PACIFIC EDGE:

INTRODUCTION & FY26 RESULTS

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INTRODUCTION TO PACIFIC EDGE

PacificEdge®
CANCER DIAGNOSTICS

SNAPSHOT: PACIFIC EDGE - THE FIRST MOVER IN BLADDER CANCER DIAGNOSTICS

MAJOR GROWTH CATALYST: DRAFT MEDICARE COVERAGE PROPOSED IN MAY 2026

US$10.2b[4]

Global Market Opportunity

SCIENCE, TECH AND IP

Cxbladder tests are patented **non-invasive** urine tests that deliver **proven clinical, economic and patient value**

CLINICAL EVIDENCE

Cxbladder tests are supported by a **robust portfolio of clinical evidence**, and the AUA[1] has recognized Cxbladder Triage with a **'Grade A' evidence rating** – the only urine biomarker to achieve that rating

SUBSTANTIAL MARKET OPPORTUNITY

The primary symptom of bladder cancer is hematuria with ~7m diagnoses each year in the US driving a **global market opportunity of US$10.2 billion**

GROWTH CATALYST WITH MEDICARE COVERAGE

Draft LCD[2] for Triage & Triage Plus **released in May 2026.** Final LCD expected by Jan 2027[3]. Novitas confirms **claim-by-claim reimbursement for both tests**

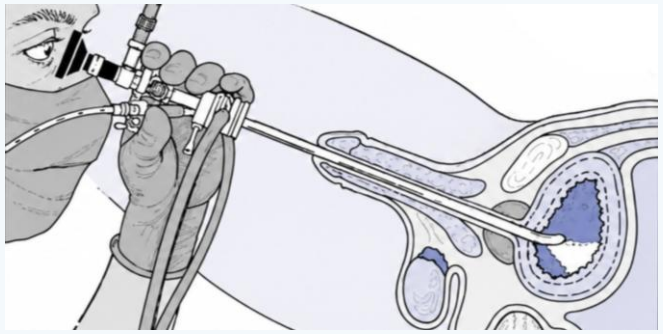
PacificEdge® CANCER DIAGNOSTICS

1. AUA = American Urological Association,
2. LCD = Local Coverage Determination.
3. Novitas must publish the final LCD or retire the draft LCD within 365 days after publishing a draft LCD
4. See slides 37-39 for assumptions

BLADDER CANCER – A SIGNIFICANT GLOBAL HEALTHCARE CHALLENGE

AN INVASIVE STATUS QUO – A NON-INVASIVE OPPORTUNITY

CYSTOSCOPY



Source: Nursing Skills

CXBLADDER TEST

- Cystoscopy – an invasive, uncomfortable and costly procedure to visually inspect the bladder by inserting a camera into the urethra
  - The standard hematuria workup, where the majority of patients are found to have no cancer
  - In a survey[4] of US NMIBC patients under surveillance, 78% said they experienced some pain, with 25% saying it was moderate to "worst imaginable"
- The result is systemic over-proceduralization: millions of avoidable cystoscopies every year, adding cost, patient discomfort, infection risk and urology backlog
- Non-invasive genomic urine testing like Cxbladder can rule out cancer and prioritize patients who truly need cystoscopy – a large unmet clinical need
  - women are an under-served market, with hematuria frequently dismissed as urinary tract infections (UTI)

1st
Costliest cancer to treat on a per-patient basis[1]

6th
Most common cancer in men[2]

9th
Most common cancer world-wide[2]

~614K
Annual cases and growing[2]

>220K
Annual Deaths[2]

>50%
Recurrence[3]

4.9m[5]
Annual cystoscopies avoided globally if **Cxbladder** tests were used to evaluate intermediate risk patients presenting with hematuria[5]

