PACIFIC EDGE

1H FY 23 Investor Presentation
24 November 2022

PACIFIC EDGE
CANCER DIAGNOSTICS COMPANY

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DR PETER MEINTJES
Chief Executive Officer

GRANT GIBSON
Chief Financial Officer

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AGENDA

1. 1H FY 23 HIGHLIGHTS
2. PACIFIC EDGE SNAPSHOT
3. DELIVERING ON STRATEGY
4. FINANCIAL RESULTS DETAIL
5. OUTLOOK

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1H FY23 HIGHLIGHTS: BUILDING MOMENTUM DESPITE CMS UNCERTAINTY

▲ 34%[1]
GLOBAL TESTING VOLUMES (TLT[2]) on 1H22

Global TLT of 14,917
US TLT increase 42% on 1H22 to 12,769 tests

▲ 35%
COMMERCIAL TEST VOLUMES on 1H22

Commercial Tests of 12,422
US Commercial Tests rise 42% on 1H22 to 10,622 tests

▲ 62%
GROWTH IN OPERATING REVENUE on 1H22

Operating revenue $8.7M
Total revenue of $13.6M up 102% on 1H22

($10.6M)
NET LOSS AFTER TAX

Increase from ($9.0M) in 1H22 amid investment for future growth

$93.5M
CASH, CASH EQUIVALENTS[3]

Strong Balance Sheet
$12.0M reduction in cash & cash equivalents[3] in 1H23

PACIFIC EDGE IS DELIVERING ON ITS STRATEGY

- RESEARCH AND INNOVATION
- EVIDENCE, COVERAGE AND GUIDELINES
- ADOPTION, RETENTION & REVENUE GENERATION

1. All comparisons are to the same period in the prior year unless otherwise stated. 2. TLT is the Total Laboratory Throughput including commercial, pre-commercial and clinical studies testing 3. Cxbladder. Cash, short-term deposits and term deposits

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PACIFIC EDGE AT A GLANCE: GROWING GLOBALLY

1. Figures are cumulative across company history and represent unique patients

FROM IP DEVELOPMENT TO PATIENT

- **IP:** 4x patent families in bladder cancer, with >80 patents including RNA biomarkers and their analysis algorithms
- **Cxbladder:** Advanced genomic biomarker tests from a non-invasive urine sample for the early detection and management of bladder cancer
- **Clinical Evidence:** Peer-reviewed clinical validity and utility data that shows Cxbladder outperforms Standard of Care (SoC)
- **Reimbursement:** Cxbladder tests reimbursed by Medicare and Kaiser Health Plan in the USA
- **Patient Empowerment:** Non-invasive efficacious testing offers opportunity for increased patient compliance with surveillance and management regimes

~300K
Annual laboratory test capacity

>80,000[1]
Patients have used Cxbladder

100 FTE
60% based in US
40% APAC

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CXBLADDER IN THE PATIENT CARE PATHWAY

Typical standard of care on the patient care pathway

Primary Care Physician
Patient presents with hematuria and clinician cannot rule out cancer. Patient referred to urologist

Urologist
Current guidelines for hematuria evaluation recommend ~95% get cystoscopy[1] ahead of diagnosis & treatment

Urologist
Monitor for recurrence with cystoscopy, frequency varies according to patient presentation

Cxbladder TRIAGE

For use in the **PRIMARY CARE** and **SPECIALIST** settings to de-intensify hematuria workup or rule out urothelial cancer (UC)

Cxbladder DETECT

For use by **SPECIALISTS** to detect the presence of urothelial cancer and adjudicate diagnostic dilemmas

Cxbladder MONITOR

For use by **SPECIALISTS** to monitor for recurrence at a frequency proportional to risk

VALUE PROPOSITION

Cxbladder **TRIAGE** (CxbT) | Cxbladder **DETECT** (CxbD) | Cxbladder **MONITOR** (CxbM)

Assists clinicians to **safely de-intensify** hematuria evaluation from low incidence populations
Sensitivity 95% / NPV 99%

Assists clinicians to **adjudicate diagnostic dilemmas** (e.g., equivocal cystoscopy & atypical cytology) in any patient population
Sensitivity 82% / Specificity 85% / NPV 97%

Assists clinicians in **monitoring for UC recurrence**. Intended to reduce the frequency of surveillance cystoscopy and improve patient compliance
Sensitivity 93% / NPV 97%

Sensitivity: the likelihood of the test to be positive in a patient with the disease **Specificity:** the likelihood of the test to be negative when the patient does not have the disease; **NPV:** the likelihood of a negative test being a true negative.

[1] AUA Guidelines and Woldu SL, Ng CK, Loo RK, Slezak JM, Jacobsen SJ, Tan WS, et al. (2021a). "Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria." J Urol **205**(5): 1387-1393.

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BLADDER CANCER

IS A SIGNIFICANT GLOBAL HEALTHCARE CHALLENGE

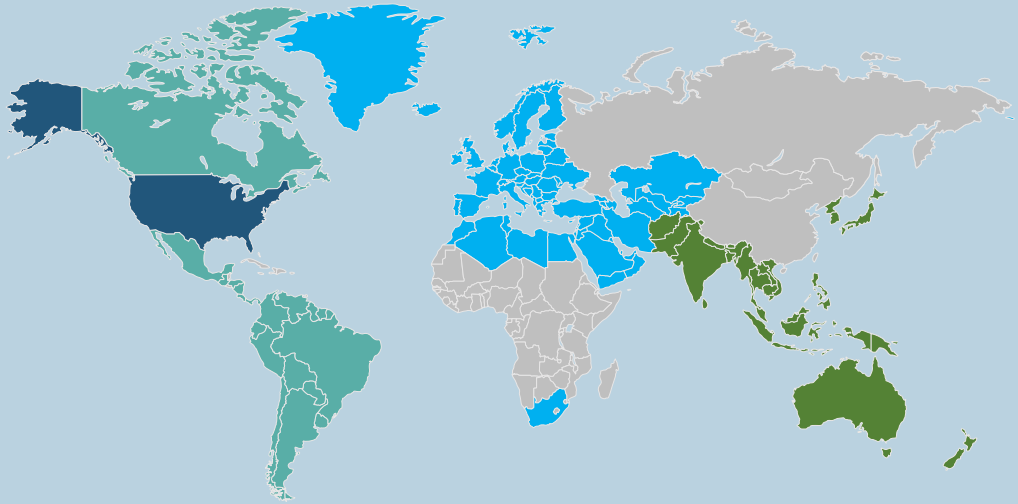
~550K
Annual cases and growing[1]

~200K
Annual deaths[1]

6TH
Most common cancer in men[1]

~70%
Recurrence

- Hematuria evaluation for suspected urothelial cancer has high detection and surveillance costs[2]
- Current American Urological Association guideline leads to recommendation for >90% cystoscopy of patients presenting with hematuria[3]
- Under guidelines in the US, 3.4 million patients should be worked up for cystoscopy, but only 1 million undergo the procedure[4]
- Only 40% of patients comply with existing standards of care due to invasive and high-cost diagnostic procedures[5]



- USA – TAM[6] US$3.5b
- Americas (non-US) – TAM US$0.5b
- EMEA (w/o most of Africa) – TAM US$1.4b
- APAC (w/o China) – TAM US$2.2b

1. Bray et al. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 3 cancers in 185 countries.Ca Cancer J Clin. 2018;68:394-424
2. Botterman et al. The health economics of bladder cancer: a comprehensive review of the published literature. Pharmacoeconomics 2003;21(18):1315-30.
3. AUA Guideline and **Woldu SL, Ng CK, Loo RK, Slezak JM, Jacobsen SJ, Tan WS, et al. (2021a). "Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria." J Urol 205(5): 1387-1393.**
4. Kenigsberg, A, et al. The Economics of Cystoscopy: A Microcost Analysis, Urology 157: 29–34, 2021.
5. Schrag, D et al. Adherence to Surveillance Among Patients With Superficial Bladder Cancer JNIC, Volume 95, Issue 8, 16 April 2003.
6. TAM is the Total Addressable Market based on Pacific Edge estimates.

