PacificEdge®
CANCER DIAGNOSTICS

1H 25 FINANCIAL RESULTS PRESENTATION

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26 November 2024

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AGENDA

1. HIGHLIGHTS
2. STRATEGIC DELIVERY
3. FINANCIAL PERFORMANCE
4. OUTLOOK
5. QUESTIONS

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1H 25 HIGHLIGHTS: FOCUSED ON CATALYSTS FOR MEDICARE COVERAGE CERTAINTY

▼1.1%
GLOBAL TESTS (TLT[1]) on 2H 24
-22.0% on 1H 24

Global TLT of 14,233
US TLT 11,587, -4.6% on 2H 24 and -27.4% on 1H 24

▲3.2%
COMMERCIAL TEST VOLUMES on 2H 24
-20.0% on 1H 24

Commercial Tests of 12,323
US Commercial Tests 9,911, -0.5% on 2H 24 and –26.9% on 1H 24

▲1.4%
OPERATING REVENUE on 2H 24
-16.3% on 1H 24

Operating revenue $11.0M
Total revenue of $12.2M
-4.4% on 2H 24

($14.5M)
NET LOSS AFTER TAX
Up 1.5% on 2H 24
-4.9% on 1H 24

Steady on 2H 24 of ($14.3M) reflecting 'holding pattern' of Medicare uncertainty

$35.9M
CASH, CASH EQUIVALENTS[2]

1H 25 cash burn of $14.3M increases on $11.9M in 2H 24 but steady adjusting for seasonal impact of costs

- Awaiting outcome on catalysts: Medicare coverage certainty, AUA hematuria guideline review and Triage Plus pricing
- Operating revenue, net losses, and operating cash burn steady as operating efficiencies and cash collection gains retained. US test sales/FTE of 379 in Q2 25, - 3.8% on Q1 25; US ASP[3] increases to **US$618 in** 1H 25 vs **US$613** in 2H 24
- Commercial operations focused on profitable territories, non-Medicare revenue streams and selling the clinical and economic value of Cxbladder; direct sales team efficiencies maintained - operating at break even
- Business focused on the clinical development for Triage Plus and Monitor Plus

1. Total Laboratory Throughput (TLT) including commercial, pre-commercial and clinical studies testing
2. Cash, short-term deposits and term deposits
3. ASP: US Operating Revenue in USD / US Commercial Test Volumes

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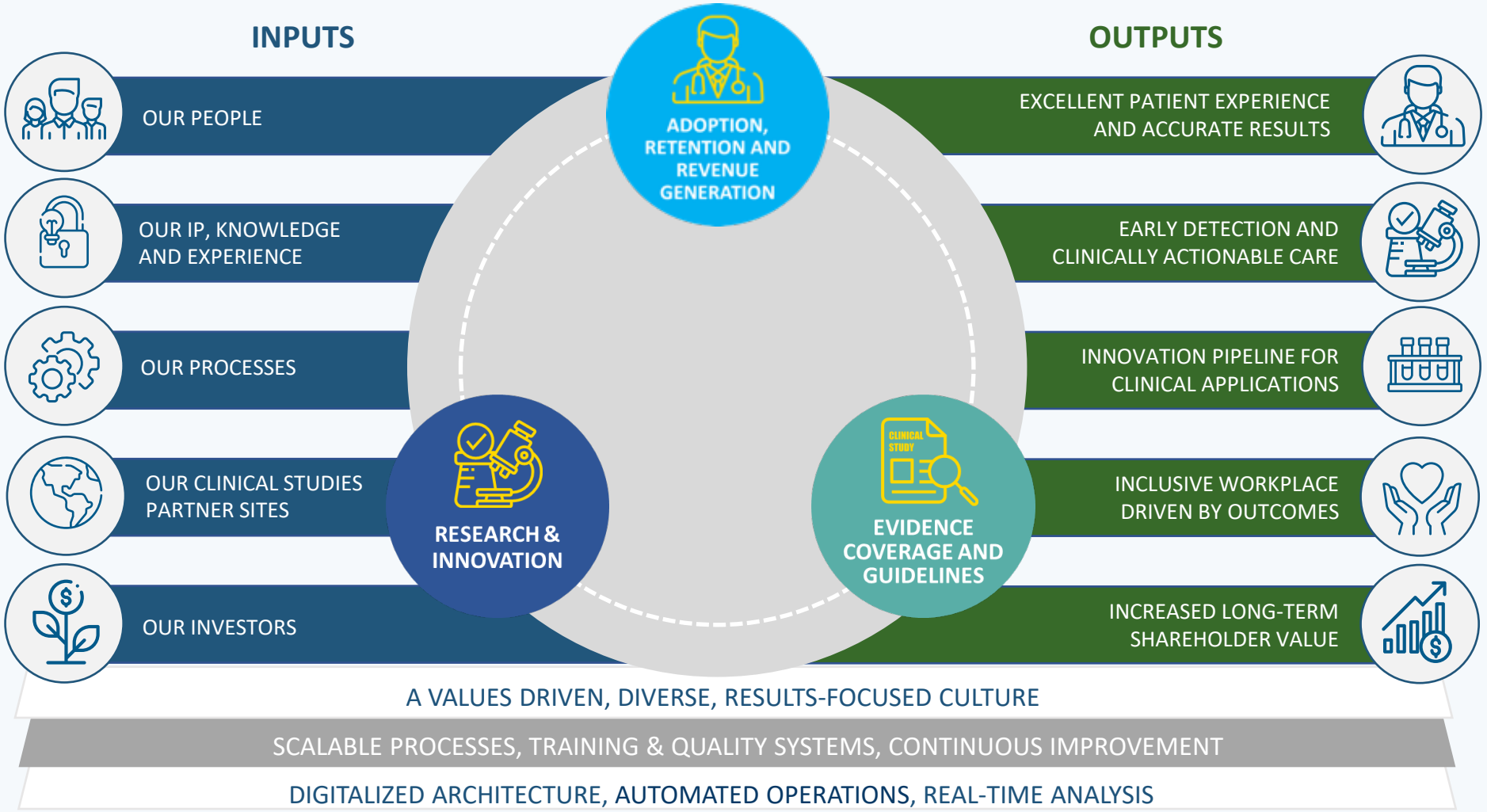
VALUE CREATION THROUGH THREE PILLARS



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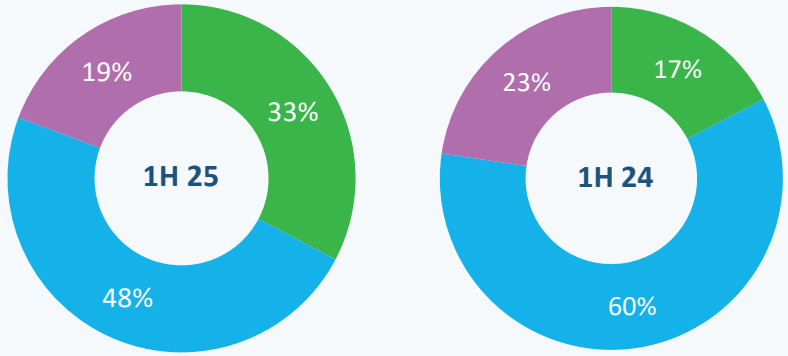
TEST VOLUMES STEADY AGAINST 2H 24 AMID MEDICARE UNCERTAINTY

ADOPTION, RETENTION AND REVENUE GENERATION

1H 25 TOTAL LAB THROUGHPUT (TLT*)

- Global TLT of 14,233 for 1H 25 steady (-1.1%) on 2H 24 and down 22% on 1H 24 amid ongoing Medicare coverage uncertainty and reduced reach of the sales force
- Global Commercial test volumes of 12,323 for 1H 25 up 3.2% on 2H 24 and down 20% on 1H 24
- Triage growing in share of volume validating risk stratification value proposition and investment in Triage Plus

TEST VOLUMES BY TYPE (TLT*)

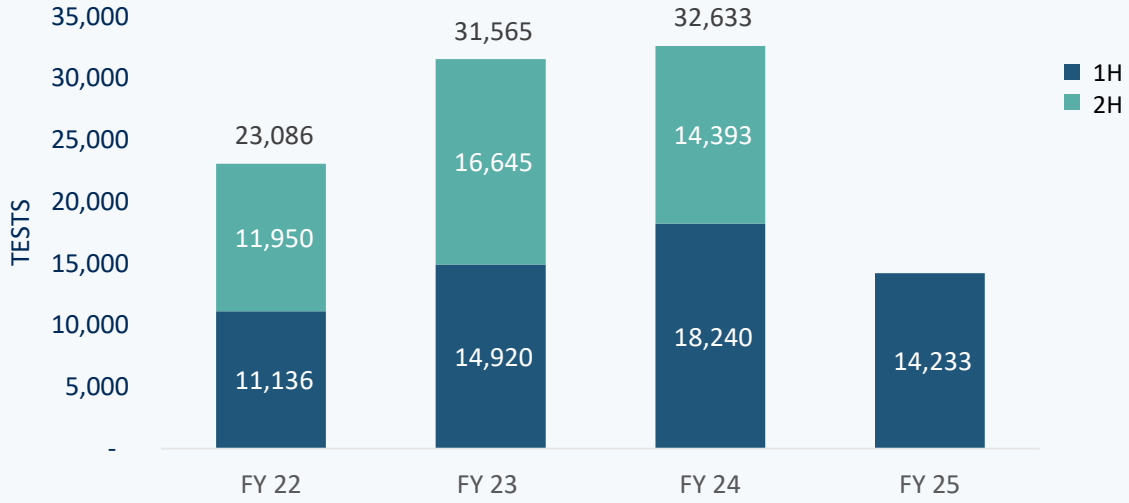


Cxbladder Triage

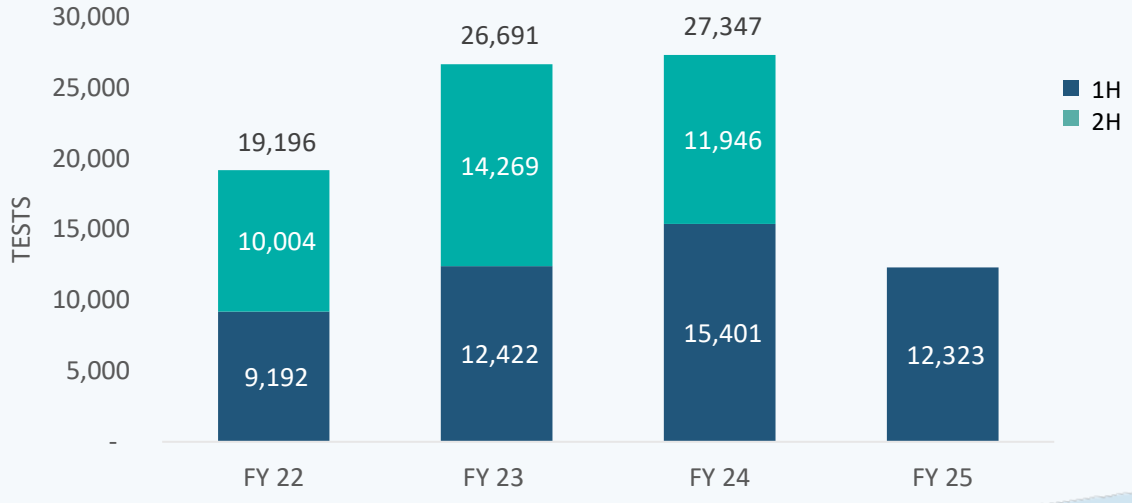
Cxbladder Detect

Cxbladder Monitor

GLOBAL TOTAL TEST VOLUMES (TLT*)



GLOBAL COMMERCIAL TEST VOLUMES (TLT*)



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*TLT is the Total Laboratory Throughput including commercial, pre-commercial and clinical studies testing