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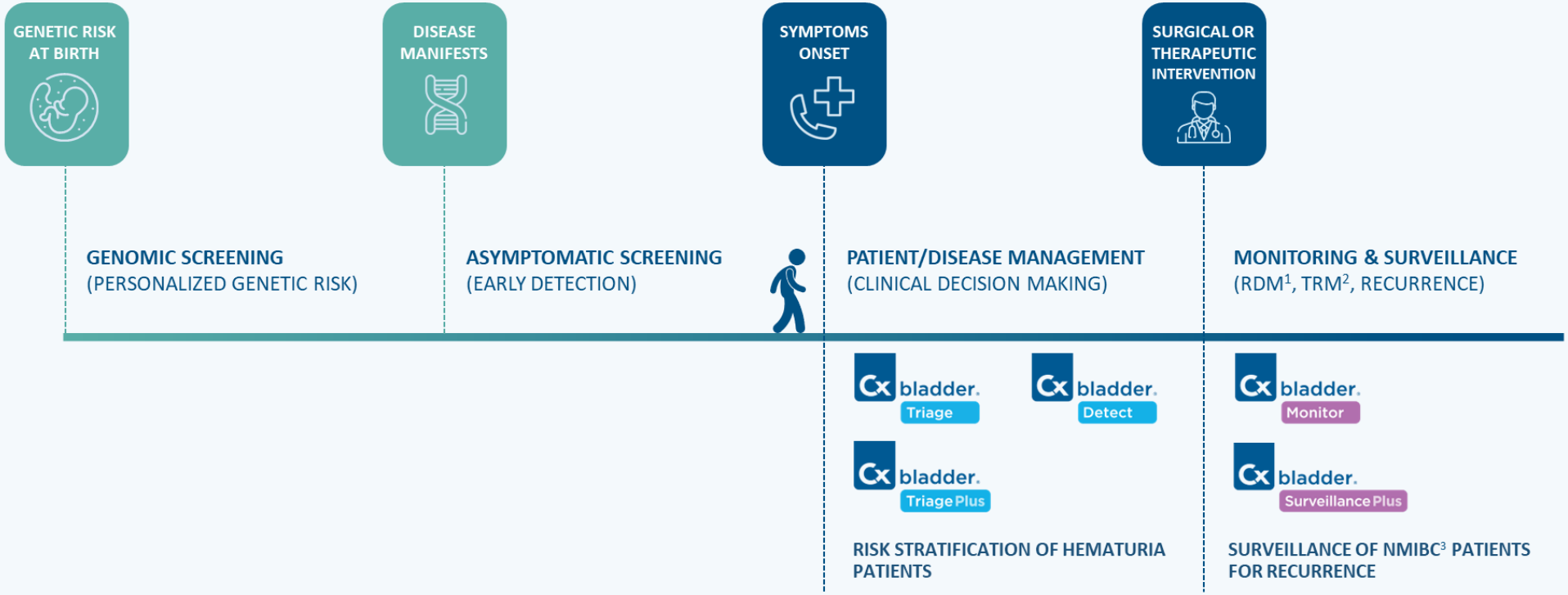
1. Sievert et al (2009) Economic aspects of bladder cancer: what are the benefits and costs? World J Urol. 2009 Mar 7;27(3):295–300. doi: 10.1007/s00345-009-0395-z
2. World Cancer Research Fund. Statistics are from 2022.
3. Average recurrence for low grade non-muscle invasive bladder cancer as published in Palou J et al (2012): Eur Urol 2012; 62: 118.
4. The Survey was conducted by the Bladder Cancer Advocacy Network (BCAN)
5. Company estimate

CXBLADDER: TESTS TO RULE OUT CANCER OR PRIORITIZE PATIENTS

THE PATIENT CARE PATHWAY



>130,000
Patients that have used Cxbladder

>5,000
Urologists that have ordered Cxbladder

>30
Publications demonstrating AV, CV or CU evidence[5]

Grade A
Evidence rating by the AUA[4] in its 2025 Microhematuria Guideline

1. RDM: Residual Disease Monitoring
2. TRM: Therapeutic Response Monitoring
3. NMIBC: non-muscle invasive bladder cancer
4. AUA: American Urological Association
5. AV, CV, CU are Analytical Validity, Clinical Validity, and Clinical Utility which are required for medical policy and guidelines