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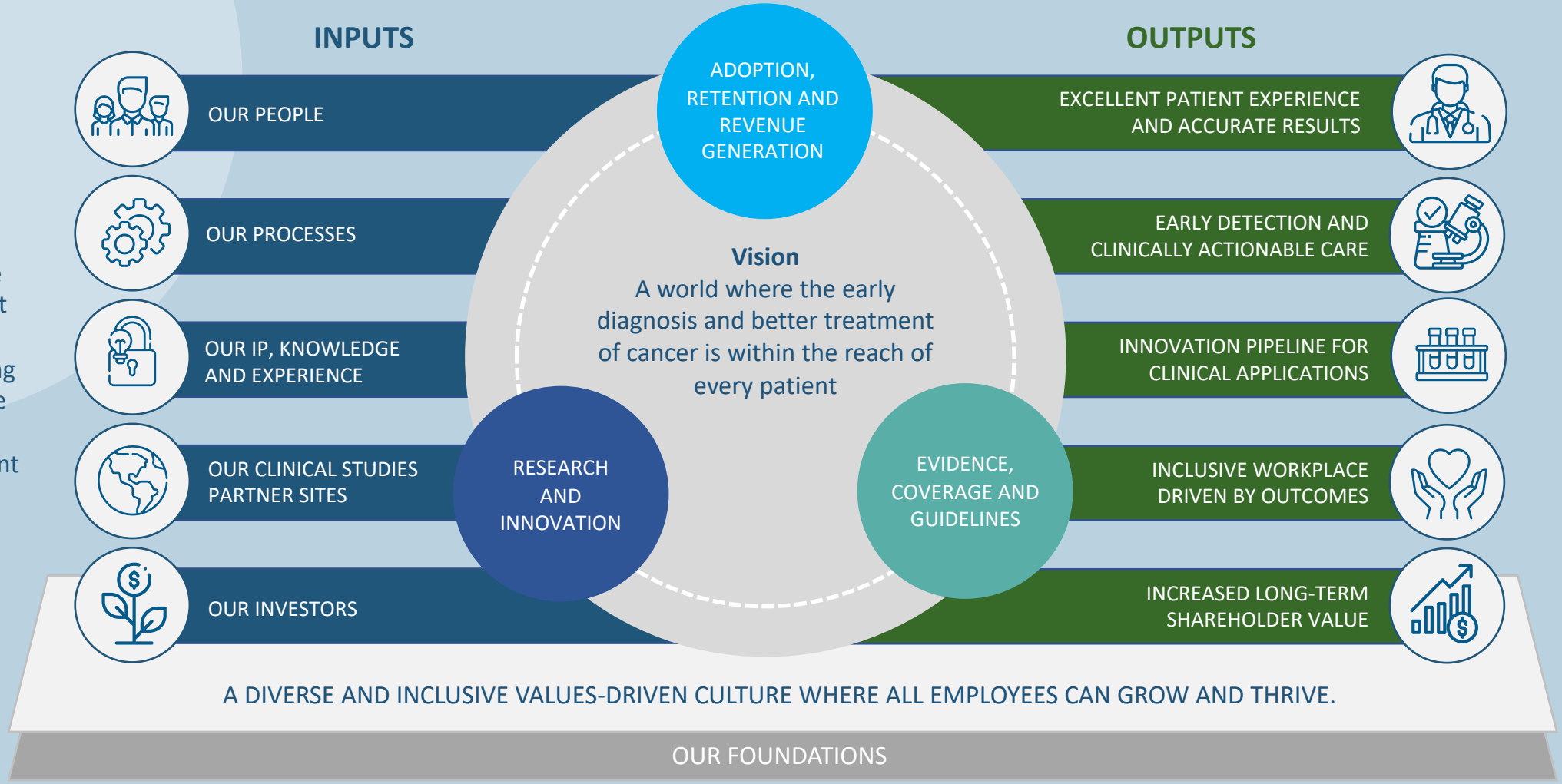
OUR INVESTMENT PROGRAM FOR GROWTH

Mission
To help improve lives and patient outcomes by providing leading solutions for the early detection and management of cancer.



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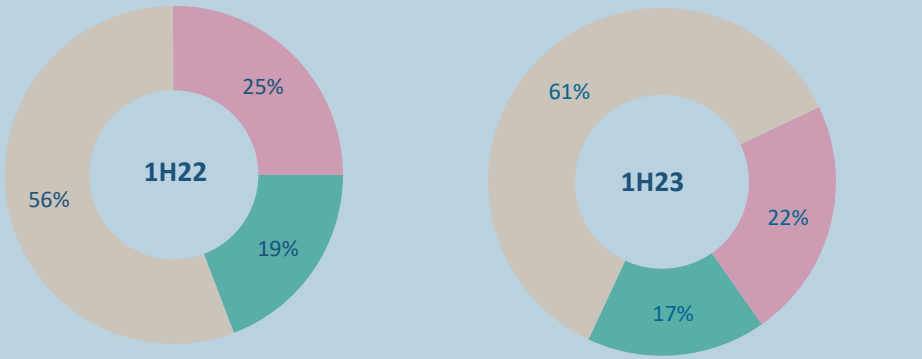
ADOPTION, RETENTION AND REVENUE GENERATION

GLOBAL: COMMERCIAL TESTS GROWING STRONGLY AS US ACCELERATES

Total Lab Throughput (TLT) has increased 34% to 14,917 tests in 1H23

- US market driving growth in commercial test volumes with new hires building momentum in test throughput
- APAC volumes steady as we drive adoption in the primary care setting
- Growth in Cxbladder Detect in test mix reflects growing US test volumes