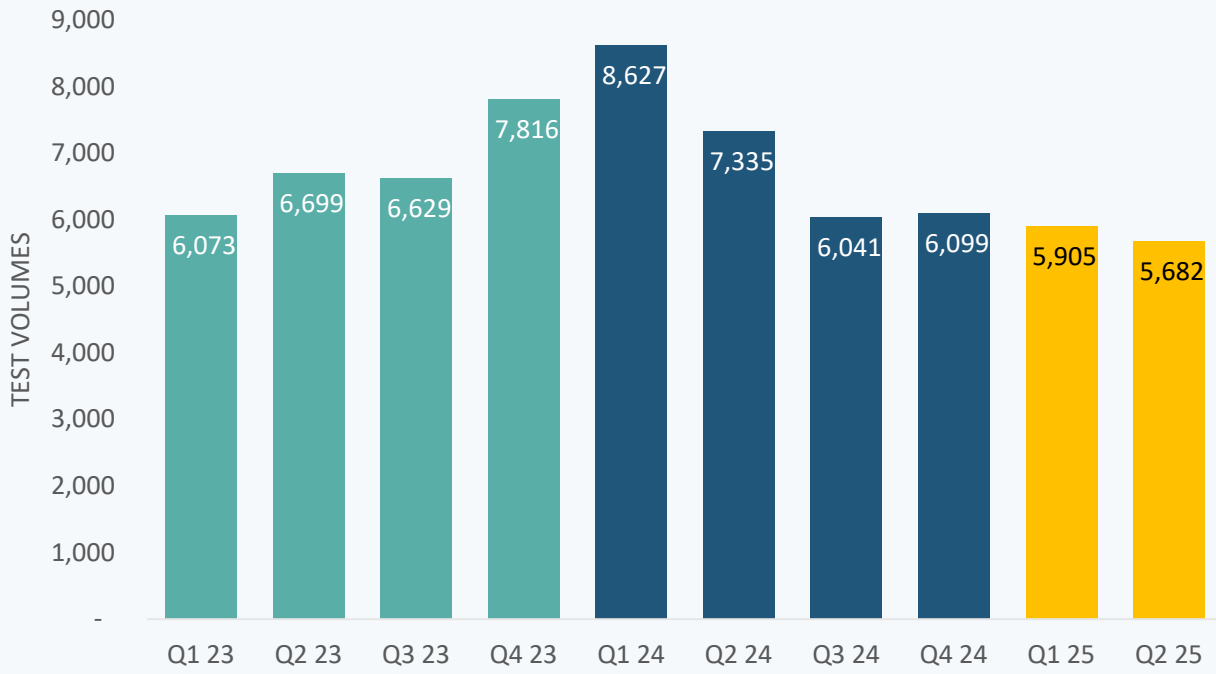
FOUNDATIONS FOR GROWTH - US TEST VOLUMES STEADY

ADOPTION, RETENTION AND REVENUE GENERATION

KAISER PERMANENTE GAINS PARTIALLY OFFSET MEDICARE UNCERTAINTY

- US TLT in Q2 25 relatively stable on the prior quarter (Q1 25)
- Strong performance from the Southern California Permanente Medical Group and sustained sales force efficiency gains deliver some mitigation to the impact of Medicare uncertainty
- Throughput has reduced by 34.1% from a peak of 8,627 test/quarter in Q1 24 to 5,682 in Q2 25 as the sales team reduced in 2H 24 and no backfill appointments in sales force
- Sales territories are larger and more challenging for sales reps, but focus has been on larger, more reliable accounts
- Messaging has focused on communicating the clinical value of Cxbladder for risk stratification to reduce cystoscopies and the associated economics of adopting on all appropriate patients

US TOTAL TEST VOLUME*



PacificEdge® CANCER DIAGNOSTICS

* Total Laboratory Throughput in the US including commercial, pre-commercial and clinical studies testing

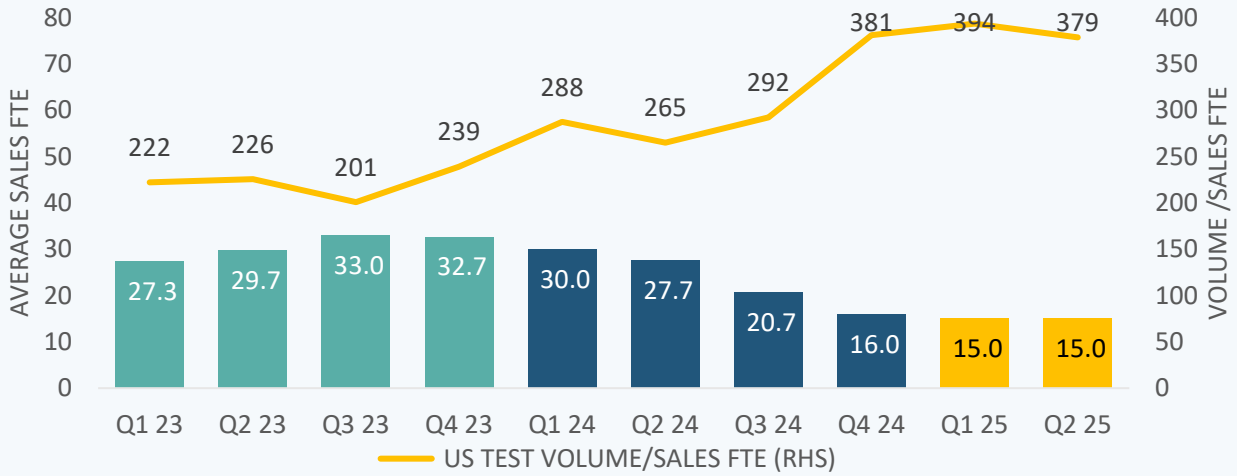
FOUNDATIONS FOR GROWTH – PERFORMANCE IMPROVEMENTS SUSTAINED

ADOPTION, RETENTION AND REVENUE GENERATION

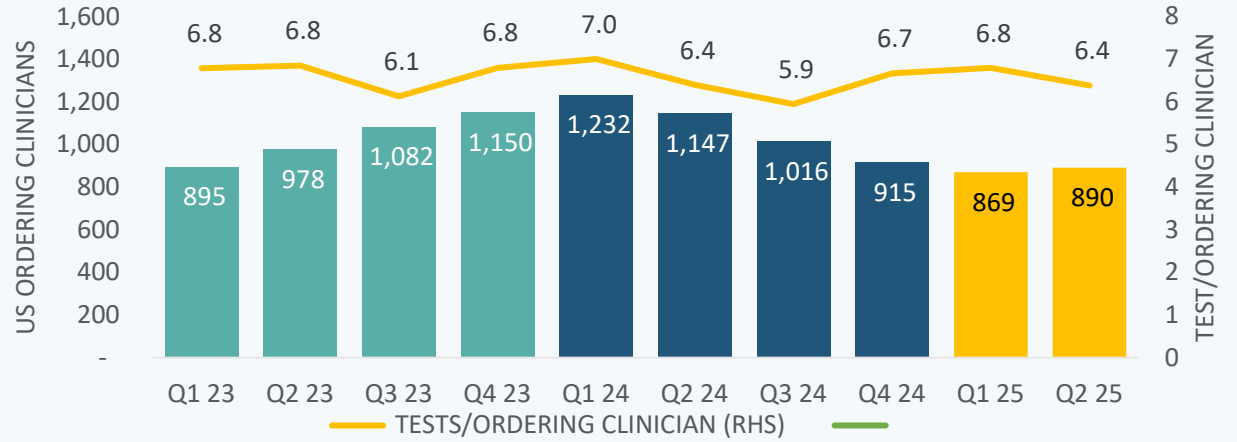
SALES TEAM FOCUSED ON KEY PERFORMANCE INDICATORS

- Sales FTE down to an average of 15.0 in Q2 25 from 32.7 in Q4 23 as we focused on cash conservation:
  - Sales FTEs were reduced by restructure in late Q2 24
  - Sales FTEs leaving the business are backfilled only when sales force breakeven can be maintained
- Sales force efficiency (total tests/average FTE) sustained up 59% from 239 in Q4 23 to 379 in Q2 25:
  - More effective core sales team
  - Focus on the most profitable territories/accounts
- Tests/US ordering clinician stable, but ordering clinicians fall against 1H 24:
  - Change in clinical mix in favor of clinicians that understand the clinical utility of Cxbladder
  - Reduced reach of the direct sales team
- Direct sales team have achieved operational break even

US SALES FORCE EFFICIENCY



US CLINICAL COMMITMENT



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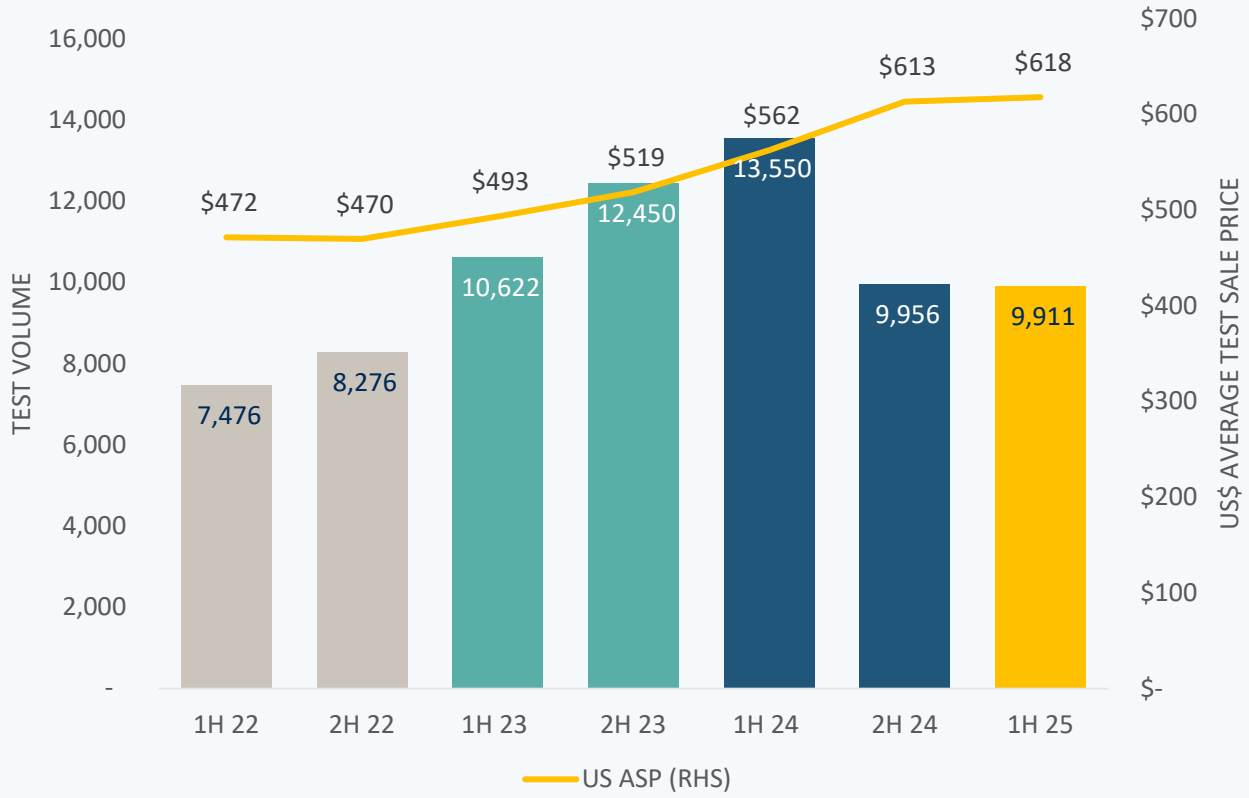
FOUNDATIONS FOR GROWTH - US CASH COLLECTIONS IMPROVE

ADOPTION, RETENTION AND REVENUE GENERATION

REIMBURSEMENT & CASH COLLECTIONS – A CORE COMPETENCY

- Average Sales Price (ASP*) per test increased to US$618 from US$613 in 2H 24 and US$519 in 2H 23 lifted by:
  - Enhanced Patient Responsibility - patients with non-contracted private insurance (i.e. non-Kaiser) pay a fixed dollar amount “maximum out of pocket”
  - Increased utilization of appropriate patient types from Kaiser Permanente after EMR integration
  - Medicare reimbursement of Triage since Jan 2023
  - Improved medical necessity documentation to improve billing and appeals processes for Medicare Advantage
- Improved cash collections are typically permanent improvements that we expect to maintain as we scale