DRIVING ECONOMIC VALUE FOR PATIENTS, HOSPITALS AND PAYERS

CXBLADDER DELIVERS CLINICAL UTILITY, PATIENT SATISFACTION AND ECONOMIC VALUE

CANCER INCIDENCE IN MICROHEMATURIA PATIENTS

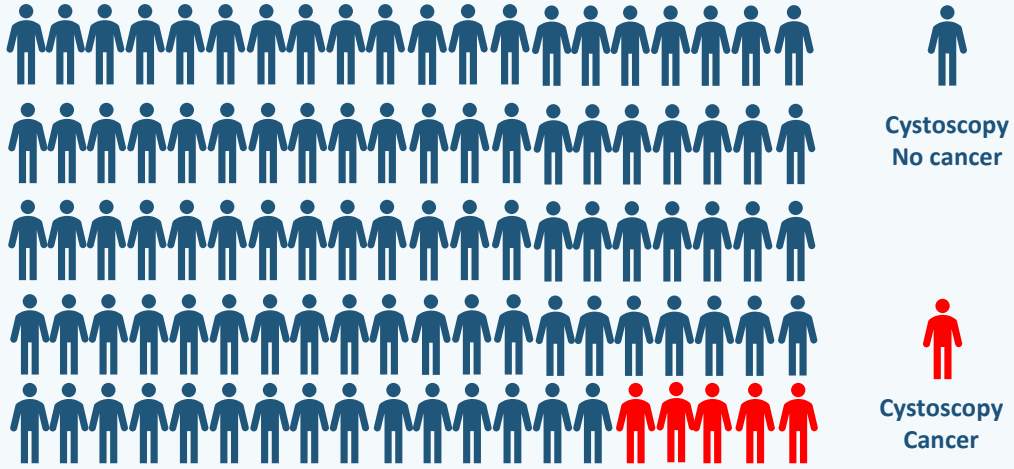
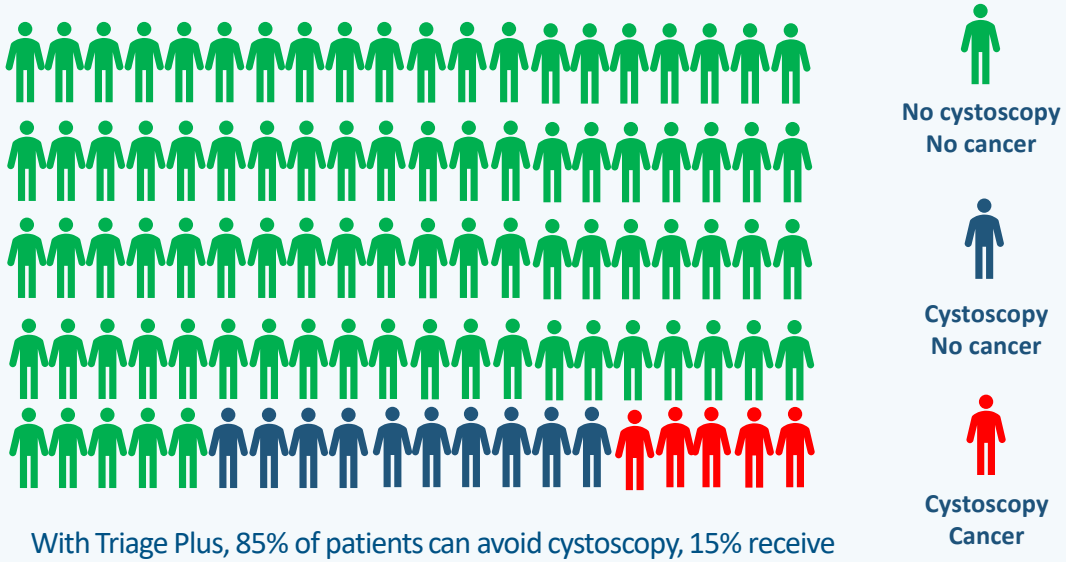


Illustration shows incidence of bladder cancer in microhematuria populations at 5%[1]

