, and Vietnamese
*** Includes Mexican, Hispanic South or Central American, and Hispanic Caribbean

Omidubicel is the **advanced cell therapy** option that addresses today’s **unmet needs**

<table>
<thead>
<tr>
<th>Unmet Needs</th>
<th>Omidubicel Offering</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Match</strong></td>
<td>~93% of patients were able to <strong>find a suitable donor</strong> in the Phase 3 trial due to less stringent matching requirements</td>
</tr>
<tr>
<td>70% of patients will not have an adequately matched related donor</td>
<td><strong>Availability</strong> 80% of African Americans will not find a matched unrelated donor in the registry database</td>
</tr>
<tr>
<td><strong>Availability</strong></td>
<td>Omidubicel <strong>expands access</strong> to previously underserved populations, and <strong>minority patients</strong> represented ~40% of patients in the Phase 3 trial</td>
</tr>
<tr>
<td><strong>Donor Age</strong></td>
<td><strong>Donor Age</strong> Excess risk for OS for every additional decade of donor age &gt;30 years</td>
</tr>
<tr>
<td>17%</td>
<td>Omidubicel combines the naivety of cord blood with sufficient cell quantity for <strong>robust immune reconstitution</strong></td>
</tr>
<tr>
<td><strong>Timing Urgency</strong></td>
<td><strong>Timing Urgency</strong> Months from preliminary search to transplant</td>
</tr>
<tr>
<td>2-3+</td>
<td>Omidubicel offers rapid availability and a reliable process, with a personalized product delivered in 4 weeks from selection of a cord blood unit</td>
</tr>
</tbody>
</table>

**Omidubicel data demonstrates** **positive clinical outcomes** for patients with hematologic malignancies

Omidubicel

The latest data demonstrating the potential for cure
Omidubicel is a **personalized manufactured** stem cell product consisting of a **cultured** and **non-cultured** fraction from a single umbilical cord blood unit.

**Omidubicel**

- **Cord Blood Unit (CBU) Selected**
  - CBU selected by physician from public cord blood bank

- **Cultured Fraction**
  - NAM-enhanced population of CD34+ hematopoietic stem cells

- **Non-Cultured Fraction**
  - Immune cells, including T cells

**Omidubicel Infusion**

- Reliable delivery in 4 weeks from order

Our Phase 3 trial results highlight the **compelling potential of omidubicel**

**Randomized, Controlled, Multi-center, Global Phase 3 Registration Trial***

- Age 12-65
- High-risk hematologic malignancies
- Eligible for allo-HSCT
- No matched donor

**Omidubicel**
(n=62)

**Standard Cord Blood**
(n=63)

>40% of patients in trial were **ethnically diverse**

- Achieved primary endpoint with **unprecedented time to neutrophil engraftment**
- Achieved secondary endpoints with **reduced hospitalization time, decreased risk of infection, and shorter time to platelet engraftment**
- Demonstrated **13% difference in overall survival** (73% omidubicel vs. 60% control)
- **Reduced cumulative incidence of non-relapse mortality** by ~50%

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*Trial Schema reviewed with FDA

Omidubicel patients demonstrated **rapid time to neutrophil engraftment**, a critical milestone for their recovery.

**Median Time to Neutrophil Engraftment (days)**

<table>
<thead>
<tr>
<th></th>
<th>Omidubicel (n=52)</th>
<th>Cord Blood (n=56)</th>
</tr>
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<tbody>
<tr>
<td><strong>10.0</strong></td>
<td><strong>20.5</strong></td>
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</tbody>
</table>

**Cumulative Incidence of Neutrophil Engraftment**

- Omidubicel 96%
- Cord Blood 89%

The advantages of **early engraftment and lower infections** with omidubicel translate to **long-term benefits** in the first year post-transplant.

*Per protocol population, n=108*
The **time to neutrophil engraftment** demonstrated by omidubicel is **shorter** than published results for **all other allo-HSCT donor sources**

![Graph showing days to neutrophil engraftment by donor graft source]

Omidubicel is investigational and safety and efficacy have not been established by any agency.

* Results represent double-cord transplants

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Omidubicel patients also demonstrated **robust immune reconstitution**, as reported during an oral presentation at ASH 2021.