US COMMERCIAL TEST VOLUMES AND ASP* (US$)



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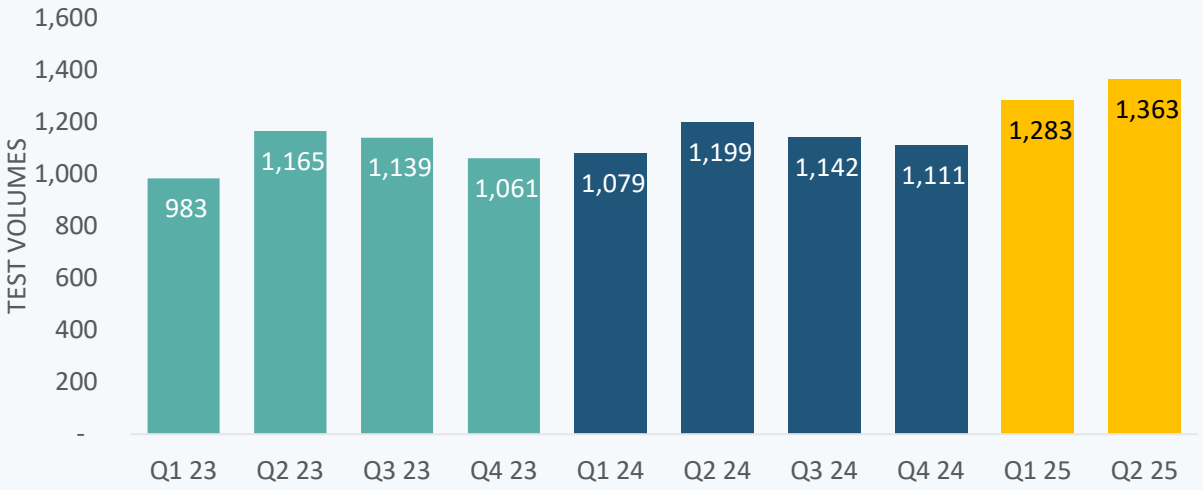
* ASP: US Operating Revenue in USD / US Commercial Test Volumes

DRIVING GROWTH IN ASIA PACIFIC AND CONSOLIDATING NEW ZEALAND

ADOPTION, RETENTION AND REVENUE GENERATION

APAC TOTAL TEST VOLUMES*



- Quarterly total test volumes benefit from:
  - Fewer evaluations and non-billable tests
  - Shift in emphasis to commercial tests
- New Zealand is a mature market with Cxbladder utilized in 15 of the 20 Te Whatu Ora health regions covering >75% of the population

AUSTRALIA & ASIA PACIFIC

- Australia and Southeast Asia are still in business development
- Initial commercial testing volume direct or via distributors in Singapore, Malaysia, Brunei, Thailand and the Philippines

Sept ’24 - ceremonial signing of partnership agreement with Malaysia’s Premier Integrated Labs in Kuala Lumpur

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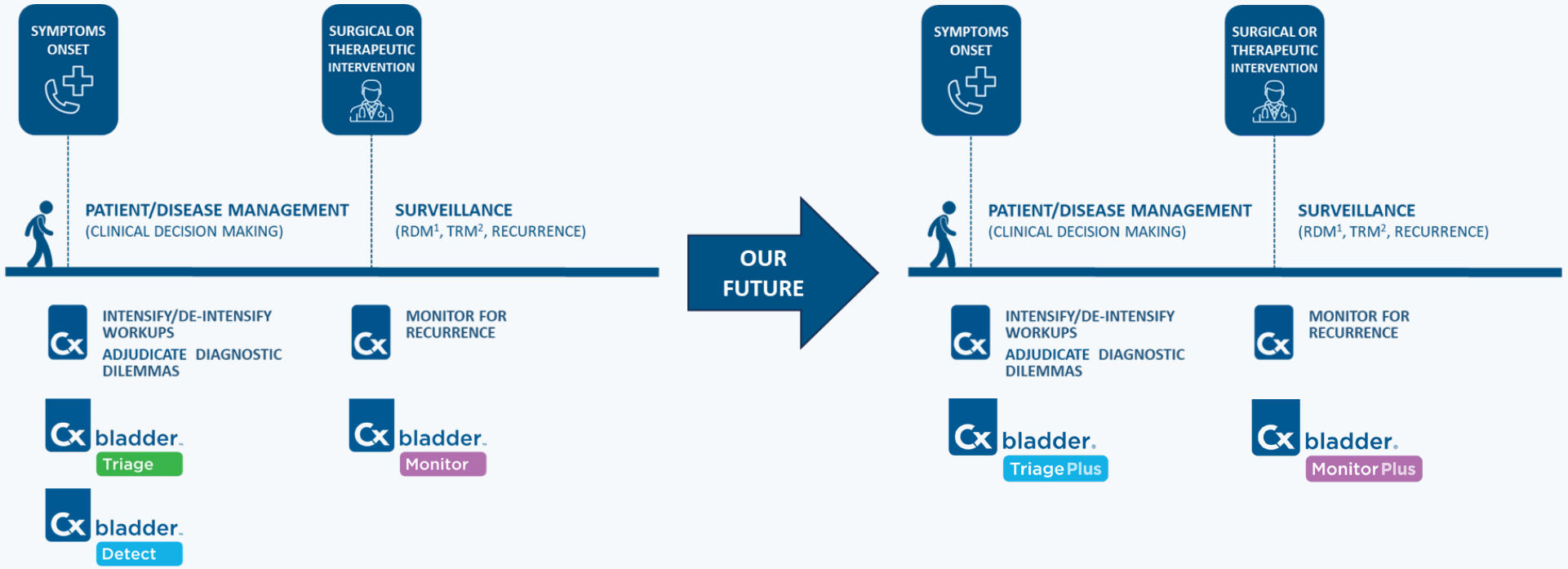
* Total Laboratory Throughput in Asia and Pacific including commercial, pre-commercial and clinical studies testing

SIMPLIFYING THE CXBLADDER VALUE PROPOSITION – TRIAGE PLUS

TRIAGE PLUS NAMING ALIGNS WITH CLINICAL POSITIONING AND STRATA[1] EVIDENCE

ADOPTION, RETENTION AND REVENUE GENERATION



TRIAGE PLUS – THE ADDITION OF DNA BIOMARKERS LIFTS PERFORMANCE[3]

- Triage Plus combines the value propositions of the existing Triage and the Detect tests in a single test for the evaluation of hematuria, the largest market opportunity
- A negative test helps clinicians to rule out the presence of cancer due to the high Negative Predictive Value and Sensitivity
- A positive test can help clinicians to resolve diagnostic dilemmas and prioritize patients for a more intensive workup due to the high Specificity and Positive Predictive Value

Performance[3]	Sens	Spec	NPV	PPV	ROR
Triage Plus	**97%**	**90%**	**99.7%**	**44%**	**83%**
Triage	89%	63%	99%	16%	59%
Detect	74%	82%	97%	25%	78%

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1. RDM: Residual Disease Monitoring,
2. TRM: Therapeutic Response Monitoring
3. Lotan et al (2022) 'Urinary Analysis of FGFR3 and TERT Gene Mutations Enhances Performance of Cxbladder Tests and Improves Patient Risk Stratification'; NPV: Negative Predictive Value; PPV: Positive Predictive Value; ROR: Rule out Rate

PREPARING FOR THE COMMERCIALIZATION OF TRIAGE PLUS

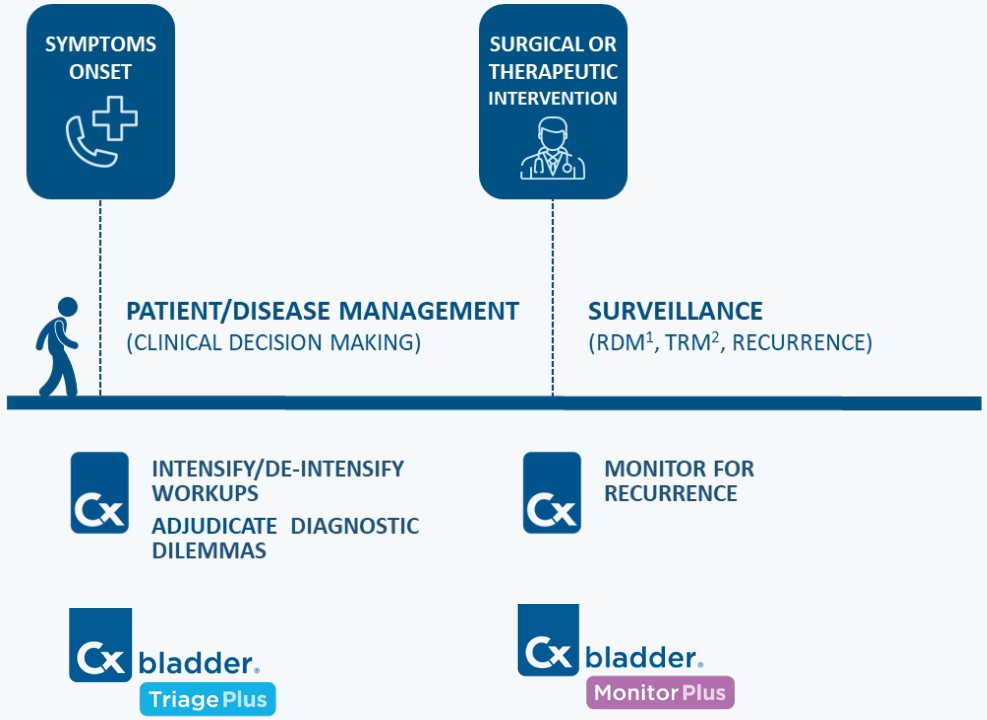
EXPANDING AND EXTENDING OUR LEADERSHIP POSITION IN HEMATURIA EVALUATION

ESSENTIAL PRE-CONDITIONS TO LAUNCHING TRIAGE PLUS

- Pricing that reflects the clinical value and economic benefit of the test
- Reliable Medicare reimbursement via (existing) coverage of our tests or through new arrangements following Novitas policy decision on the draft 'Genetic testing for oncology' LCD (DL 39365)

COMMERCIAL PREPARATORY WORK

- Driving for coverage and reimbursement of Triage Plus
- Adding capabilities and capacity to PEDUSA laboratory
- Simplifying laboratory workflow for improved efficiency
- Optimizing sales team structure for expanded product adoption
- Preparing sales and marketing training materials
- Enhancing medical education with a speaker bureau, podium presentations, and evidence development