CYSTOSCOPIES SAFELY AVOIDED USING CXBLADDER



With Triage Plus, 85% of patients can avoid cystoscopy, 15% receive cystoscopy to find the same 5 cancer patients

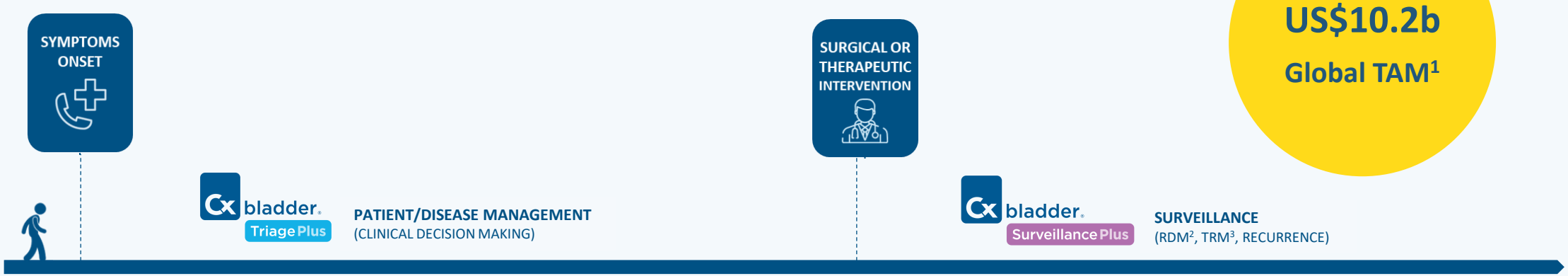
- Cxbladder avoids invasive, unnecessary procedures saving >US$500/patient driving down costs for health systems and payers[2]
- Only 63% of counties in the US have a registered urologist[3] and only 13% of high-risk microhematuria patients receiving a cystoscopy[4]
- The US population is ageing and the urologists per person over 65 is falling (from 23.8/100k to 15.8/100k in 2035[5]) potentially delaying diagnosis
- Medicare reimbursement for cystoscopy has declined from US$204.80 in 2023 to US$172.80 in 2026[6]

1. AUA Guidelines cite incidence of bladder cancer in microhematuria risk categories from 0.4-6%. 5% is an example
2. Tyson et al (2024) Budgetary Impact of Including the Urinary Genomic Marker Cxbladder Detect in the Evaluation of Microhematuria Patients - PubMed (PMID: 37914255)
3. https://www.auanet.org/research-and-data/aua-census/census-results
4. https://acsjournals.onlinelibrary.wiley.com/doi/full/10.1002/cncr.25048
5. Nam et al. (2021) Projected US Urology Workforce per Capita, 2020-2060 JAMA Network Open Published Online: November 16, 2021
6. https://www.cms.gov/medicare/physician-fee-schedule/search

CXBLADDER MARKET OPPORTUNITY

CXBLADDER OFFERS A SIGNIFICANT ADDRESSABLE GLOBAL MARKET ANNUALLY

US$10.2b
Global TAM[1]



	Population	All hematuria	Microhematuria[4] Low | Intermediate | High	Gross[4] Hematuria	Annual cases of bladder cancer	Living with bladder cancer	TAM	
	340m	~7m	0.20m | 1.14m | 1.46m	700k	~90k	~750k	US$6.4b	*Primary growth focus due to higher CMS pricing*
APAC	830m	~17m	0.47m | 2.71m | 3.46m	1.7m	~58k	~300k	US$1.9b	*NZ market mature. Australia and SEA in business development*
	600m	~12m	0.34m | 1.96m | 2.5m	1.7m	~180k	~1m	US$1.9b	*New market accessed via IVD / kitted tests*

1. Pacific Edge estimate using US$1,328 price for hematuria testing (priced by Medicare) in the US and US$1,800 for NMIBC surveillance (seeking crosswalk price – not yet priced by Medicare) with next generation products Triage Plus and Surveillance Plus. Other market assumptions for APAC and Europe. See slide 37-39 for details.
2. RDM: Residual Disease Monitoring
3. TRM: Therapeutic Response Monitoring
4. Management estimates derived from referred hematuria data in Woldu et al (2021). MH estimated at 80% and GH at 20%. MH Risk categories: Low 7%, Intermediate 41%, High 52%. See Slide 37-39 for details.