Sub-study of the Phase 3 trial (n=37): 17 omidubicel, 20 standard cord blood

**Robust early recovery observed**
for T cell, B cell, NK cell, and dendritic cell subsets (Day 0-28)

**Durability of recovery observed**
for up to 1 year post-transplant (Day 100-365)

The data suggests a **facilitator effect** of omidubicel on in vivo expansion.
Outcomes suggest potential for **significant reductions in healthcare resource utilization** in the first 100 days post-transplant with omidubicel

### Comparative results in first 100 days post-transplant

<table>
<thead>
<tr>
<th></th>
<th>Omidubicel (n=52)</th>
<th>Cord Blood (n=56)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence of acute GvHD</td>
<td>15%</td>
<td>20%</td>
<td>0.563</td>
</tr>
<tr>
<td>Mean total number of inpatient days during primary hospitalization (transplant to discharge)</td>
<td>27.7</td>
<td>39.8</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Mean total number of inpatient days (includes readmissions)</td>
<td>41.2</td>
<td>50.8</td>
<td>0.027</td>
</tr>
<tr>
<td>Mean total days alive and not hospitalized</td>
<td>55.8</td>
<td>43.7</td>
<td>0.023</td>
</tr>
<tr>
<td>Mean total number of days in the ICU</td>
<td>0.4</td>
<td>4.7</td>
<td>0.028</td>
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</tbody>
</table>
The totality of the omidubicel data powers our commitment to cures

- Ability to identify matches for patients of racial minorities
- Shortest neutrophil engraftment time compared to published results for other donor sources
- Shorter time to platelet engraftment
- Reduced cumulative incidence of infection
- Reduced hospitalization time for patients
- Trend to improved overall survival

BLA rolling submission in Q1 2022; full submission in 1H 2022

Omidubicel

Preparing for commercial launch
Allo-transplanters can offer a **new standard of care** and the **potential for cure** to even more patients via omidubicel

A minority patient with no timely MRD, MUD, or haplo option

A patient with matched siblings who are of advanced age and only mismatched donors identified in the registry

A patient with an MRD available, but social barriers present dangerous risk of delay

A patient with an identified unrelated donor who has an inflexible schedule and an HCP seeking a faster path to transplant

A patient with a CBU identified and an HCP concerned about engraftment time and infection risk

A patient with a haploidentical sibling and an HCP concerned about infection risk

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Omidubicel is investigational and safety and efficacy have not been established by any agency. Patient profiles represent potential patients only.
We are actively navigating reimbursement dynamics and payer coverage considerations.

Gamida Cell is proactively educating payers that account for 90% of U.S. covered lives.

Published data supports that ~100% of U.S. payers anticipate covering one-time therapies with curative intent.

Gamida has a strong understanding of the reimbursement approach that payers will take upon omidubicel FDA approval.

...and a pathway to reimbursement.
Our commercial manufacturing facility will ensure **consistent and reliable product supply**

- ✔ State-of-the art facility in Israel
- ✔ Modular facility with capability to add capacity
- ✔ Personalized product delivered within 4 weeks of selection of cord blood unit
- ✔ Qualification for BLA filing underway
We have **initiated partnerships** to educate and onboard Transplant Centers across the United States.

Approximately 70 Transplant Centers account for ~80% of allo-HSCTs performed in U.S.

- **Transplant Centers**
- **Omidubicel Clinical Trial Sites**
Market research has confirmed the **omidubicel commercial opportunity**

A quantitative demand study of primary market research was conducted with 109 transplant physicians geographically distributed across the US.

Research determined that omidubicel has the opportunity to:

**Improve outcomes** across all current donor sources:
- Positive clinical outcomes
- Removed concern of advanced Donor age
- Personalized product delivered within 4 weeks

**Increase access** for those patients not transplanted today:
- Ability to find a suitable donor
- Improved access for minority patients
- Rapid and reliable availability
We anticipate omidubicel capturing **20-25% of the market** at peak, resulting in improved outcomes and expanded access for **2,000+ patients**

~11,000 patients with hematologic malignancies will receive allo-HSCT in 2026*, representing organic transplant growth and omidubicel-driven market expansion

*Reflects 2025-2026 peak estimate; includes patients 12+
GDA-201

NAM-enabled NK cells to treat Non-Hodgkin Lymphoma
Natural Killer (NK) cells are a **promising immune therapy** for cancer

### Promise of NK Cells

- **✓** Fully allogeneic product (no HLA matching required)
- **✓** Synergy with antibodies
- **✓** Potential to stimulate adaptive immunity
- **✓** Potential for readily available therapy

### NK Cell Function

Manufacturing is necessary to obtain clinically meaningful doses with optimized cell function
We are putting NK cells to work using our NAM Platform

NAM optimizes NK cell phenotype during manufacturing to ensure product functionality