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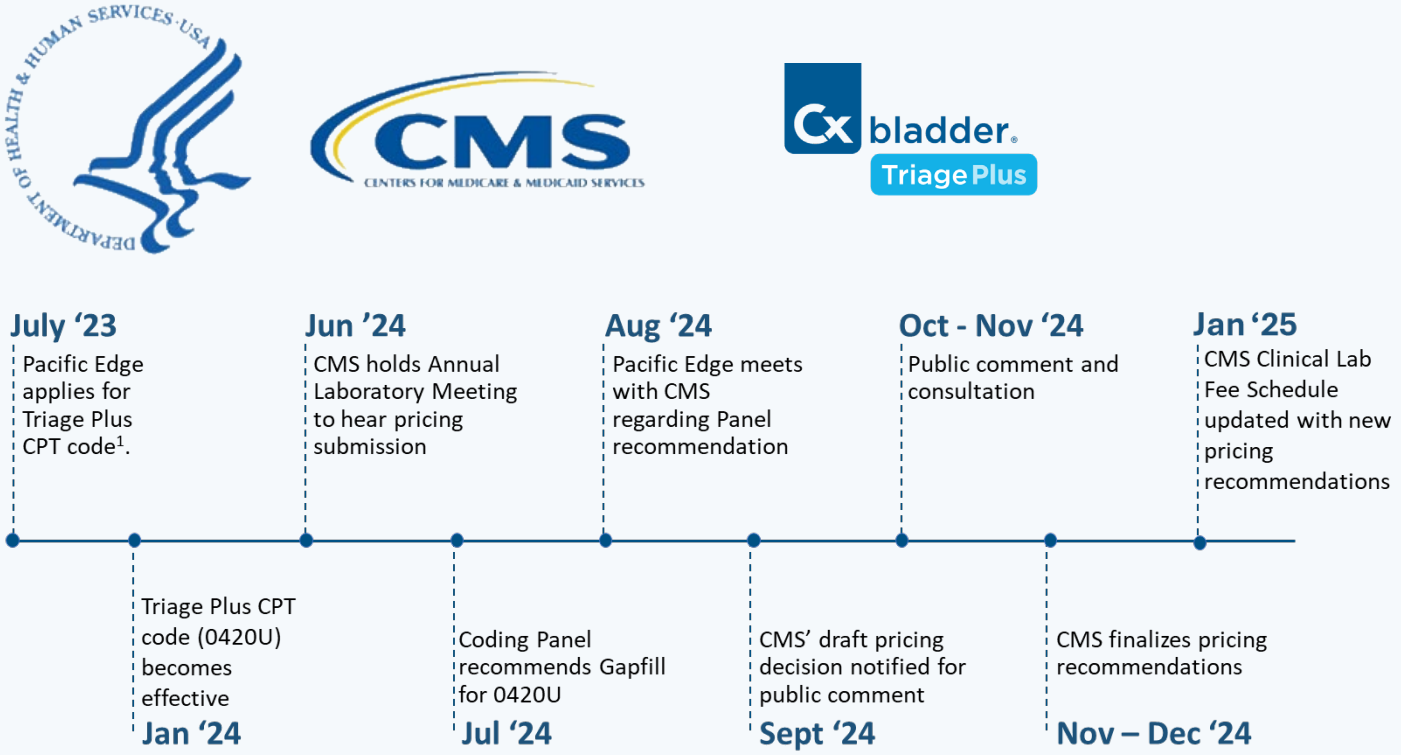
TRIAGE PLUS PRICING STANDS TO BOLSTER PACIFIC EDGE'S ECONOMICS

PRICING OF TRIAGE PLUS IS THE NEXT STEP IN THE COMMERCIALISATION PROGRAM

ADOPTION, RETENTION AND REVENUE GENERATION



Dates future to this presentation are anticipated timeframes for Triage Plus pricing - dates may change

- Determining a CMS price for Triage Plus (0420U) is the next step in establishing reimbursement
- Advisory Panel and CMS have recommended Gapfill for Triage Plus
- Pacific Edge and C21 have provided counter-arguments during public comment period supporting a Crosswalk recommendation
- Gapfill is the more likely outcome, requires all MACs to recommend a price and takes 12 months to finalize
- Pacific Edge will seek a 'provisional local price' for Triage Plus from Novitas during the Gapfill process to ensure Gapfill imposes no delays on the commercial launch of Triage Plus

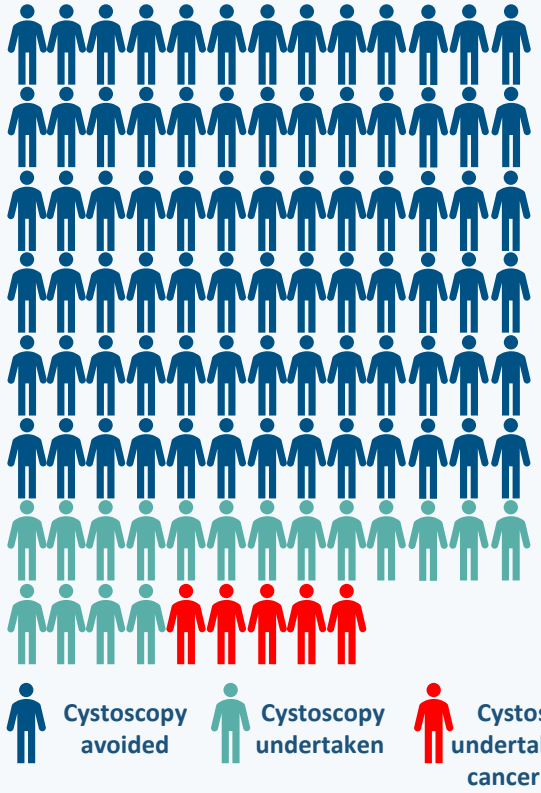
[1] In November 2024 Pacific Edge changed the name of Detect+ to Triage Plus. We may continue to use the former name in certain formal documents as necessary, and will seek to amend the descriptor for CPT Code 0420U CPT to Triage Plus through the quarterly administrative process with CMS

SELLING CXBLADDER'S CLINICAL, ECONOMIC AND PATIENT VALUE

ADOPTION, RETENTION AND REVENUE GENERATION

Pacific Edge's budget impact modelling shows Cxbladder offers better care, avoids unnecessary procedures and improves workflow when used to intensify or de-intensify hematuria evaluation or in the surveillance for the recurrence of bladder cancer. For healthcare payers Cxbladder offers substantial total cost savings per patient[1,2]

CXBLADDER DETECT VS AUA GUIDELINES



HEMATURIA EVALUATION[1]

- Cxbladder Detect rules out 78 of the 95[3] patients without cancer and requires only 22 cystoscopies to find the five patients with cancer
- This results in savings of >**US$500** per patient presenting with hematuria

CXBLADDER MONITOR VS AUA GUIDELINES

CANCER RECURRENCE SURVEILLANCE[2]

- Cxbladder Monitor alternated with cystoscopy for surveillance of bladder cancer after nine months of treatment
- This results in 12.4% reduction in cystoscopies over a five-year surveillance period
- Savings estimated at as much as **US$680** per patient over the five-years

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1. Budgetary Impact of Including the Urinary Genomic Marker Cxbladder Detect in the Evaluation of Microhematuria Patients - PubMed (PMID: 37914255)
2. Tyson et al (2024). Modelling the impact of incorporating Cxbladder Monitor in the surveillance of patients after non-muscle invasive bladder cancer in the US. abstract presented to the WSAUA in Kauai, Hawaii
3. Pacific Edge's model assumes a 5% incidence of bladder cancer in patients presenting with hematuria and referred to a specialist for a urological work up.

STRENGTHENING OUR CUSTOMER EXPERIENCE

DRIVING 'STICKINESS' AND LONG-TERM MARKET SHARE

ADOPTION, RETENTION AND REVENUE GENERATION

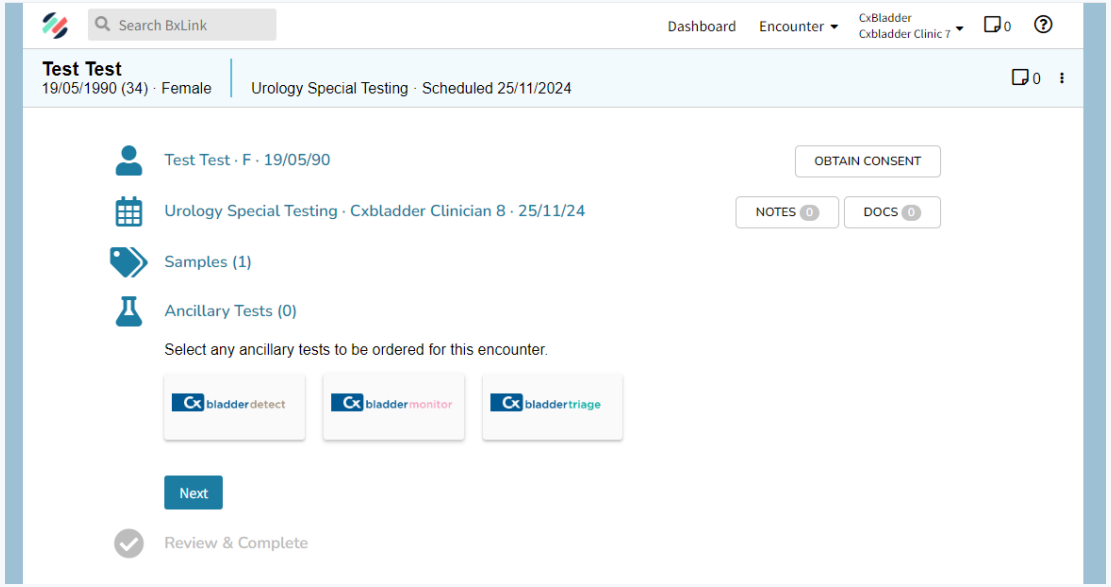
THE BEST AND MOST CUSTOMER-FRIENDLY TEST

- Give customers options to connect with Pacific Edge to fit their needs with easy-to-use digital workflows
  - Electronic Medical Record (EMR) integrations (Kaiser)
  - Pacific Edge Customer Portal
  - Pathology Lab LIS integrations (Lumea, Awanui)
- Improvement of end-to-end experience for patients and providers
- Example of "one-to-many" integrations to clinics

KAISER EMR SUPPORTING ADOPTION

- EMR integration went live in Nov 2023 across Kaiser's Southern California Permanente Medical Group streamlining sample collection, test ordering and test resulting for Triage and Monitor
- All 15 Kaiser SoCal sites are now ordering and volumes increasing steadily
- Primarily adopted for Triage, Monitor volume is beginning to rise as clinicians become increasingly familiar with Cxbladder
- Kaiser SoCal represents ~37% of the >12.6m members covered by Kaiser Permanente, longer term we are targeting other regions

LUMEA™



View of the Lumea BxLink interface

KAISER PERMANENTE®

Awanui

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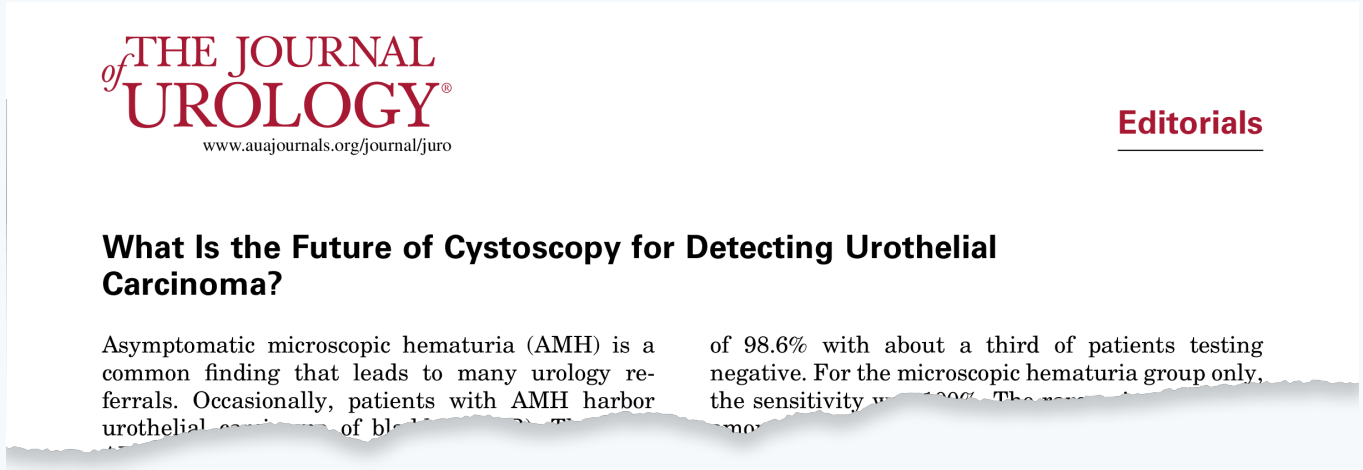
AUA HEMATURIA GUIDELINES – A COMPREHENSIVE REVIEW

AN APPROACH THAT SUPPORTS OUR DRIVE FOR GUIDELINE INCLUSION

EVIDENCE COVERAGE AND GUIDELINES

- The AUA has commenced a review of the microhematuria guideline and has asked for professional comment on its initial draft; no timeframe provided
- The clinical utility of Cxbladder Triage demonstrated by the STRATA[1] study is expected to be considered as part of the deliberations
- A positive AUA Journal of Urology editorial in July 2024 suggests favorable direction of travel
- Clear/positive inclusion language would be used as the basis for a Medicare coverage re-consideration request (in the event of a non-coverage determination)



THE JOURNAL of UROLOGY®
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Editorials

What Is the Future of Cystoscopy for Detecting Urothelial Carcinoma?