Testing Volumes (TLT) by Type

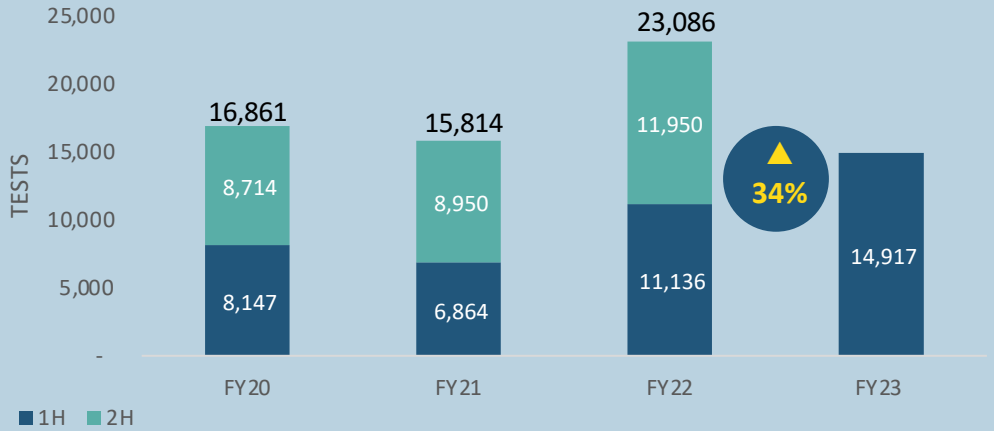


Cxbladder DETECT

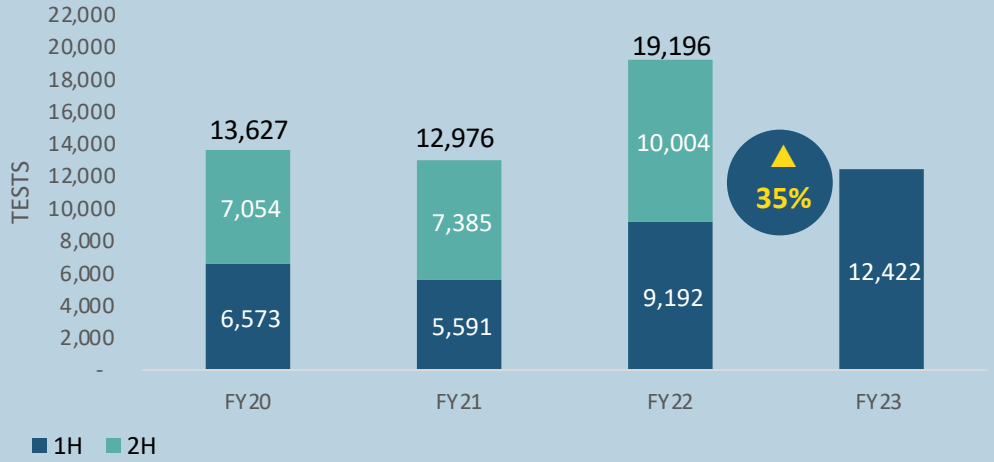
Cxbladder TRIAGE

Cxbladder MONITOR

PEL: Global Testing Volumes (TLT*)



PEL: Global Commercial Testing Volumes



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

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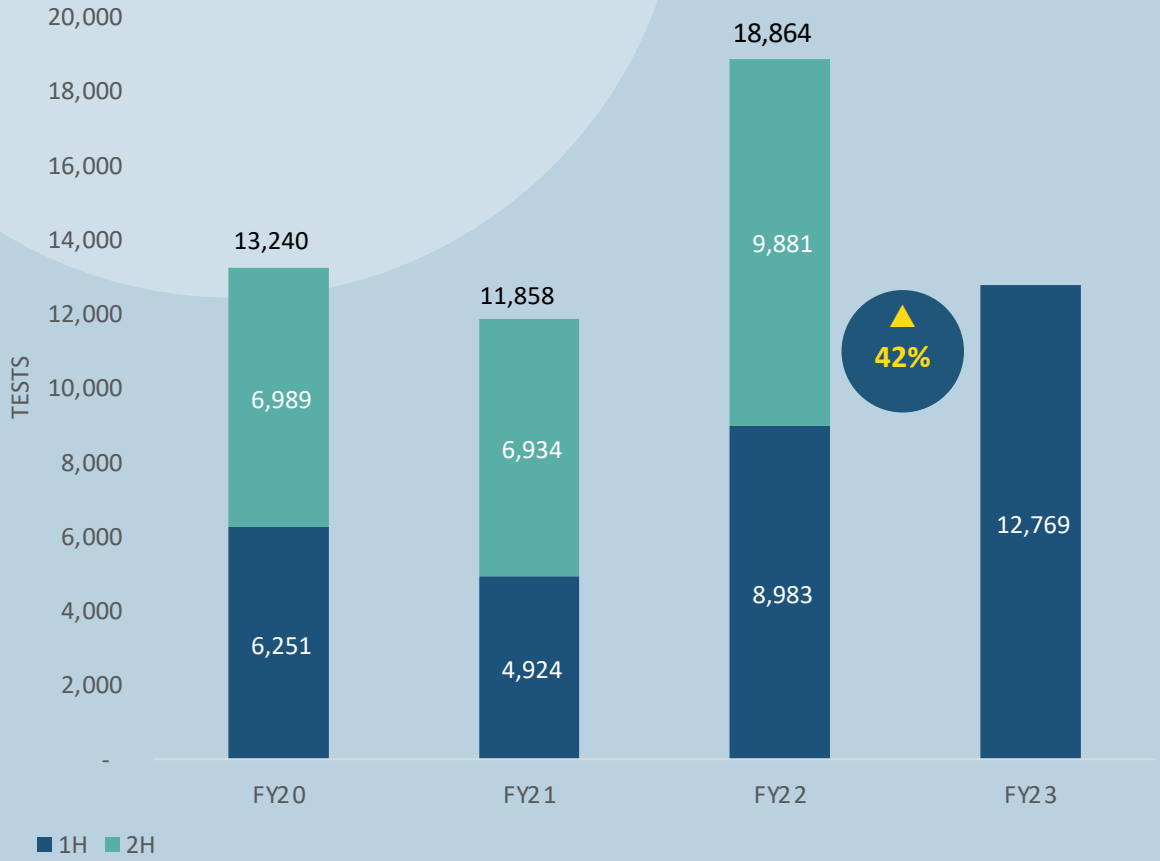
ADOPTION, RETENTION AND REVENUE GENERATION

STRONG GROWTH IN THE US: PACIFIC EDGE'S LARGEST MARKET

USA test volumes[1]

83% of TLT in 1H23 performed in the USA



KEY US PAYORS ACTIVATED

- The Kaiser Health Plan covers over 12.5m members, with >85% of those members in California
- 2 Kaiser accounts in PEB's Top 20 Accounts. 11 Kaiser sites across Southern California ordering in 1H23
- EMR integration on track with Kaiser dedicating a project team to the implementation

- The Veterans Administration (VA) is the second largest integrated healthcare system in the US serving >9m veterans each year
- DRIVE clinical study, has enrolled 80% of target patients. It is an important engagement with VA urologists to determine utility in a cohort of VA patients

- Centers for Medicare & Medicaid Services (CMS) covers more than 61.5m US citizens over 65 and people on low incomes
- CMS continues to reimburse despite proposed LCD
- Focus on selling to urologists who order based on medical necessity

[1] Total Laboratory Throughput including commercial, pre-commercial and clinical studies testing