<table>
<thead>
<tr>
<th>NK cell maturation</th>
<th>Stage 3</th>
<th>Stage 4a</th>
<th>Stage 4b</th>
<th>GDA-201</th>
<th>Stage 5</th>
<th>Stage 6</th>
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<tbody>
<tr>
<td>Immature</td>
<td><img src="image" alt="Immature" /></td>
<td><img src="image" alt="Stage 4a" /></td>
<td><img src="image" alt="Stage 4b" /></td>
<td><img src="image" alt="GDA-201" /></td>
<td><img src="image" alt="Stage 5" /></td>
<td><img src="image" alt="Stage 6" /></td>
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<tr>
<td>NAM-enabled NK cell expansion</td>
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<tr>
<td>Exhausted</td>
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Natural Killer Cells: Development, Maturation, and Clinical Utilization. Frontiers in Immunology, 2018
GDA-201 is the lead candidate in our NAM-enabled NK cell therapy pipeline

Investigator-led, Phase 1, proof of concept study for patients with NHL and MM

Patients with Non-Hodgkin Lymphoma (NHL) or Multiple Myeloma (MM) (n=35) → Fludarabine/cyclophosphamide lymphodepleting preparative regimen → GDA-201 (fresh formulation) → rituximab (NHL) or elotuzumab (MM)

- **Primary endpoint:** Maximum tolerated dose of GDA-201 (3 doses evaluated)
- **Secondary endpoints:** Overall response, toxicity

Phase 1 experience with GDA-201 and rituximab demonstrated a positive safety profile

Safety Results

• 35 patients treated (19 NHL, 16 MM)

• No dose-limiting toxicities

• One patient died of *E. coli* sepsis, initially reported as cytokine release syndrome

• Most common grade 3/4 adverse events:
  – Thrombocytopenia (n=9)
  – Hypertension (n=5)
  – Neutropenia (n=4)
  – Febrile neutropenia (n=4)
  – Anemia (n=3)

• No neurotoxic events, graft versus host disease (GvHD), or confirmed cytokine release syndrome
Multiple patients treated with GDA-201 and rituximab had durable complete responses demonstrating an ORR of 74% and CR rate of 68%

Median Duration of Response: 16 months

**Legend**
- Complete response
- Partial response
- Progressive disease
- Ongoing response
- Allogeneic transplant
- Autologous transplant
- Second dose GDA-201

**Diagnosis**
- FL: follicular lymphoma
- DLBCL: diffuse large B-cell lymphoma
- MCL: mantle cell lymphoma

* Died of Covid.
Additionally, in a heavily pretreated lymphoma patient, complete responses were demonstrated

• 57-year-old man with history of CLL and Richter's transformation-large cell lymphoma, measurable retroperitoneal lymph nodes at baseline
• Prior therapy: FCR-light, Rituximab/Bendamustine Ibrutinib/lenalidomide, R-CHOP, Venetoclax/Rituximab
• Allogeneic HSCT (matched sibling)
• Relapse at 6 months
• Treated with GDA-201
• 28-day response: tumor shrinkage
• 6 months: PR with continued tumor shrinkage
• Demonstrated PR to CR conversion after 12 months, continued CR at ~3 years
• NK cells cleared within 2 weeks

"Whether it has been work, or my various hobbies and past times, whether that be traveling on motorcycle or enjoying life to its fullest, it really has been a noticeable improvement compared to how things were prior to going through the trial." - Patient 009

Bachanova et al. ASH 2019. This is one patient and results may not be indicative. GDA-201 is investigational and safety and efficacy have not been established by any agency.
We are leveraging our knowledge of **cryopreservation** to further advance our NK pipeline

**GDA-201 cryopreserved formulation maintains phenotype expression, cytotoxicity function, and enhanced potency**

Peripheral bone marrow cells collected by apheresis*

**DAY 0**

Seed CD3- cells

Proprietary co-culture with NAM +IL-15 + autologous irradiated CD3+ feeder cells

**DAY 14**

Highly functional NK cells: ~50-100 billion NK cells with purity >99%

Proprietary infusion ready cryopreserved product; exhibits high viability up to six months post-thaw

*One apheresis procedure can provide treatment for 5-10 patients

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Encouraging **clinical activity and safety profile** supports **continued development**

**Key Accomplishments**
- Preclinical proof of principle
- Clinical proof of concept
- Cryopreserved formulation

**Next Step**
Phase 1/2 multi-center study in lymphoma for cryopreserved GDA-201
Engineered NK Cell Programs

Improved product targeting and persistence in hematologic and solid-tumor cancers
Led by GDA-201 **clinical proof of concept**, Gamida Cell continues to invest in advancing a **diversified NK pipeline**