Asymptomatic microscopic hematuria (AMH) is a common finding that leads to many urology referrals. Occasionally, patients with AMH harbor urothelial [illegible] of bl[illegible]

of 98.6% with about a third of patients testing negative. For the microscopic hematuria group only, the sensitivity w[illegible]

American Urological Association

www.auanet.org

- Globally the most influential and largest urological association
- **Relevant standards of care**: Hematuria, microhematuria management and non-muscle invasive bladder cancer (NMIBC)
- **Review period**: with new evidence, last updated in 2020

"… these tests have the potential to improve the management of our patients with suspected [urothelial cancer] who would otherwise require an invasive procedure for diagnosis."

– Journal of Urology editorial Sept 2024

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1. Lotan et al. (2024) . A Multicenter Prospective Randomized Controlled Trial Comparing Cxbladder Triage to Cystoscopy in Patients With Microhematuria. The Safe Testing of Risk for Asymptomatic Microhematuria Trial. The Journal of Urology Vol 212 1-8 Jul 2024.

‘GENETIC TESTING FOR ONCOLOGY’ LCD PROCESS EXTENDED

CMS[1] APPROVED THE EXTENSION TO GIVE NOVITAS[1] TIME TO RESPOND TO ALL COMMENTS

EXTENSION INCREASES CONFIDENCE TOWARDS MEDICARE COVERAGE CERTAINTY

- Cxbladder continues to receive reimbursement from Medicare and Medicare Advantage payers in line with historical reimbursement rates
- Novitas confirmed by email that they are reviewing all Pacific Edge submissions alongside the comments received during the comment period
- Pacific Edge continues to engage with Novitas and CMS with the support of professional societies, industry partners, clinicians and patient advocacy groups
- Pacific Edge and C21[3] have taken separate but supporting actions to have DL39365 retired, including engagement with the Office of the General Counsel[3]
- We remain prepared to explore legal action in the event of a non-coverage determination

27 July 2023
Novitas[1] republishes draft LCD

9 September 2023
Review and comment period closes

Nov 2023 – Jan 2024
Meetings between Pacific Edge and CMS

26 - 29 July 2024
Pacific Edge learns CMS has granted Novitas an extension beyond statutory 365-day finalization timeline

DECISION (STILL) PENDING
July 2024 - Present
Pacific Edge and industry partners engage with Novitas and CMS
CMS says extension is “not indefinite”
Finalization or retirement remain possible

MEDICARE IS PACIFIC EDGE’S LARGEST PAYER

- Medicare and Medicare Advantage is the largest global opportunity in bladder cancer diagnostics from a single coverage decision
- In 1H 25 Medicare and Medicare Advantage delivered ~5,300 commercial tests (~54% of US commercial tests) and ~$6.5m NZD in total operating revenue (~59% of total operating revenue)

1. Novitas is the Medicare Administrative Contractor for Pacific Edge’s US laboratory. It is empowered by the Centers for Medicare and Medicaid Services (CMS) to make the coverage determination, but it is accountable to CMS for the decision.
2. Lotan et al. (2024) . A Multicenter Prospective Randomized Controlled Trial Comparing Cxbladder Triage to Cystoscopy in Patients With Microhematuria. The Safe Testing of Risk for Asymptomatic Microhematuria Trial. The Journal of Urology Vol 212 1-8 Jul 2024.
3. C21 is a diagnostic industry lobby group the Coalition for 21st Century Medicine. The Office of the General Counsel (OGC) is the legal team for the US Department of Health and Human Services (HHS)

CLINICAL EVIDENCE CATALYSTS FOR COVERAGE CERTAINTY

EVIDENCE COVERAGE AND GUIDELINES

MEDICARE RECONSIDERATION AND GUIDELINE INCLUSION REQUESTS

(Novitas[1] typically handles reconsideration requests on existing LCDs within three months of submission)

Catalyst		Test and evidence standard [2]	Expected date of reconsideration request [3]
1. STRATA data published	-	CU of Triage	Novitas notified of the publication in April
2. Automated RNA and DNA extraction	-	AV of Triage, Detect and Monitor	Q3 2024 (Published September, Novitas notified)
3. Triage Plus Analytical Validation	-	AV of Triage Plus	Q2 2025
4. DRIVE data published	-	CV of Triage Plus	Q2 2025
5. STRATA concordance	-	CU of Triage Plus (concordance)	Q3 2025
6. Kaiser Permanente RWE[4] published	-	CU of Triage (RWE)	Q3 2025[5]
7. AUSSIE data published	-	CV of Triage Plus	Q4 2025
8. microDRIVE published	-	CV of Triage Plus	Q1 2026
9. Monitor Plus Analytical Validation	-	AV of Monitor Plus	Q2 2026
10. Pooled CV data published[6]	-	CV of Triage Plus	Q2 2026
11. LOBSTER published	-	CV of Monitor/Monitor Plus	Q1 2027
12. CREDIBLE data published	-	CU of Triage Plus	Q3 2027

[1] Novitas is the Medicare Administrative Contractor (MAC) charged with making the Medicare local coverage determination for Pacific Edge's US laboratory

[2] AV, CV CU, respectively Analytical Validity, Clinical Validity, Clinical Utility

[3] All dates are calendar year rather than financial year and our best current estimates

[4] RWE is Real World Evidence

[5] Timeline determined by Kaiser Permanente

[6] The pooled analysis brings together data from DRIVE, AUSSIE and microDRIVE

Pacific Edge will also lodge a reconsideration request if Cxbladder is included in the American Urological Association (AUA) or National Comprehensive Cancer Network (NCCN) guidelines

Pacific Edge® CANCER DIAGNOSTICS

INDEPENDENT REAL-WORLD EVIDENCE OF CXBLADDER'S CLINICAL UTLITY

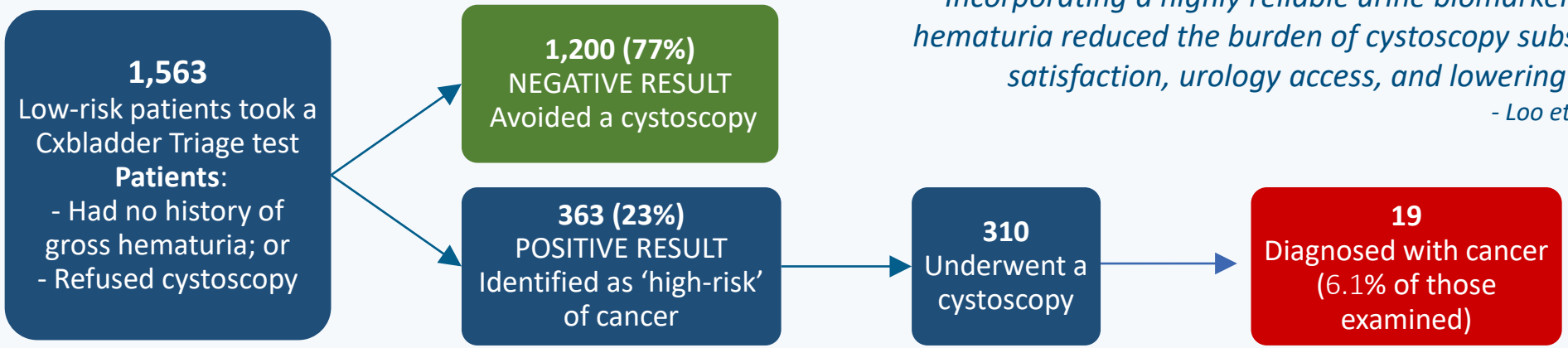
CLINICAL UTILITY EVIDENCE OF CXBLADDER TRIAGE THAT SUPPORTS MEDICARE COVERAGE

EVIDENCE COVERAGE AND GUIDELINES

KAISER PERMANENTE ABSTRACT SHOWS CLINICAL VALUE IN REAL WORLD SETTING

- Kaiser Permanente presented an abstract to the Western Section AUA conference regarding their ongoing experience with Cxbladder Triage
- The abstract focuses on 1,563 low-risk patients in the Kaiser Southern California health system with no history of gross hematuria or who refused cystoscopy
  - 1,200 patients avoided invasive cystoscopy, improving patient satisfaction, urology access and lowering the overall cost of care
- A peer-reviewed publication is expected on the complete data set, targeting the AUA conference in 2025
- Pacific Edge will use this future publication for a Medicare reconsideration request (in the event of a non-coverage determination)

KAISER PERMANENTE®



"Incorporating a highly reliable urine biomarker into clinical workflows for hematuria reduced the burden of cystoscopy substantially, improving patient satisfaction, urology access, and lowering overall cost of care,"

- Loo et al (2024)[1]

PacificEdge® CANCER DIAGNOSTICS

[1] Real World Clinical Utility of a Urinary Biomarker (Cxbladder Triage) for Hematuria Referrals in an Integrated Managed Care Health System. Abstract accepted for presentation to the Western Section of the American Urological Association annual conference.

STRATEGIC RESPONSES TO THE IMPENDING MEDICARE DETERMINATION

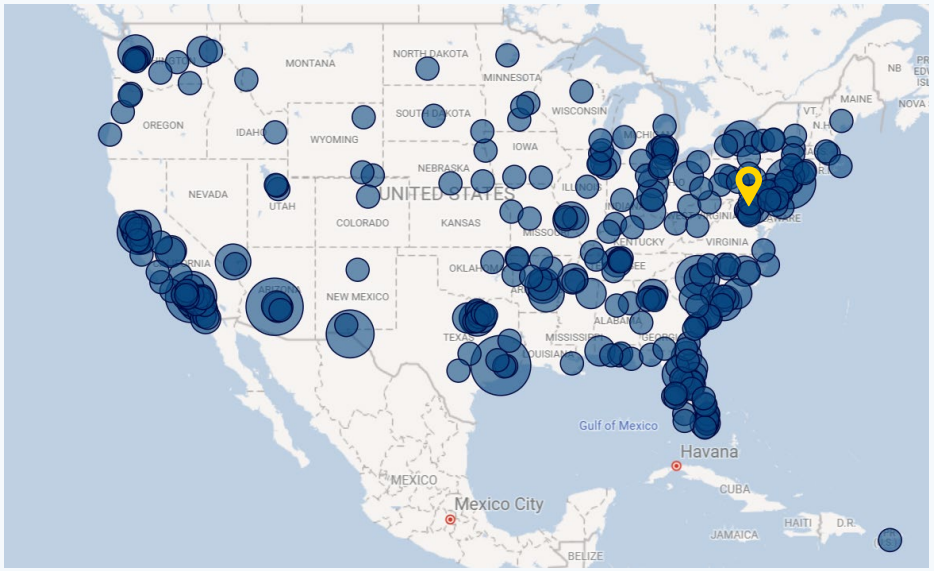
EVIDENCE COVERAGE AND GUIDELINES

OUR RESPONSE TO AN AFFIRMATION OF COVERAGE

- Strategic review to accelerate the US adoption of Cxbladder among patients, clinicians, and healthcare payers

OUR RESPONSE TO A LOSS OF COVERAGE

- Explore legal options supported by customers, industry partners and other impacted companies
- Further review the structure of our operations and our strategy to reduce cash burn in line with our plan to regain Medicare coverage within our existing cash reserves
- Continue to explore other strategic alternatives for Pacific Edge that could support the company through to regaining Medicare coverage and advancing the commercialization of Cxbladder globally



Distribution of Current U.S. Customers

Pacific Edge Diagnostics USA, *Hershey, Pennsylvania*

LONG TERM VALUE CREATION STRATEGIES WILL CONTINUE

- Continue to advance our clinical evidence generation program for inclusion in AUA and NCCN[1] Guidelines for increased coverage certainty
- Continue to invest in medical affairs and the digitalization initiatives that will enable clinicians who continue to order Cxbladder to follow clinical pathways on all appropriate patient types