FY26 FINANCIAL AND OPERATIONAL RESULTS

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FY26: ADVANCED MEDICARE COVERAGE WITH PRUDENT CAPITAL MANAGEMENT

24,190
GLOBAL TESTS[1]
-16.3%
on FY25

18,783
COMMERCIAL
TESTS -23.8%
on FY25

$11.5M
OPERATING
REVENUE
-47.4% on
FY25

-$35.8M
NET LOSS AFTER
TAX UP 19.5%
on FY25

$2.4M
2H 26 CASH
BURN/MONTH
DOWN 27.7% ON
1H 26

US Total Tests[1] 18,784, -21.4% on FY25; APAC Total Tests[1] 5,406 +7.9% on FY25

US Commercial Tests 14,771, -26.5% on FY25; APAC Commercial Tests 4,012, -11.9% on FY25

2H 26 Operating Revenue $5.6m –6.4% on 1H 26; Total Revenue of $13.6M -44.8% on FY25

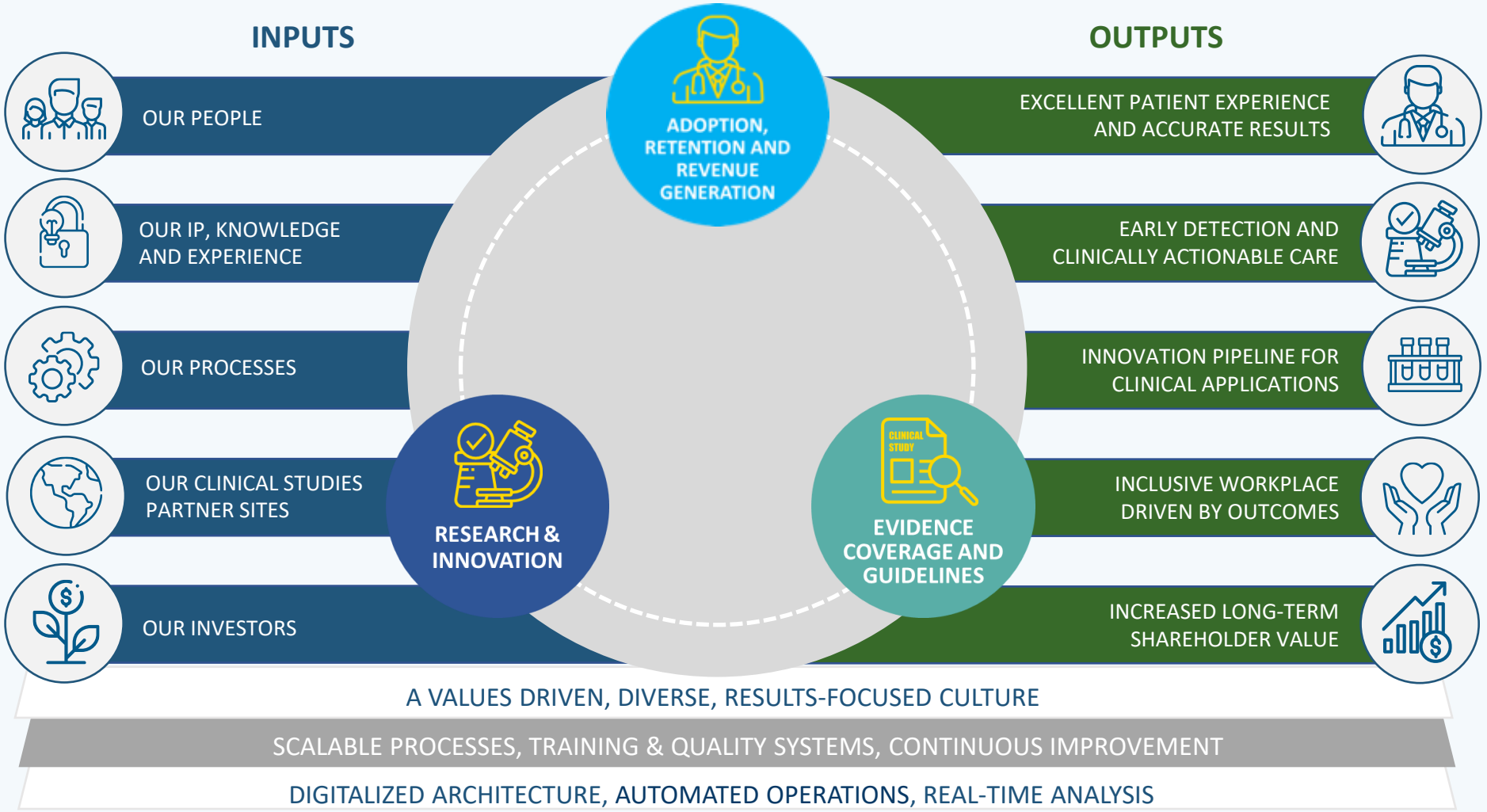
2H 26 Net Loss After Tax ($16.7m) down 12.8% on 1H 26 amid capital preservation initiatives