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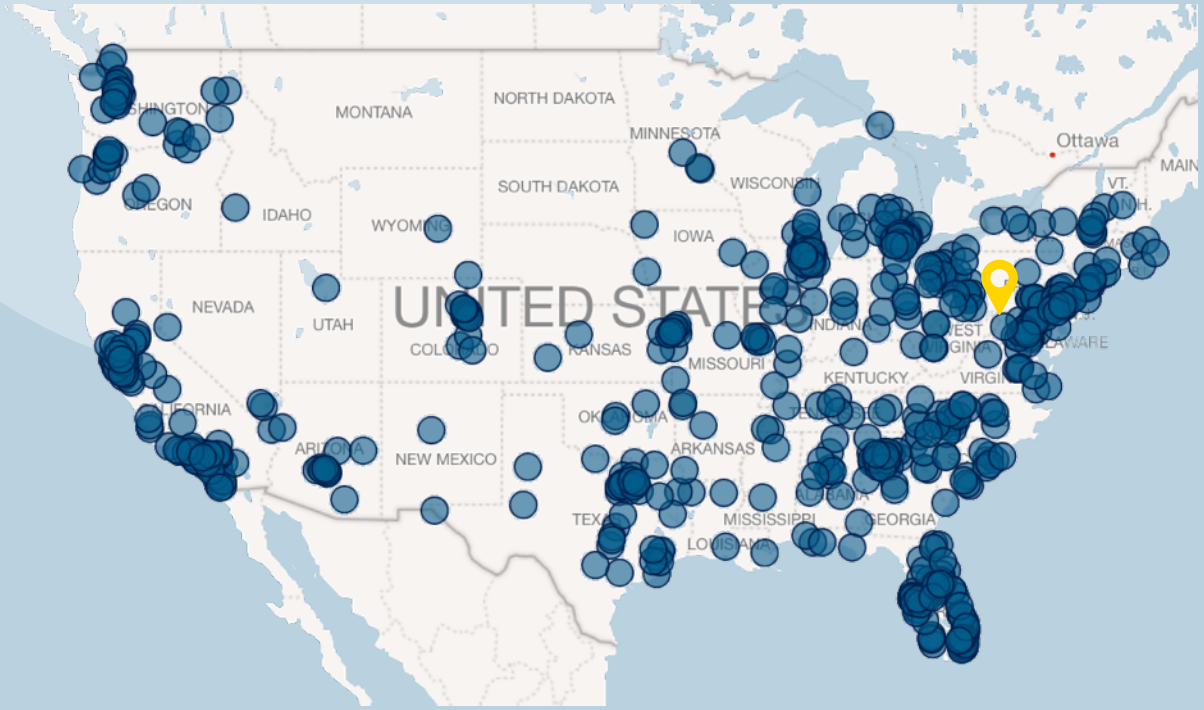
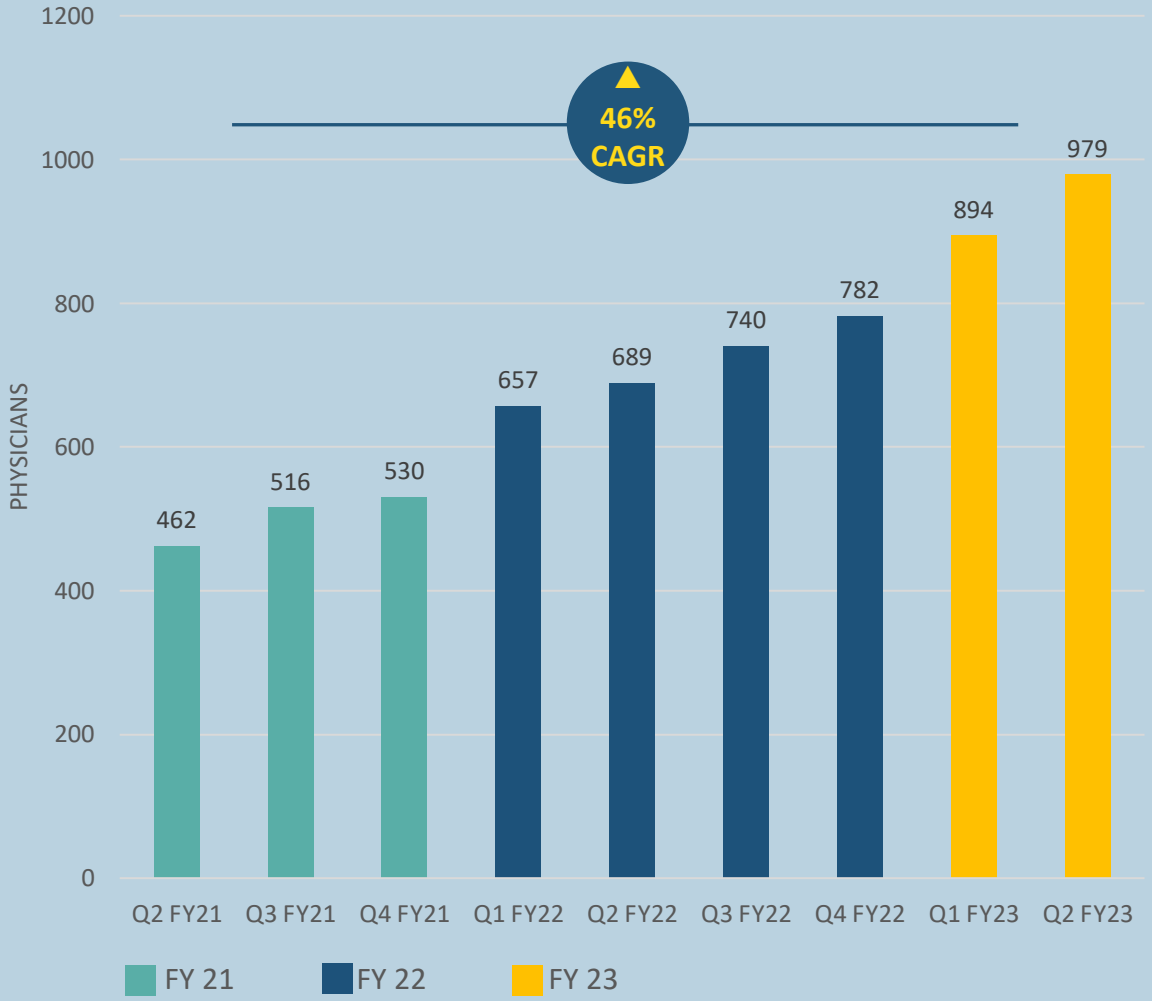
ADOPTION, RETENTION AND REVENUE GENERATION

INVESTMENTS ALREADY DRIVING US ADOPTION AND RETENTION



- Distribution of Current U.S. Customers
- Pacific Edge Diagnostics USA, *Hershey, Pennsylvania*

Unique physicians ordering Cxbladder



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ADOPTION, RETENTION AND REVENUE GENERATION

INVESTMENTS ALREADY DRIVING US ADOPTION AND RETENTION

Prudent implementation of May 2022 investment program*

COMMERCIAL DEPARTMENT	HIRING PLAN
DIRECT SALES AND MARKETING 	**Sales** - Account Executives, Regional Sales Directors, National Accounts & Virtual Sales (contractors) [+9]
	Marketing and Sales Support - Event Management, Product Marketing, Product Management, Sales Training & Sales Operations [+3]
MEDICAL AFFAIRS & MARKET ACCESS 	**Medical Affairs** - VP Medical Affairs and MSLs [+4]
	Market Access and Reimbursement - VP Market Access [+1]

**All appointments linked to the achievement of revenue milestones*

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ADOPTION, RETENTION AND REVENUE GENERATION

BUILDING THE CXBLADDER BRAND WITH CLINICIANS AND HEALTHCARE PROVIDERS

TARGET US RELATIONSHIPS

50
Urology conferences across the US and APAC

13,790
Practicing urologists[1]

1,900
Large urology group practice sites[2]

Medical Affairs Team now supporting Sales at leading events as we target podium presentations and host/sponsor focused breakout sessions.

AUA Annual Meeting, New Orleans May 2022
Largest and most prestigious event in the global urological calendar
- Sponsorship of International Bladder Cancer Group Expert Forum, VA sessions
- Event and venue sponsorship, advertising

BCAN Think Tank, Denver Aug 2022
Unique in bringing together patients/ patient advocates, researchers, and urologists
- Event sponsorship