PacificEdge® CANCER DIAGNOSTICS

1. AUA: American Urological Association; NCCN: National Comprehensive Cancer Network

RESEARCH & INNOVATION – FOCUSED ON DNA ENHANCED PRODUCTS

RESEARCH & INNOVATION

READYING FOR THE LAUNCH OF TRIAGE PLUS AND MONITOR PLUS

- Ensure R&D, Digital and Lab Operations focus on the commercial scaling of Triage Plus and Monitor Plus
- Simplifying Cxbladder:
  - Aim to reduce technician time, lower cost of goods, lower turnaround time, increase throughput and increase automation
  - Aim to be IVD-ready with “kittable” Cxbladder tests for decentralized deployment for international market expansion
  - Analytical Validation (AV) of automated end-to-end lab operations for RNA and DNA workflows.
  - AV data for the automated Cxbladder (Triage, Detect and Monitor), i.e. RNA is now published[1]
- Establish in-vitro diagnostic (IVD) regulatory framework for R&D of our next generation tests
- Continued engagement with industry and academic research and development collaborations to address unmet clinical needs in bladder cancer diagnosis and management

Chief Scientific Officer Parry Guilford (center) and Chief Technology Officer Justin Harvey (right)

PacificEdge® CANCER DIAGNOSTICS

1. Harvey et al (2024). Analytical Validation of Cxbladder® Detect, Triage, and Monitor: Assays for Detection and Management of Urothelial Carcinoma. Diagnostics. 2024; 14(18):2061. https://doi.org/10.3390/diagnostics14182061

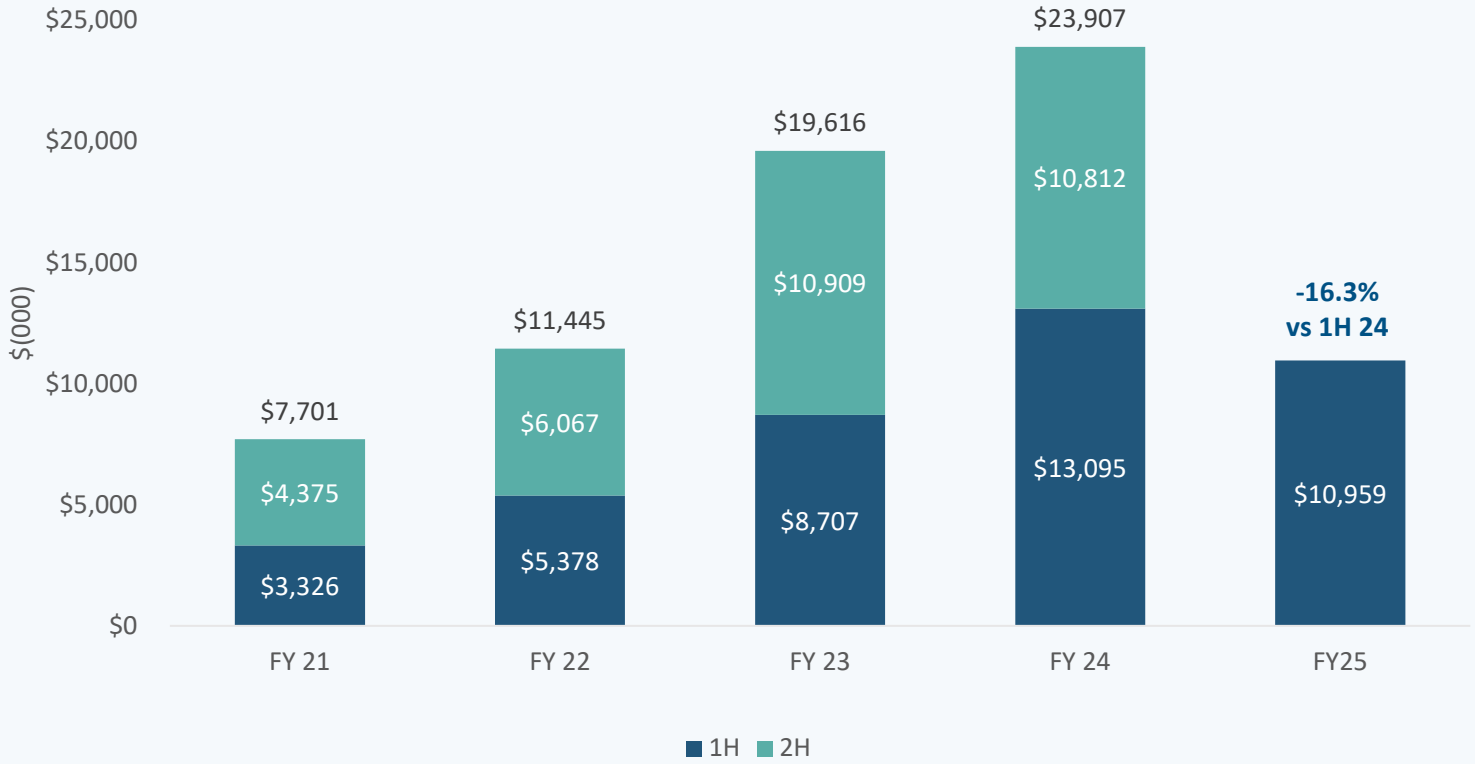
FINANCIAL PERFORMANCE

PacificEdge®
CANCER DIAGNOSTICS

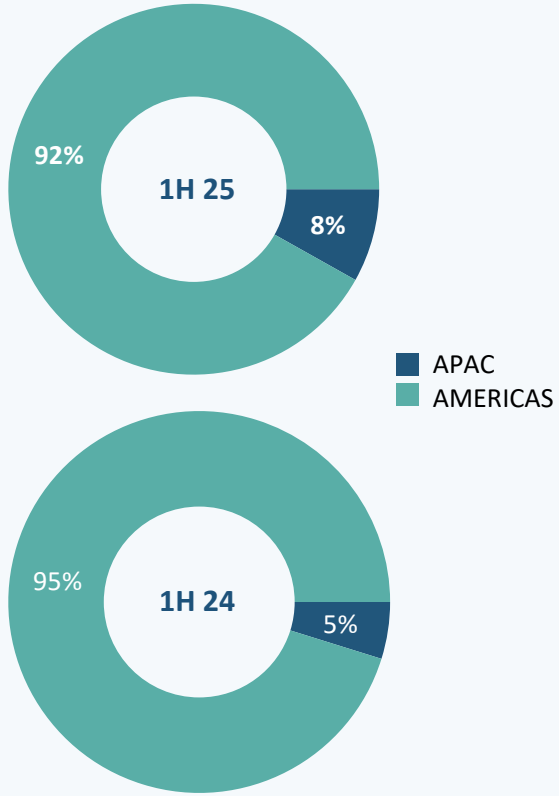
US COMMERCIAL TEST VOLUME GROWTH DRIVING REVENUE

LOOKING TO US CATALYSTS TO DRIVE A RECOVERY IN REVENUE GROWTH

PACIFIC EDGE OPERATING REVENUE



REGIONAL REVENUE CONTRIBUTION



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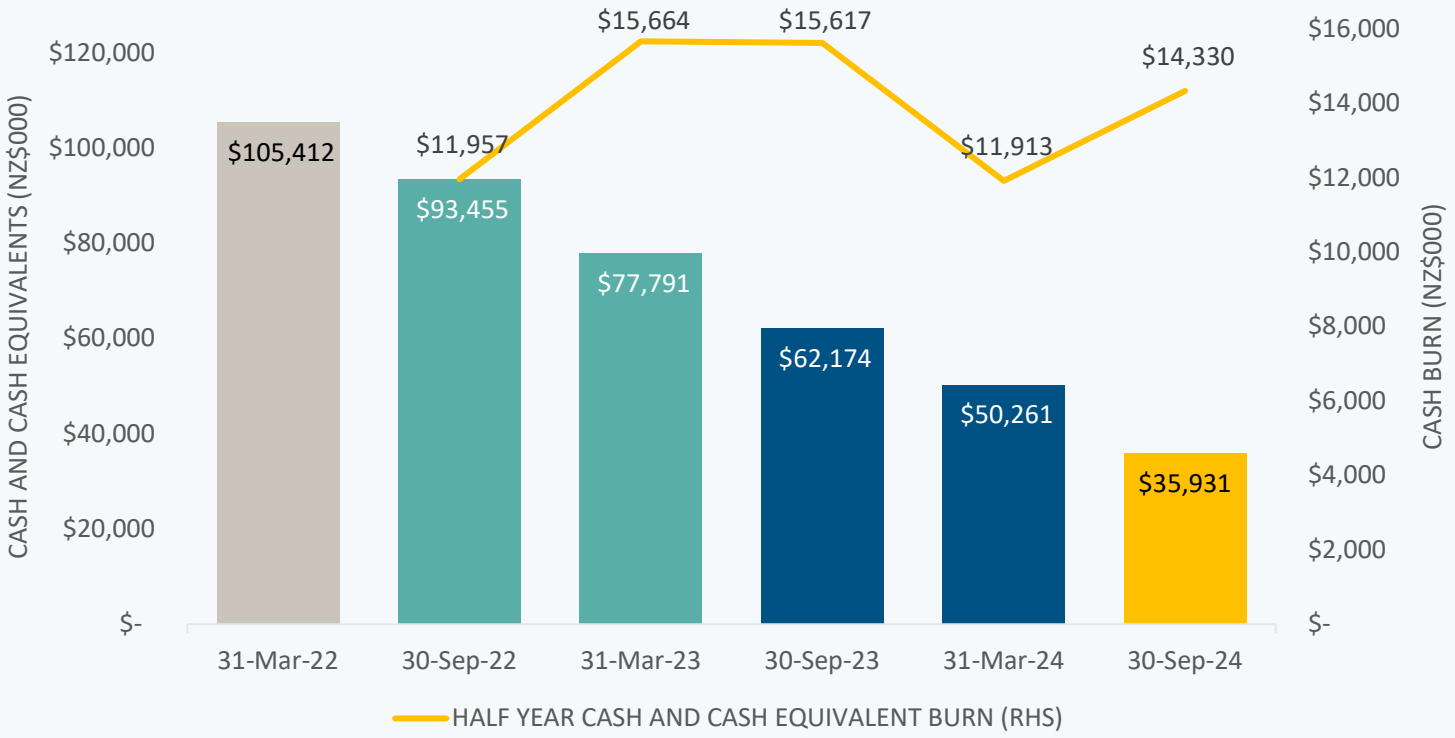
CAPITAL FOCUSED ON EVIDENCE GENERATION FOR RELIABLE REIMBURSEMENT



A STRONG BALANCE SHEET

- Cash, cash equivalents and short-term deposits of $35.9M vs. $50.3M as at 31 March 2024
- Cash burn of $14.3M vs. $12.0M in 2H 24 – Seasonal impact of higher weighting of costs in 1H 25 compared to the expectation for 2H 25
- The capital preservation initiatives continue to deliver
- Investment now primarily focused on long-term strategic initiatives
- Cash runway sufficient to re-establish reliable reimbursement[1]

PacificEdge® CANCER DIAGNOSTICS

1. Refers to scenarios that model a loss of Medicare reimbursement

REVENUE STEADY; INCREASE IN ASP OFFSETS THE IMPACT OF LOWER VOLUME

FINANCIAL PERIOD	1H 25	2H 24	1H 24	FY24	1H 25 vs. 1H 24	1H 25 vs. 2H 24
		$000	$000	$000	△ %	△ %
Operating revenue	$10,959	$10,812	$13,095	$23,907	-16.3%	1.4%
Total revenue	$12,155	$12,713	$16,580	$29,293	-26.7%	-4.4%
Operating expenses	$26,658	$26,996	$31,832	$58,828	-16.3%	-1.3%
Net Loss After Tax	**-$14,503**	**-$14,283**	**-$15,252**	**-$29,535**	**-4.9%**	**1.5%**
Cash receipts from customers	$11,125	$10,561	$13,576	$24,137	-18.1%	5.3%
Net operating cash burn	$12,474	$10,758	$14,992	$25,750	-16.8%	16.0%
Net cash, cash equivalents and short- term deposits	**$35,931**	**$50,261**	**$62,174**	**$50,261**	**-42.2%**	**-28.5%**

- Operating revenue increases 1.4% on 2H 24 despite lower volumes following lift in ASP[1] to US$618 vs. US$613 in 2H 24
- Total revenue includes FX loss of $0.4M, while 1H 24 recorded a $0.7m FX gain and 2H 24 recorded a FX loss of $0.1m
- Total operating expenses steady on 2H 24 as restructuring gains of late Q2 24 retained
- Balance sheet remains strong and expected to be sufficient to regain coverage in the event of a non-coverage decision

PacificEdge® CANCER DIAGNOSTICS

1. ASP: US Operating Revenue in USD / US Commercial Test Volumes

OPERATING EXPENSES STEADY ON PRIOR HALF

INVESTMENT NOW FOCUSSED ON LONG-TERM STRATEGIC INITIATIVES

FINANCIAL PERIOD	1H 25	2H 24	1H 24	FY24	1H 25 vs. 1H 24	1H 25 vs. 2H 24
	$000	$000	$000	$000	△ %	△ %
Laboratory operations	$5,958	$5,610	$6,141	$11,751	-3.0%	6.2%
Research	$7,230	$6,602	$5,487	$12,089	31.8%	9.5%
Sales and marketing	$8,245	$11,251	$14,339	$25,590	-42.5%	-26.7%
General and administration	$5,225	$3,533	$5,865	$9,398	-10.9%	47.9%
Total operating expenses	**$26,658**	**$26,996**	**$31,832**	**$58,828**	**-16.3%**	**-1.3%**

- Operating expenses are steady on 2H 24
- The 16.3% reduction vs. 1H 24 is due to the shift in focus to preserve cash while enhancing clinical evidence
  - Laboratory operations largely driven by volume and preparing for the commercial launch of Triage Plus.
  - Rise in research expenses reflects continued investment in clinical evidence to create catalysts for coverage.
  - Sales and marketing expense reduction vs 2H 24 reflects the sharp focus on the most the profitable territories/accounts
  - General and administration expenses are higher as a result of receiving a higher proportion of overheads.