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>STRATEGY</th>
<th>GENETIC MODIFICATION</th>
<th>INDICATION(S)</th>
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<tbody>
<tr>
<td>GDA-301</td>
<td>Increased potency and persistence</td>
<td>CISH KO + membIL-15</td>
<td>Hematologic + solid tumors</td>
</tr>
<tr>
<td>GDA-401</td>
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<td></td>
<td>Undisclosed</td>
</tr>
<tr>
<td>GDA-501</td>
<td>HER2 Targeting</td>
<td>HER2 CAR</td>
<td>HER2+ solid tumors</td>
</tr>
<tr>
<td>GDA-601</td>
<td>CD38 Targeting</td>
<td>CD38 KO + CD38 CAR</td>
<td>Multiple myeloma</td>
</tr>
</tbody>
</table>
GDA-301: Enhancing NK potency and persistence

The lack of persistence of infused NK cells is a principal limitation of driving adaptive immunotherapy. Combining CISH KO with membrane-bound IL-15 will improve in vivo persistence and killing capacity, without concomitant IL-2 administration.

**CISH** deletion increases sensitivity to IL-15 by lowering the NK activation threshold

NKs equipped with membIL-15 will remove the need for patient IL-2 administration regimen
**GDA-301: Drives increased target cell killing in vitro**

GDA-301 shows enhanced cytotoxic activity in multiple myeloma cell line (RPMI)

Killing assay was performed on CISH knocked cells, 24h after the electroporation of mRNA-mbIL-15 that followed a 6hr co-culture of NK cells with RPMI cell line, Ratio 5:1
GDA-501: Developed to optimize targeting and NK activation against HER2+ tumors

Multiple tailor-made NK CARs were developed to target and activate NKs against HER2+ tumors

**Her2**: Single-Chain Variable Fragment (scFv)

**Hinge**: CD28, CD8, NKG2D

**Transmembrane**: CD28, CD8, NKG2D

**Activation**: CD3ζ, FcRγ

**Co-stimulation**: CD28, 4-1BB, 2B4
GDA-501: HER2 CAR NK cells enhance activity against HER2+ cell lines

When exposed to HER2+ cell lines, GDA-501 upregulates inflammatory cytokine production and degranulation marker (CD107a) associated with cytotoxicity.

Potency analyses assay of 6 h co-cultured Her2-CAR NKs with corresponding target cells: Flow cytometric analysis of CD107a expression, intracellular TNFα and IFN-γ production in control NK cells, or electroporated NK cells with mRNA expressing HER2 CAR constructs.
**GDA-501**: Shows effective in vitro cytotoxicity against HER2+ cell line

Killing activity of electroporated NK cells against target cells: Killing assay performed by flow cytometry analyses demonstrating calculated specific-lysis percentages following a co-culturing (in 5:1 ratio) for 6h with SKOV3 cell line 24h after electroporation.
GDA-601: An investigational **genetically engineered cell product** designed to target multiple myeloma cells

CD38 in NK cells was knocked out using CRISPR-Cas9 technology, and an enhanced chimeric antigen receptor (CAR) targeting CD38 was introduced using mRNA electroporation. This combined genetic approach allows improved cytotoxic activity directed against CD38-expressing MM cells without self-inflicted lysis by NK cells (fratricide).

Killing activity of electroporated NK cells against target cells: Killing assay performed by flow cytometry analyses demonstrating calculated specific-lysis percentages following a co-culturing (in 5:1 ratio) for 6h with SKOV3 cell line 24h after electroporation.
GDA-601: Increased cytotoxicity against multiple myeloma in vitro

Killing assay was performed following a 6 hour co-culture of GDA-601 with RPMI cell line at an Effector to Target ratio of 5:1.

Additional research is ongoing in collaboration with Dana-Farber Cancer Institute, investigating GDA-601 with fresh patient samples.
We are committed to cures and developing next-generation therapies to address urgent unmet needs

**Omidubicel**
- Nearing Commercialization
  - Potential to be first FDA-approved cell therapy for allogeneic hematopoietic stem cell transplant (allo-HSCT)
  - Breakthrough Therapy and Orphan Drug status
  - Preparing for BLA submission in 1H22

**GDA-201**
- Fighting non-Hodgkin Lymphoma
  - NK cell product with positive Phase 1 data using fresh product
  - Submitted IND for a Phase 1/2 trial in NHL with an allogeneic readily available cryopreserved formulation
  - Ongoing discussion with the FDA to advance the IND

**GDA-301/401/501/601**
- Opening new frontiers in cancer immunotherapy
  - Proof-of-concept for genetic engineering modifications, including CAR, membrane bound IL15, and knockouts using multiple approaches including CRISPR
  - Evidence of increased cytotoxicity in preclinical studies
  - Potential in hematologic cancers and solid tumors

Well positioned to execute goals | $96M Cash* | Cash runway into mid-2023 and through potential omidubicel approval

*As of December 31, 2021, unaudited
Committed to Cures

Learn more at gamida-cell.com