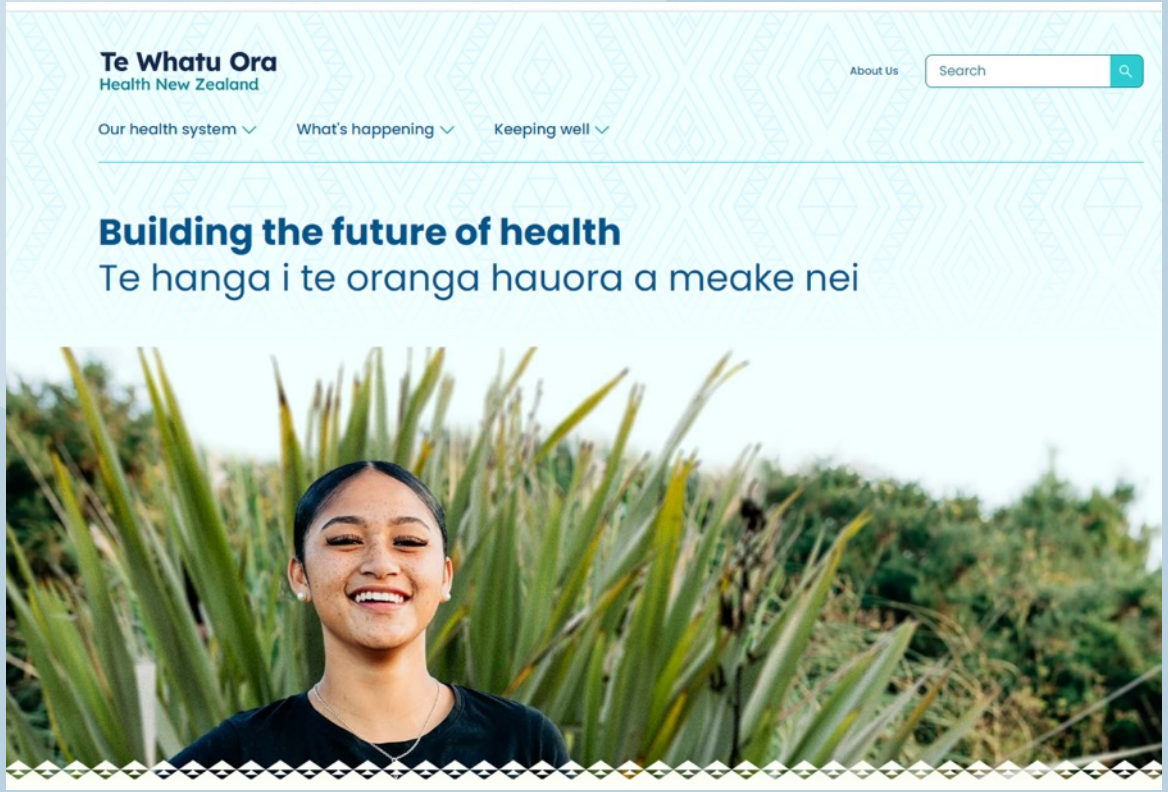
IBCN, Barcelona Sept-Oct 2022
Leading global event dedicated to bladder cancer research and care
- Breakout session focused on biomarkers in the diagnosis and surveillance of bladder cancer
- Event sponsorship

SUO, San Diego Nov-Dec 2022 (upcoming)
Leading event in the urological calendar
- Meeting of Clinical Advisory Board
- Breakfast symposium on the use of biomarkers for cancer diagnosis

[1] American Urological Assn Census 2021, [2] BHN Network

ADOPTION, RETENTION AND REVENUE GENERATION

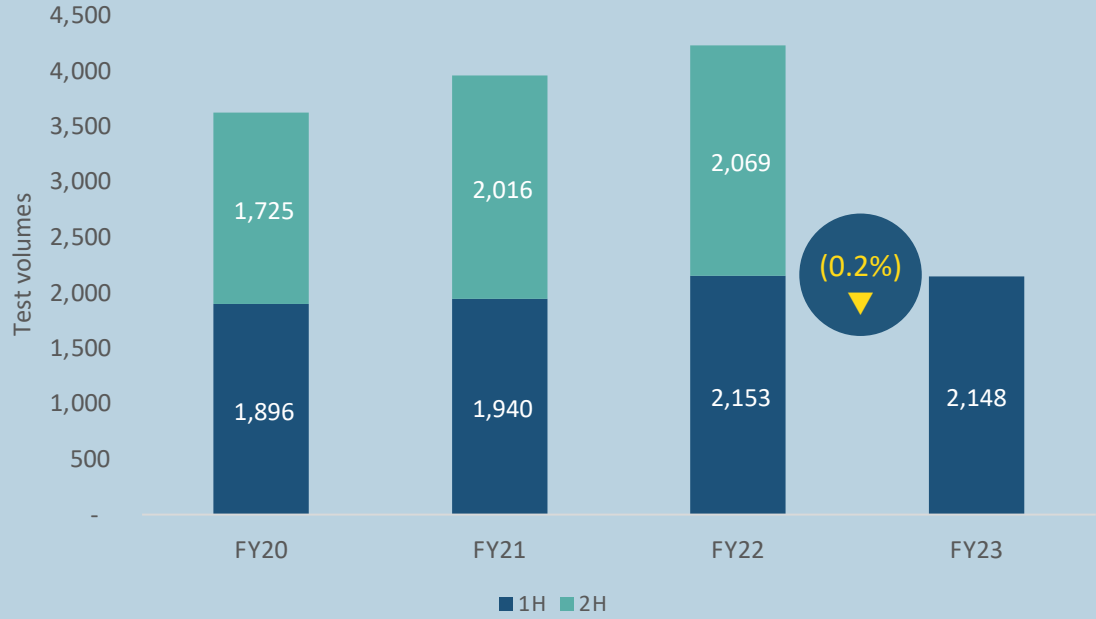
APAC: NEW ZEALAND AT THE FOREFRONT WITH ADOPTION BY PRIMARY CARE



Pacific Edge has Cxbladder coverage in 14 of the 20 new Te Whatu Ora, Health New Zealand, regions, representing >70% of the country's population

APAC QUARTERLY TEST VOLUMES[1]

Commercial tests represent 84% of TLT in 1H23 for APAC



- Volumes unchanged in APAC driven by slower growth in NZ
  - MidCentral and Whanganui district health regions adopted Cxbladder in the primary care setting (Sept, 2022)
- Australia and Southeast Asia still in business development
  - New SEA BDM (+1 FTE, hired in Sept, 2022)
  - User experience studies initiated in Australia and Singapore

[1] Total Laboratory Throughput including commercial, pre-commercial and clinical studies testing

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MEDICARE COVERAGE UPDATE

CMS delegates administrative authority to Medicare Administrative Contractors (MACs)

NOVITAS is the MAC with jurisdiction for Pacific Edge's US Laboratory

Novitas Proposed LCD (released on July 28, 2022 in the USA)

1. Outlines a new methodology for covering molecular biomarker tests
2. Mentions codes for Cxbladder Detect and Monitor as 'not covered'
3. If adopted Pacific Edge will receive 45 days' notice of its effect
4. May be withdrawn by Novitas at any time or expire after 12 months[1]
5. Pacific Edge provided oral & written comments to Novitas prior to the close of public comment on Sept 6, 2022
6. Pacific Edge have yet to receive feedback or update from Novitas and do not have a timeline for response

Key Messages for Investors

1. Cxbladder currently **remains covered by Novitas**, and we have seen no reduction in demand for Cxbladder
2. Cxbladder has **not been singled out** in the LCD and there is **no "adverse reporting event"** associated with Cxbladder (it would be highly unusual for a test to lose coverage without an "adverse reporting event")
3. The **Proposed LCD** contains **inconsistencies**, **unintended consequences** and a methodology that **may violate Medicare's rules**
4. The **Proposed LCD** appears focused on **SNP-based PGx tests[2] for guiding therapeutic** decisions **after** a confirmed diagnosis, apparently excluding diagnostic biomarker tests from clinical tool kits
5. The LCD takes the **highly unusual step** of **'outsourcing' coverage determinations to third party databases**
6. Pacific Edge has the leadership team and the relationships with lawyers, coalitions, lobbyists, professional societies, physicians and patient advocacy groups to affect a positive outcome
7. We maintain our position that the proposed LCD is unlikely to survive in its current form and continue to responsibly plan for all eventualities

[1] Pacific Edge understands the Proposed LCD expires if it is not notified within 12 months of the date of proposal on July 28th, 2022. Pacific Edge previously understood this was 12 months after the close of comments on Sept 6th, 2022

[2] The Single Nucleotide Polymorphism-based Pharmacogenetic (PGx) tests.

EVIDENCE COVERAGE AND GUIDELINES

GLOBAL GUIDELINES PIVOTAL TO THE WIDESPREAD ADOPTION OF CXBLADDER

Recognition in national guidelines deepens and accelerates commercial use of Cxbladder tests and entrenches coverage by nationally relevant healthcare institutions.