SUMMARY AND OUTLOOK

PacificEdge®
CANCER DIAGNOSTICS

READY FOR ALL OUTCOMES

- We continue to manage our cash prudently while we seek to maintain reliable reimbursement for existing products and establish reimbursement for future products
- We will continue to:
  - Engage directly and through industry partners with CMS/Novitas to preserve reimbursement of our existing portfolio of tests
  - Focus on the clinical development of Triage Plus and Monitor Plus for guidelines inclusion and increased coverage certainty
  - Focus our commercial operations on profitable territories, non-Medicare revenue streams and cash collections
  - Emphasize the clinical and economic value of Cxbladder in our sales messaging

HEADWINDS:

- Possible non-coverage determination from Novitas on a new proposed LCD after following appropriate 'notice and comment' procedure
- Possible negative physician or patient response to enhanced patient responsibility on commercial insurance

CATALYSTS:

- Possible inclusion of Cxbladder Triage in AUA microhematuria guidelines amendment
- Possible retirement of Novitas LCD (DL39365)
- Possible re-coverage determination from Novitas on new proposed LCD after following appropriate procedure
- Crosswalk or 'provisional pricing' for Cxbladder Triage Plus at greater margin than the current generation of products

APPENDIX

PacificEdge®
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PACIFIC EDGE'S GLOBAL REACH

PacificEdge®
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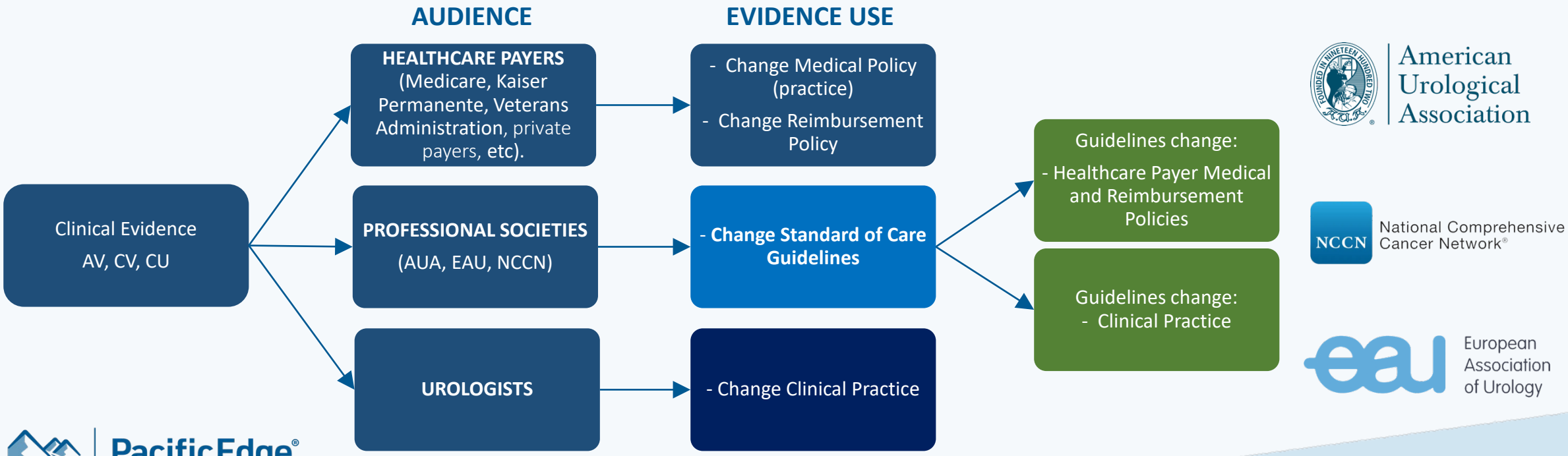
PACIFIC EDGE'S EVIDENCE PROGRAM SEEKS TO CHANGE CLINICAL PRACTICE

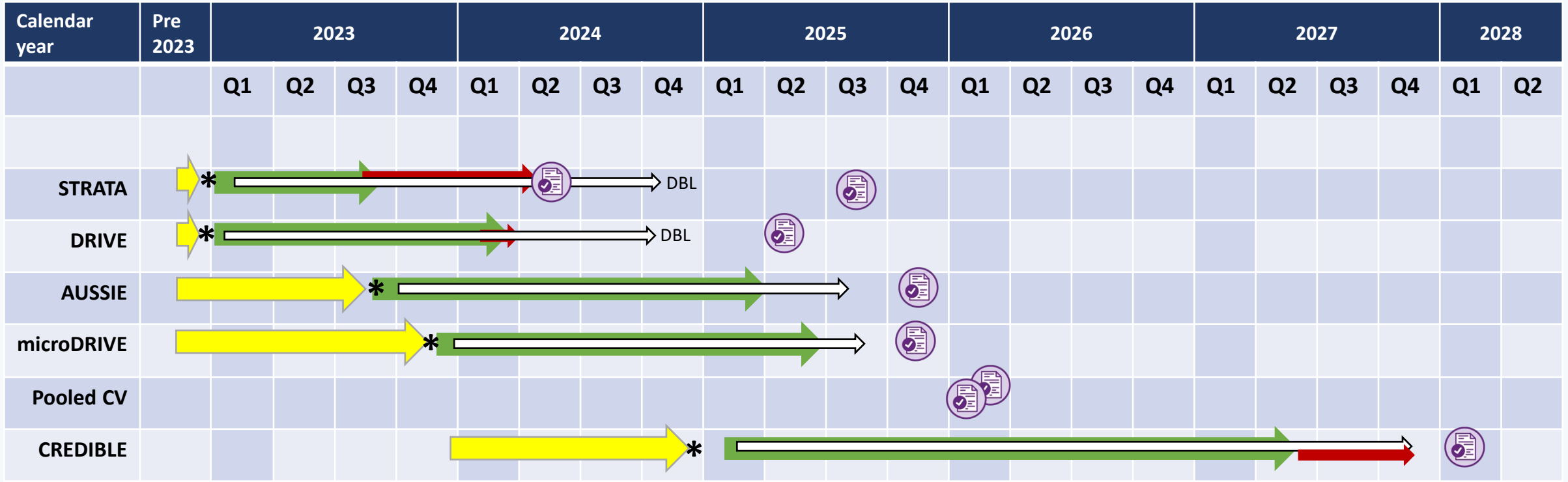
STRUCTURED CLINICAL EVIDENCE DEVELOPMENT

- Pacific Edge's clinical study program is focused on developing clinical evidence for Cxbladder tests in a structured framework
  - **Analytical Validity (AV)**: Evidence that a test is repeatable in the lab for a given indication and population
  - **Clinical Validity (CV):** Evidence a test works in the same way on an independent eligible population for a given indication
  - **Clinical Utility (CU):** Evidence that a test changes clinical practice in the hands of a physician, typically in prospectively recruited RCTs
  - **Real World Evidence (RWE)**: CU verification of the real-world use of the test in clinical practice, usually through regular use of the test by physicians
- Clinical Utility evidence obtained through randomized control trials is required to change standard of care guidelines (in addition to AV and CV evidence)



PacificEdge® CANCER DIAGNOSTICS

HEMATURIA EVALUATION FIVE YEAR CLINICAL STUDIES ROADMAP



Legend:

- Pre-activation (docs, CTA etc)
- SIV
- Enrollment
- Data Cleaning
- Publication Submitted
- Records review / follow-up
- DBL — Database lock

PacificEdge® CANCER DIAGNOSTICS

SURVEILLANCE FIVE YEAR CLINICAL STUDIES ROADMAP

Calendar year	Pre 2023	2023				2024				2025				2026				2027				2028	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
"The 1800"																							
LOBSTER																							
US CU Surv																							

Legend:

- Pre-activation (docs, CTA etc)
- SIV
- Enrollment
- Data Cleaning
- Publication Submitted
- Records review / follow-up
- DBL Database lock

PacificEdge® CANCER DIAGNOSTICS

SUMMARY OF CLINICAL EVIDENCE

		Study	Pop. Type	Sensitivity (Sn)	NPV	Specificity (Sp)	Comment
Triage Plus	**Proof of concept**	Lotan et al., 2022	MH + GH*	97%	99.7%	90%	Pooled data from US and Singapore cohorts (*n*=804). Called Detect+ in publication.
	CV	DRIVE (unpublished) (**1**)	MH + GH*				*Study in progress*
		AUSSIE (unpublished) (**4**)	MH + GH*				*Study in progress*
		microDRIVE (unpublished) (**5**)	MH*				*Study in progress*
	CU	CREDIBLE (not started) **(6)**	MH				*Protocol in final development stages, site selection starting by the end of year.*
Triage	**AV**	Kavalieris et al., 2015	MH + GH*	95.10%	98.50%	45%	**Sn, Sp, NPV** values when test-negative rate is 40%
	CV	Davidson et al., 2019	MH + GH*	95.5% (**1**)	98.6% (**1**)	34.3%	GH only: **Sn** (95.1%), **NPV** (98%), **Sp** (32.8%); MH only: **Sn** (100%), **NPV** (100%), **Sp** (42.6%)
		Konety et al., 2019	(**2**)	100%			Cxbladder (**3**) correctly adjudicated all UC confirmed patients (*n*=26) with atypical urine cytology results (*n*=153, **4**)
		Lotan et al., 2022	MH + GH*	89%	99%	63%	Pooled data from US and Singapore cohorts (*n*=804)
	CU	Davidson et al., 2020	MH + GH*	89.4% (**5**)	98.9% (**5**)	59% (**5**)	39% of patients testing negative for Cxb Triage & imaging did not get cystoscopy & were managed at primary care (**6**)
		Lotan et al., 2024 (**7**)	MH + GH*	90%	99%	56%	Showed clinicians using Triage undertook 59% fewer cystoscopies on low-risk patients presenting with hematuria.
Detect	**AV**	O'Sullivan et al., 2012	GH*	81.8%	97%	85.1%	Cxb Detect detected 97% of HG tumors & 100% of Stage 1 or greater tumors
	CV	Lotan et al., 2022	MH + GH*	74%	97%	82%	Pooled data from US and Singapore cohorts (*n*=804)
		DRIVE (unpublished) (1)	MH + GH*				*Study in progress*
	Health Economics	Tyson et al., 2023	MH				Published economic model shows significant savings for healthcare payers (median savings of $559 in direct costs per patient)
Monitor	**AV**	Kavalieris et al., 2017	(**1**)	88% (**2**)	97% (**2**)	N/A	(**3**)
	CV	Konety et al., 2019	(**4**)	100%			Cxbladder (**5**) correctly adjudicated all UC confirmed patients (*n*=26) with atypical urine cytology results (*n*=153, **6**)
	CU	Koya et al., 2020	(**7**)				Integration of Cxb Monitor into the surveillance schedule reduced annual cystoscopies (39%) (8,9)
	CU	Li et al., 2023	**(7)**				Cxbladder Monitor safely postpones a patient's next scheduled cystoscopy, the current 'gold standard' for bladder cancer surveillance

* Referred patients. Definitions - MH: Microhematuria, GH: Gross Hematuria. For Sensitivity, NPV and Specificity please see page 41 of this presentation

FOOTNOTES FOR CLINICAL EVIDENCE SUMMARY

	Footnotes	
Triage Plus	1	Observational study to validate performance characteristics and clinical utility of Cxbladder tests (Cxb Triage, Cxb Detect, Cxb Triage Plus).
	2	Observational study to validate performance characteristics of Cxb Triage Plus in patients with UC of the upper tract.
	3	Patients with suspected upper tract UC (UTUC) or surveillance patients with a history of UTUC.
	4	Observational study to validate performance characteristics and clinical utility of Cxbladder tests (Cxb Triage, Cxb Detect, Cxb Triage Plus).
	5	Observational study to validate performance characteristics of Cxb Triage Plus in microhematuria (MH) patients.
	6	Clinical utility study comparing the reduction of cystoscopy use when implementing the new clinical pathway to SOC in a defined MH population.

