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BIOMARK AND ITS TEAM OF COLLABORATORS SECURE CHRP FUNDING

Vancouver, British Columbia – (April 17, 2019) – BioMark Diagnostics Inc. ("BioMark") (CSE: BUX) (FSE: 20B) (OTCMKTS: BMKDF) is pleased to announce that its application entitled "Development and clinical assessment of novel biomarker drugs targeting SSAT1 for detection and therapeutic monitoring of glioblastoma", submitted to the Collaborative Health Research Projects funding opportunity, has been approved. The application was Canadian Institutes of Health Research (CIHR) in partnership with the Natural Sciences and Engineering Research Council of Canada (NSERC) and in collaboration with the Social Sciences and Humanities Research Council (SSHRC). The funding is approximately for $400,000. BioMark is the industrial partner on the grant.

The company would like to thank Drs D. Miller, T. Klonish, T. Lakowski, M. Pitz and D. Wishart who contributed immensely during the application process. Rashid Ahmed, President and CEO, says "It was highly competitive, and we are delighted to be amongst a select group of applicants that secured the funding. This demonstrates the quality of our application based on key measures such as scientific merit, calibre of the team and potential clinical impact. Assembling a high impact multi- disciplinary team to collaborate in developing potentially disruptive diagnostic test that can improve identification and care for patients with glioblastoma is exciting."

BioMark would like to acknowledge CIHR, NSERC and SSHRC for the funding. In addition, the company thanks the numerous reviewers for their excellent feedback.

About CHRP

Collaborative Health Research Projects (CHRP) is a joint initiative between the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC) and the Social Sciences and Humanities Research Council of Canada (SSHRC). CHRP grants support focused, interdisciplinary, collaborative research projects involving any field of the natural sciences or engineering and any field of the health sciences.
Proposed research projects should be innovative, with a strong focus on knowledge translation, and lead to health benefits for Canadians, more effective health services and/or economic development in health-related areas.

About Glioblastoma Multiforme (GBM)

The most common primary brain tumour in adults is glioblastoma (GBM). Originating from transformed neural precursor cells, GBM is a highly aggressive and infiltrative brain tumour. The death rate of GBM worldwide is approximately 225,000 per year (1). While GBM has a lower incidence than many other cancers, the prognosis is particularly poor with average survival from time of diagnosis being approximately 14-16 months (2, 3). Furthermore, compared to other cancers such as breast cancer, which have seen significant advancements in treatment and increased survival, the survival rates for GBM remain similar to those 30 years ago (4).

Monitoring of tumour response is typically through magnetic resonance imaging (MRI) of the brain, typically every 2-3 months. The poor prognosis associated with GBM is a combination of lack of early detection, incomplete surgical resections of tumour mass and ineffective postsurgical treatment options. Thus, the ability to detect GBM while the patient is still asymptomatic is likely to create a positive ripple effect with improvements in both the surgical resection and radiation and chemotherapeutic outcomes. Perhaps an even more profound impact of the proposed study is the potential use as a diagnostic drug biomarker to monitor GBM progression during treatment and early detection of tumour re-occurrence. Thus, a reliable and affordable diagnostic agent that could monitor therapeutic response in GBM patients would allow the clinician and patient to move to new therapies more quickly.

References:

1. Alphandery E. (2018). Glioblastoma treatments: An account of recent industrial developments. Front. Pharmacol. 9:879.
2. Thakkar JP, Dolecek TA, Horbinski C, Ostrom QT, Lightner DD, Barnholtz-Sloan JS, and Villano JL. (2014). Epidemiologic and molecular prognostic review of glioblastoma. Cancer Epidemiol. Biomarkers Prev. 23:1985-1996.
3. Carlsson SK, Brothers SP, and Wahlestedt C. (2014). Emergine treatment strategies for glioblastoma mulitforme. EMBO Mol. Med. 6:1359-1370.
4. Fine HA. (2015). New strategies in glioblastoma: exploiting the new biology. Clin Cancer Res. 21:1984-1988.

About BioMark Diagnostics Inc.

BioMark is developing proprietary, non-invasive, and accurate cancer diagnostic solutions which can help detect, monitor and assess treatment for cancer early and cost effectively. The technology can also be used for measuring response to treatment and potentially for serial monitoring for cancer survivors.

Further information about BioMark is available under its profile on the SEDAR website www.sedar.com and on the CSE website https://thecse.com/.

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Forward-Looking Information:

This press release may include forward-looking information within the meaning of Canadian securities legislation, concerning the business of Biomark. Forward-looking information is based on certain key expectations and assumptions made by the management of BioMark. Although BioMark believes that the expectations and assumptions on which such forward-looking information is based are reasonable, undue reliance should not be placed on the forward-looking information because BioMark can give no assurance that they will prove to be correct. Forward-looking statements contained in this press release are made as of the date of this press release. BioMark disclaims any intent or obligation to update publicly any forward-looking information, whether as a result of new information, future events or results or otherwise, other than as required by applicable securities laws.

The CSE has not reviewed, approved or disapproved the content of this press release.