American Urological Association

- Most influential and largest urological association in the world
- U.S. based - 23,000 members worldwide.
- Standards of care relevant to Cxbladder:
  - Hematuria and micro-hematuria management
  - Non-muscle invasive bladder cancer (NMIBC). (Standard makes an allowance for the use of biomarkers in surveillance)
- Guidelines reviewed as new evidence emerges
- Pacific Edge can influence this process by publishing new clinical evidence

www.auanet.org

European Association of Urology

- Leading urologic authority in Europe
- Netherlands-based, 18,000 members
- Standards relevant to Cxbladder
  - Non-muscle invasive bladder cancer (NMIBC)
  - Guidelines loosely followed in New Zealand, Australia and Singapore, but localised at a national and regional level
- Guidelines recently reviewed with favourable biomarker language and are updated regularly

www.uroweb.org

National Comprehensive Cancer Network®

- US-based not-for-profit alliance of 32 leading US cancer centres
- Bladder cancer standard suggests biomarkers may be considered during surveillance of high-risk non-muscle-invasive bladder cancer
- Guidelines reviewed annually. PEB will resubmit in every year where there is new peer-reviewed evidence for Cxbladder
- Clinical Dossier updated for next review in April 2023

www.nccn.org

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EVIDENCE COVERAGE AND GUIDELINES

CLINICAL EVIDENCE GENERATION TOWARDS GUIDELINE INCLUSION (1/2)

STUDY	AIM	LOCATIONS	ENROLLED SITES*	STATUS**
US Primary Study	Prospective, single-arm, observational study to develop clinical evidence for Cxbladder tests, accurate risk stratification, intensifying or de-intensify hematuria evaluation and assistance in adjudicating equivocal cystoscopy or urine cytology	USA	12/12	- Enrolment complete - Analysis complete - Publication pending
Singapore Study	Prospective, single-arm, observational study to develop clinical evidence for Cxbladder tests, accurate risk stratification, intensifying or de-intensify hematuria evaluation and assistance in adjudicating equivocal cystoscopy or urine cytology	Singapore	4 / 4	- Enrolment complete - Analysis complete - Publication pending
STRATA	**S**afe **T**esting of **R**isk for **A**symptoma**TI**c Microhematuri**A** Demonstrate the clinical utility of Cxbladder using a prospective, two-arm randomized design to safely risk-stratify patients and rule out from further hematuria evaluation • Safely risk stratifying patients in order to rule out from cystoscopy • Demonstrate the clinical utility of Cxbladder against the AUA guidelines	USA Canada	11 / 11	- Enrolment total is 421, including 103 'low risk' subjects that are the focus of the study - Target enrolment: ~600 patients, including 120 low risk subjects randomized to test arm - Last patient in: Q2 2023 - Follow up: until Q2 2024
DRIVE	**D**etection and **RI**sk Stratification in **VE**terans Presenting with Hematuria Prospective, single-arm, observational study to demonstrate the clinical validity & utility of Cxbladder tests in risk stratifying Veterans presenting with hematuria • Demonstrate performance with Veterans and contribute to commercial adoption of Cxbladder for use with Veterans • Critical for adoption of Cxbladder by VA. Contributes to AUA Guidelines • Recruitment re-started after COVID-related delays • Targeting inclusion of all veterans presenting for evaluation of hematuria	VA Sites (USA)	10 / 11	- Enrolment total is 507 - Target enrolment: ~600 patients - Last patient in: Q2 2023 - Follow up: until Q2 2025

*Estimated number of enrolled sites
**All dates are best-case estimates and subject to change

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EVIDENCE COVERAGE AND GUIDELINES

CLINICAL EVIDENCE GENERATION TOWARDS GUIDELINE INCLUSION (2/2)

STUDY	AIM	LOCATIONS	ENROLLED SITES*	STATUS**
DEDUCT	**DE**tection of **D**isease in the **U**pper tra**CT** Prospective, single-arm, observational study to validate performance of Cxbladder for the detection of urothelial carcinoma (UC) in the upper tract (UTUC) • Evaluate Cxbladder to safely avoid ureteroscopy • Safely risk stratify patients suspected to have UTUC and avoid unnecessary ureteroscopy and radiation exposure through imaging • Targeting inclusion of Cxbladder utility for UTUC in AUA guidelines	USA	1 / 3	- One site is open for this pilot study and the first patient in is expected by Dec 2022
LOBSTER	**LO**ngitudinal **B**ladder Cancer **S**tudy for **T**umor R**E**cur**R**ence Prospective, single-arm, observational study to evaluate the performance characteristics and clinical utility of CxbM in a new surveillance protocol vs standard of care over four visits • Safely risk stratify patients under surveillance for recurrence of UC • Safely alternate CxbM with cystoscopy for intermediate and high-risk patients under surveillance for recurrence of UC • Targeting AUA guidelines inclusion for biomarkers as an alternative to cystoscopy in a surveillance setting	USA (including some VA sites) Australia	2 / 10	- Two sites are open and another 8 are at pre-activation. Enrolment is now 27 patients. - Each site will enroll 100 patients within 12 months and follow up for another 12 months

Clinical Development headcount +1 since May. Expecting further +2 headcount before EOFY

*Estimated number of enrolled sites
**All dates are best-case estimates and subject to change

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EVIDENCE COVERAGE AND GUIDELINES

INVESTIGATOR INITIATED TRIALS – SUPPLEMENTING OUR EVIDENCE PROGRAM

What are Investigator Initiated Trials?

- Investigator Initiated Studies (IITs) are proposed by investigators and supported by Pacific Edge
- IITs typically provide clinical utility evidence at modest scale
- They promote familiarity and confidence with Cxbladder, the test result and how Cxbladder can be used to manage patients
- Supports local data development for market access and adoption

Left to right - **Royal Prince Alfred Hospital (Sydney)**, UT Southwestern (Dallas), Canberra Hospital (ACT)

- ***Return on investment is expected in the form of publications, abstracts and presentations from Principle Investigators of an IIT***

IIT Study Aim	Sites	Publications
Hematuria Evaluation: Local clinical validity evidence for internal hospital guidelines and budget development	6	2x Conference Abstracts
Surveillance: Local clinical validity evidence for internal hospital guidelines and budget development	7	2x Conference Abstracts
CU of Cxbladder to identify subclinical tumors in white light negative patients, confirmed by blue light	1	Pending
Risk-based hematuria evaluation of microhematuria patients by Cxbladder	1	Pending
Risk-stratification of surveillance patients for prioritization of post-TURBT care by Cxbladder	2	1x Conference Abstract

RESEARCH & INNOVATION

RESEARCH AND INNOVATION

DRIVING IP TO TECHNOLOGY

- Evaluate ‘product concepts’ to address unmet clinical needs
- +2 scientists to explore market potential of various product concepts including:
  - Prognostics or companion diagnostics in urology
  - Adjacent disease (with molecular signal in the urine)
- +2 developers and bioinformaticians to improve platforms, integrations and analysis capabilities
- MONSTER Study
- Examining new markers of **Minimum Residual Disease** (MRD)
  - Surveillance for bladder cancer immediately following surgical intervention (vs CxbM which is used six months after intervention for recurrence)

Christchurch Hospital

MONSTER	**MON**itoring **S**tudy of post-**T**reatment **E**ffectiveness for **R**esidual Disease Single-arm, observational study to validate the performance characteristics of Cxbladder against white light cystoscopy during surveillance of UC • Christchurch study to measure residual disease • To safely risk stratify patients for residual disease prior to the 6-week re-resection for high grade patients or the 3-month flexible cystoscopy check for all patients	- Finalizing protocol documentation and commenced engagement with ethics committee - Target (Q1 2023) first patient