Triage	**1**	Cxb Triage performance; Cxb Triage & imaging combined performance had a **Sn** of 97.7% & **NPV** of 99.8%.
	2	Patients included hematuria evaluation (*n*=436) or surveillance previously diagnosed with UC (*n*=416) with both Cxbladder & urine cytology results.
	3	Cxbladder includes Cxbladder Triage & Cxbladder Monitor.
	4	This included *n*=70 for patients with hematuria & *n*=83 for patients with previously diagnosed UC and overall test negative rate of 30.7%.
	5	Cxb Triage performance; Cxb Triage & imaging combined performance had a **Sn** of 98.1%, **NPV** of 99.9% & **Sp** of 98.4%.
	6	Cxb Triage negative rate was 53%; Follow-up period of 21-months showed no missed cancers, demonstrating safety.
	7	Cxb Triage demonstrated to have clinical utility in safely risk stratifying low risk microhematuria patients and not undertake cystoscopy.

Detect	**1**	Observational study to validate performance characteristics and clinical utility of Cxbladder tests (Cxb Triage, Cxb Detect, Cxb Detect^{+}).

Monitor	**1**	Surveillance patients previously diagnosed with primary or recurrent UC.
	2	Cxb Monitor performance characteristics on surveillance patients diagnosed with primary UC; Cxb Monitor had a **Sn** of 93% and **NPV** of 94% on patients with recurrent UC.
	3	Using Kavalieris et al., (2017) data set, Lotan et al., (2017) compared relative performance of Cxb Monitor against NMP22 ELISA, NMP22 BladderChek and urine cytology.
	4	Patients included hematuria evaluation (*n*=436) or previously diagnosed UC (*n*=416) with both Cxbladder & urine cytology results.
	5	Cxbladder includes Cxbladder Triage & Cxbladder Monitor.
	6	This included *n*=70 for patients with hematuria & *n*=83 for patients with previously diagnosed UC; test negative rate of 30.7%.
	7	All patients were being evaluated for recurrence of UC (*n*=309 providing 443 samples).
	8	Cxb Monitor identified all seven confirmed recurrence events idnetified on the first cystoscopy.
	9	Patients returning negative Cxb Monitor results (n=235) had no pathology-confirmed recurrence at 1st cystoscopy

REFERENCES SUMMARY OF CLINICAL EVIDENCE

	References
Triage Plus	Lotan et al., (2022). Urinary Analysis of FGFR3 and TERT Gene Mutations Enhances Performance of Cxbladder Tests and Improves Patient Risk Stratification[1]. The Journal of Urology, 10-1097.

Triage	Davidson et al., (2019). Inclusion of a molecular marker of bladder cancer in a clinical pathway for investigation of haematuria may reduce the need for cystoscopy. NZ Med J, 132(1497), 55-64.
	Davidson et al., (2020). Assessment of a clinical pathway for investigation of haematuria that reduces the need for cystoscopy. The New Zealand Medical Journal (Online), 133(1527), 71-82.
	Kavalieris et al., (2015). A segregation index combining phenotypic (clinical characteristics) and genotypic (gene expression) biomarkers from a urine sample to triage outpatients presenting with hematuria who have a low probability of urothelial carcinoma. BMC urology, 15(1), 1-12.
	Konety et al., (2019). Evaluation of Cxbladder and adjudication of atypical cytology and equivocal cystoscopy. European urology, 76(2), 238-243.
	Lotan et al., (2022). Urinary Analysis of FGFR3 and TERT Gene Mutations Enhances Performance of Cxbladder Tests and Improves Patient Risk Stratification. The Journal of Urology, 10-1097.
	Lotan et al. (2024) . A Multicenter Prospective Randomized Controlled Trial Comparing Cxbladder Triage to Cystoscopy in Patients With Microhematuria. The Safe Testing of Risk for Asymptomatic Microhematuria Trial. The Journal of Urology Vol 212 1-8 Jul 2024.

Detect	Lotan et al., (2022). Urinary Analysis of FGFR3 and TERT Gene Mutations Enhances Performance of Cxbladder Tests and Improves Patient Risk Stratification. The Journal of Urology, 10-1097.
	O'Sullivan et al., (2012). A multigene urine test for the detection and stratification of bladder cancer in patients presenting with hematuria. The Journal of urology, 188(3), 741-747.

Monitor	Kavalieris et al., (2017). Performance characteristics of a multigene urine biomarker test for monitoring for recurrent urothelial carcinoma in a multicenter study. The Journal of Urology, 197(6), 1419-1426.
	Konety et al., (2019). Evaluation of cxbladder and adjudication of atypical cytology and equivocal cystoscopy. European urology, 76(2), 238-243.
	Koya et al., (2020). An evaluation of the real-world use and clinical utility of the Cxbladder Monitor assay in the follow-up of patients previously treated for bladder cancer. BMC urology, 20(1), 1-9.
	Lotan et al., (2017). Clinical comparison of non-invasive urine tests for ruling out recurrent urothelial carcinoma. Urologic Oncology: Seminars and Original Investigations, 35 (8), 531-539.
	Li et al., (2023). Cxbladder Monitor testing to reduce cystoscopy frequency in patients with bladder cancer. Urologic Oncology: Seminars and Original Investigations, 41 (7), 326.e1 – 326.38.

1. Triage Plus was called Detect+ in this publication

KEY CLINICAL ADVISORS AND CONSULTANTS

Professor Yair Lotan, MD
Institution: UT Southwestern Medical Center
Relationship: Consultant, CAB member, IIT PI, CT PI
Brief Bio: Published >500 articles. Contributor to AUA/ASCO/ASTRO MIBC and hematuria guidelines. Chair of AUA Core Curriculum. BCAN Adboard

Professor Sam Chang, MD, MBA
Institution: Vanderbilt Cancer Center
Relationship: Consultant, CAB member
Brief Bio: Published >200 articles. Chair of AUA NMIBC Guidelines, SUO Executive Board, ABU/AUA Examination Committee, BCAN Adboard, AUA representative to the AJCC

Assistant Professor John Sfakianos
Institution: Icahn School of Medicine at Mount Sinai
Relationship: Consultant, CAB member
Brief Bio: Published >20 articles. Reviewer for J Urol and Urologic Oncology

Professor Dan Barocas, MD, MPH, FACS
Institution: Vanderbilt University Medical Center
Relationship: Consultant, CAB member
Brief Bio: Published >100 articles. AUA guidelines panel for microscopic hematuria. Reviewer for AUA educational materials

Associate Professor, Siamak Daneshmand, MD
Institution: Keck School of Medicine at USC
Relationship: Consultant, CAB member, CT PI
Brief Bio: Published >200 articles. Editorial board of the J Urol, Bladder Cancer Journal, Current Opinions in Urology, BCAN Adboard, AUA/SUO Guideline Committee on NMIBC

Associate Professor Katie Murray, DOMS, FACS
Institution: NYU Langone
Relationship: Consultant, CAB member,
Brief Bio: Published >80 articles. Deputy Editor for J Urol. Leadership roles for SUO Young Urologic Oncology Clinical Trials

Professor Jonathan Wright, MD, MS, FACS
Institution: Fred Hutchinson Cancer Center at UW
Relationship: Consultant, CAB member, CT PI
Brief Bio: Member of ACS, SUO, AUA

Professor Wade Sexton, MD
Institution: University of South Florida & Moffitt Cancer Center
Relationship: Consultant, CAB member
Brief Bio: Published >100 articles. NCCN Bladder Cancer guidelines, AUA Annual Board Review Course

Professor Jay Raman, MD
Institution: Penn State and Hershey Medical Center
Relationship: Consultant, CAB member, CT PI
Brief Bio: Published >350 articles. Chair of AUA Office of Education and Past-President of the Mid-Atlantic AUA section. Urology Advisory Council for ACS, hematuria guidelines member

Associate Professor Kristen Scarpato, MD, MPH, FACS
Institution: Vanderbilt University Medical Center
Relationship: Consultant, CAB member, CT PI
Brief Bio: SUO Education Committee, AUA Core Curriculum, Urology Practice Editorial Committee

ASCO: American Society of Clinical Oncology
ASTRO: American Society of Radiation Oncology
AUA: American Urological Association
BCAN: Bladder Cancer Advocacy Network
CAB: Clinical Advisory Board
CT PI: Clinical Trials Principal Investigator
FACS: Fellow of the American College of Surgeons
IIT PI: Investigator Initiated Trial Principal Investigator
J Urol: Journal of Urology
KOL: Key Opinion Leader
MPH: Master of Public Health
SUO: Society of Urologic Oncology

PacificEdge® CANCER DIAGNOSTICS

PACIFIC EDGE – TAKING NEW ZEALAND INNOVATION GLOBAL

2011
2011 Pacific Edge Diagnostics New Zealand (PEDNZ) established

2012
Dec 2012 Launch of Pacific Edge Diagnostics USA and Cxb Detect

2013
May 2013 First commercial sale (Cxb Detect) for PEDNZ

Mar 2013 First commercial sale (Cxb Detect) for PEDUSA

2014
Dec 2014 Launch of Cxbladder Triage

2015
Dec 2015 Launch of Cxbladder Monitor

2016

2018
Feb 2018 Cxb Triage adopted into Canterbury Community Health Pathways with primary care referral

2019

2020
Jun 2020 Kaiser Permanente, approves commercial use of Cxbladder

Jul 2020 Medicare reimbursement of Cxbladder at $760/test

2021
Aug 2021 Cxbladder reaches 70% public healthcare coverage in NZ

Oct 2021 PEB raises $103.5m (~US$72.5m)

2022
Dec 2022 Lotan et al: Enhanced Cxbladder Tests Deliver Improved Performance. Journal of Urology

2023
Nov 2023 Kaiser Permanente EMR integration goes live

2024
May 2024 STRATA podium presentation at AUA 2024. Study published in Journal of Urology

PacificEdge® CANCER DIAGNOSTICS

PACIFIC EDGE BOARD AND MANAGEMENT

CHRIS GALLAHER
Chairman
Chris has held senior positions in both CEO and CFO roles with large international companies and was a partner in Arthur Young, Chartered Accountants. Prior to retiring from full time corporate life, he was CFO of Fulton Hogan, a large New Zealand civil contractor

DR PETER MEINTJES
Chief Executive Officer
Peter is a molecular diagnostics and genomics leader focused on nascent market development of disruptive innovations to drive commercial success. Prior to joining Pacific Edge, he was based in Boston in a succession of diagnostic leadership roles. Most recently he was the Chief Commercial Officer at Eurofins Transplant Genomics and before that he was CEO at Omixon

INDEPENDENT DIRECTORS

SARAH PARK
ANATOLE MASFEN
BRYAN WILLIAMS
ANNA STOVE
TONY BARCLAY

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