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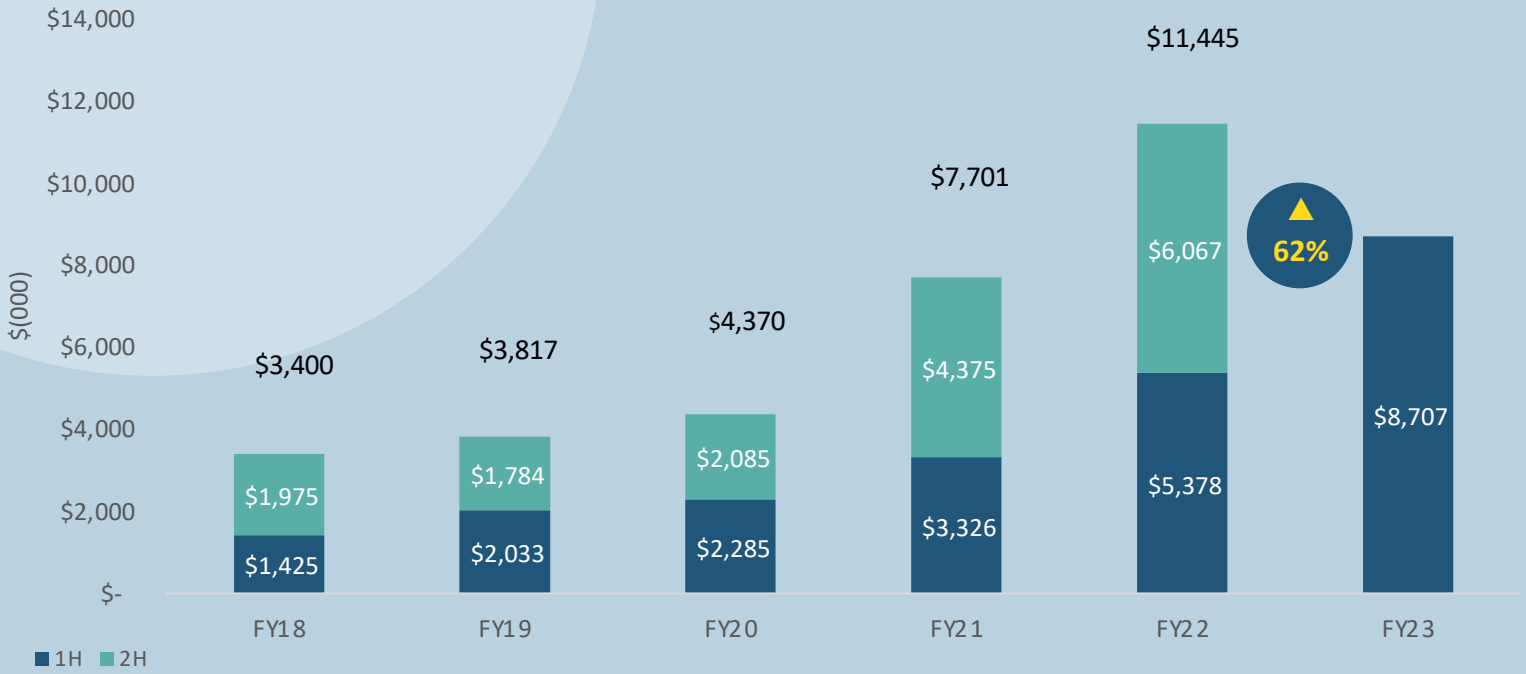
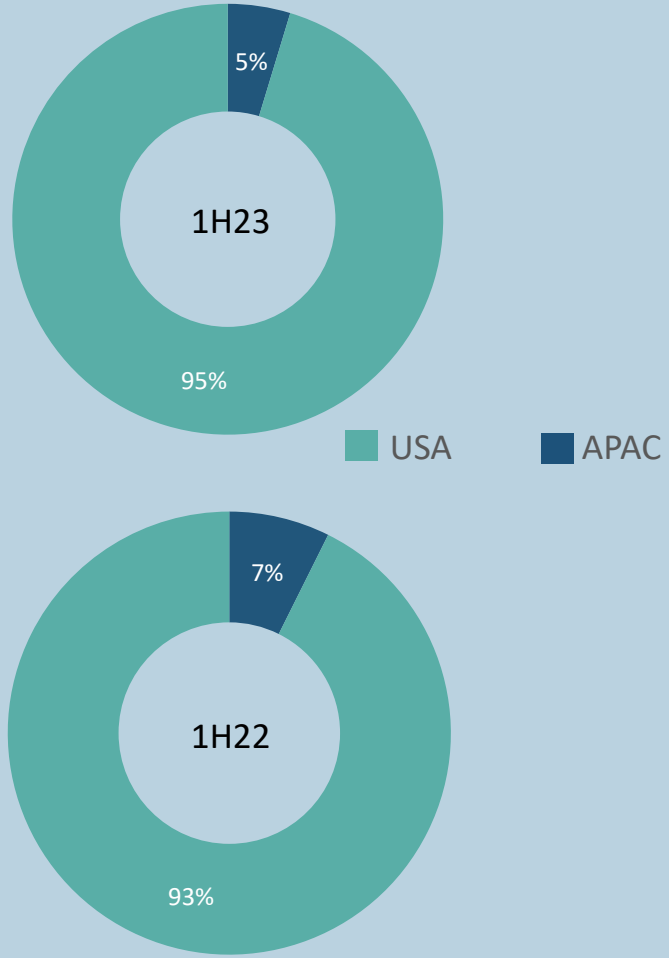
FINANCIAL RESULTS OVERVIEW

US TEST COMMERCIAL TEST VOLUME GROWTH AND FX DRIVING REVENUES

Pacific Edge Operating Revenue



Regional Revenue Split



- Operating Revenue grew $3.3m, with $2.4m driven by the 35% increase in commercial tests (42% increase in the US) and $0.9m of the growth due to the weakening of the New Zealand dollar against the United States Dollar
- US continues to grow share of total revenue

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US TEST VOLUME GROWTH AND FX GAINS LIFT REVENUE

STRONG BALANCE SHEET SUPPORTS GROWTH INVESTMENTS

Half year to 30 September	2022	2021	Variance	Change
	$000	$000	$000	%
Operating revenue	$8,707	$5,378	$3,329	62%
Total revenue	$13,593	$6,730	$6,863	102%
Operating expenses	$24,164	$15,715	$8,449	54%
Total comprehensive loss	**-$10,571**	**-$8,985**	**-$1,586**	**18%**
Cash receipts from customers	$7,316	$5,370	$1,946	36%
Net operating cash outflow	-$13,972	-$8,616	-$5,356	62%
Net cash, cash equivalents and short term deposits	**$93,455**	**$91,586**	**$1,869**	**2%**

- Total income lifted by increase in interest income and FX gains on mark to market of US cash balances (~$3.0m)
- Expense rise lifted by investments for growth, led by sales and marketing and the translation effect of a weaker NZD (~$1.7m)
- At constant currency, expenses would have increased 43%
- APAC expenses up 20% 1H23 over 1H22
- Operating cash outflow in 1H23 of $14.0m
- Cash and cash equivalents of $93.5m[1] down $12.0m on $105.4m in March FY2022

[1] 30 September 2022

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OPERATING COSTS RISE AS INVESTMENT FOR GROWTH CONTINUES

Operating Expenses Half year to 30 September	2022 $000	2021 $000	Variance $000	Change %
Laboratory operations	$4,467	$3,076	$1,391	45%
Research	$3,710	$2,572	$1,138	44%
Sales and marketing	$11,375	$6,179	$5,196	84%
General and administration	$4,612	$3,888	$724	19%
Total operating expenses	**$24,164**	**$15,715**	**$8,449**	**54%**

INVESTING IN FY23 TO DELIVER IN FY24

- Investment in people accounted for ~56% of the uplift in expenses (headcount, salary increases and recruitment costs) with investment weighted to the commercial teams
- Sales and Marketing investment accounted for ~61% of operating expense increase
- Laboratory operations expenses follow higher throughput and freight costs
- Research increase reflects the increased investment in the clinical evidence generation program (including a minority share of Medical Affairs)

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OUTLOOK

- Cautious optimism for the final four months of FY23 as we continue to implement our strategy recognizing the potential for disruption
- We are delivering growth in line with our expectations and investing prudently
- The proposed Novitas LCD has not impacted commercial or clinical trial throughput
- Even in the event of an adverse LCD, Pacific Edge has a path to re-establish coverage
- We have world-leading technology, a strong balance sheet and we are building momentum in the world's most important market

QUESTIONS

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APPENDIX

STRATEGY: ADOPTION, RETENTION AND REVENUE GENERATION

ADOPTION, RETENTION AND REVENUE GENERATION

FOCUS AREAS:

1. Diversify sales process to target Strategic Accounts differently, including education and Key Opinion Leader (KOL) engagement activities by our Medical Affairs team
2. Drive protocolized adoption of Cxbladder at the earliest point in the patient care pathway
3. Increase event marketing, sponsorship and marketing communications to amplify our clinical evidence generation within the urology and oncology communities
4. Establish “in-network” or contracted relationships for the reimbursement of Cxbladder with government healthcare funders and private payors
5. Empower patients through patient awareness and patient advocacy initiatives through established societies and our Cxbladder website

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ADOPTION, RETENTION AND REVENUE GENERATION

BLADDER CANCER IN THE US MARKET

90%
Five-year survival rate if detected early[1]

US$220,000
Average lifetime cost[2] per patient

US$4.9B
Forecast direct costs associated with urothelial cancer in 2020[2]

VALUE PROPOSITION

Cxbladder **TRIAGE** (CxbT) | Cxbladder **DETECT** (CxbD) | Cxbladder **MONITOR** (CxbM)

Patient care pathway

Primary Care Physician → **Urologist**

The US has >55m men and >63m women aged 50+

- **~7m** present with Hematuria[2]
- **~3.4m** require clinical workup[2]
- **>1.0m** patients receive a cystoscopy[3]
- **~81k** Annual cases of bladder cancer[4]
- **~800k** monitored for recurrence Avg1.5 CxbM/yr[5]

US$3.5B opportunity[6] (hematuria, surveillance)

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> 4.6M TEST OPPORTUNITIES

[1] Bladder Cancer Advocacy Network
[2] Presentation from Dr Sia Daneshmand (Director of Urologic Oncology and Clinical Research, USC) July 2019
[3] Konigsberg, A, et al. The Economics of Cystoscopy: A Microcost Analysis, Urology 157: 29–34, 2021.
[4] National Cancer Institute 2021 forecast
[5] Pacific Edge Estimate
[6] Pacific Edge estimates at US$760/Per test

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STRATEGY: EVIDENCE, COVERAGE AND GUIDELINES

CHANGE CLINICAL PRACTICE

FOCUS AREAS:

Generate high-quality clinical validation and utility evidence through clinical studies

Use Clinical Utility evidence to:

- Drive the adoption of Cxbladder by clinicians, insurers and hospitals ahead of guideline inclusion
- Pursue inclusion of Cxbladder in globally-relevant standards and guidelines of clinical care across the breadth of patient pathways
- Foster trusted relationships with key opinion leaders, relevant uro-oncology centres of excellence, professional societies and patient advocacy networks to drive a broader awareness and demand for Cxbladder
- Develop the scientific and clinical credibility of the Cxbladder brand

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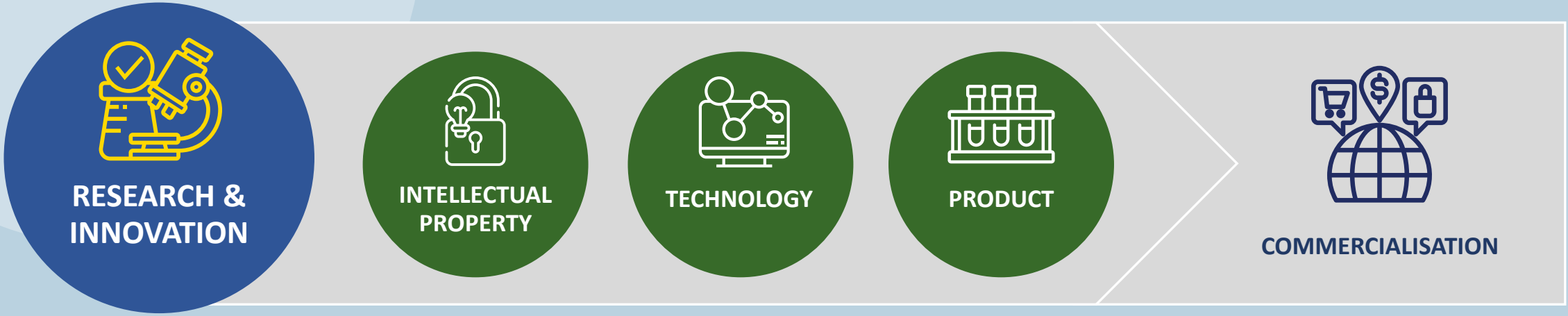
STRATEGY: RESEARCH AND INNOVATION:

UNDERSTANDING THE ENTIRE COMMERCIALISATION PATHWAY



FOCUS AREAS:

1. Evaluate ‘product concepts’ to address unmet clinical needs through market research and scientific/clinical advisory boards
2. Evaluate cutting-edge technologies to meet the market requirements of desired product concepts
3. Continue to build a patent portfolio for novel clinical applications of cutting-edge molecular technologies
4. Turn patented technology into clinically-validated molecular diagnostic tools that address an unmet clinical need

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PACIFIC EDGE: A HISTORY OF RESEARCH-LED INNOVATION AND GROWTH

2001
Pacific Edge established

2003
Listed on the NZX

2007
Commercial pivot to focus on urothelial cancer diagnostics

2008
Holyoake et al: Urine-based RNA detection of urothelial cancer Clin Cancer Res

2011
Pacific Edge Diagnostics New Zealand (PEDNZ) established

2012
O'Sullivan et al: Cxbladder Detect performance validation Journal of Urology

Dec 2012
Launch of Pacific Edge Diagnostics USA and CxbD

Mar 2013
PEDUSA receives CLIA accreditation

May 2013
First commercial sale (CxbD) for PEDNZ

Mar 2013
First commercial sale (CxbD) for PEDUSA

Dec 2014
Launch of Cxbladder Triage

Mar 2015
Kavalieris et al: CxbT performance validation BMC Urology

Dec 2015
Launch of Cxbladder Monitor

Nov 2016
Clinical trials commence in Singapore

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

Aug 2019
Konety et al: Clinical Utility of CxbD in adjudicating atypical cytology and equivocal cystoscopy European Urology

Apr 2020
Patient in-home sampling initiated in the US

Jun 2020
Kaiser Permanente, approves commercial use of Cxbladder

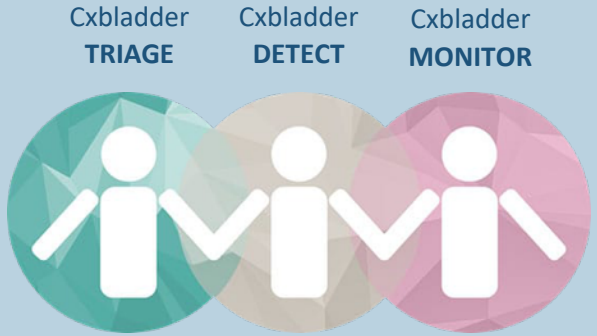
Jul 2020
CMS confirms reimbursement of Cxbladder at $760/test

Aug 2021
Cxbladder reaches 70% public healthcare coverage in NZ

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

Dec 2021
First commercial sale of Cxbladder in Australia

2001 2007 2008 2011 2012 2013 2014 2015 2016 2018 2019 2020 2021



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