31 March 2026 $7.8M Cash and cash equivalents[2] down 64.8% on $22.1M at Sept 2025

- Draft LCD[3] published 14 May 2026 proposes Triage and Triage Plus as the only tests appropriate for Medicare reimbursement; final LCD is estimated to be effective by Jan 2027; Pacific Edge has been advised that claim-by-claim reimbursement is appropriate for intermediate risk microhematuria patients
- FY26 operating revenue fell due to Medicare non-coverage determination; APAC shows steady growth on smaller volumes
- 2H 26 cash burn reduced through careful expense management; targeting a monthly average cash burn for FY27 of NZ$2.5m vs NZ$2.85m for FY26.
- $36.1 million capital raising closed to strengthen our balance sheet and drive revenue growth from claim-by-claim reimbursement

1. Total Laboratory Throughput (TLT) including commercial, pre-commercial and clinical studies testing
2. Cash, short-term deposits and term deposits
3. The draft LCD is titled 'Urine-based Biomarkers in Patients with Microhematuria'

VALUE CREATION THROUGH THREE PILLARS



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DRAFT LCD PROPOSES MEDICARE COVERAGE FOR TRIAGE AND TRIAGE PLUS

NOVITAS[1] CONFIRMS PACIFIC EDGE CAN SUBMIT HEMATURIA TEST CLAIMS AS THEY ARE OUTSIDE PRIOR LCD[2]

EVIDENCE COVERAGE AND GUIDELINES

FINALIZED LCD EXPECTED TO ACCLERATE PACIFIC EDGE'S PATH TO PROFITABILITY

- Novitas has issued a draft LCD *'Urine-based Biomarkers in Patients with Microhematuria'* (DL40378) supporting Medicare coverage of Cxbladder Triage and Triage Plus
- No other urine-based biomarkers are included in the draft coding article (DA60424) associated with the LCD, creating a moat around our microhematuria business
- US Customers can be shifted over to Triage Plus for:
  - Improved performance characteristics and clinical utility on a broader range of patient types
  - Greater reduction in unnecessary procedures further reducing costs to healthcare systems and payers
  - Greater revenue, margin and margin percentage per test
    - US$1,328 is a 75% revenue improvement over the US$760 for legacy products
- The clear language in the draft LCD increases likely reimbursement success from Medicare Advantage payers, Commercial payers and positive assessments from Data Curators/Assessors
- Triage and Triage Plus are eligible for claim-by-claim reimbursement with publication of the draft

"Use of validated multi-analyte UBBs may be reasonable and necessary to support risk-stratification in appropriately counseled, intermediate-risk patients with MH who are considering deferral of cystoscopy."

- DRAFT LCD: 'Urine-based Biomarkers in Patients with Microhematuria' (DL40378)

Medicare

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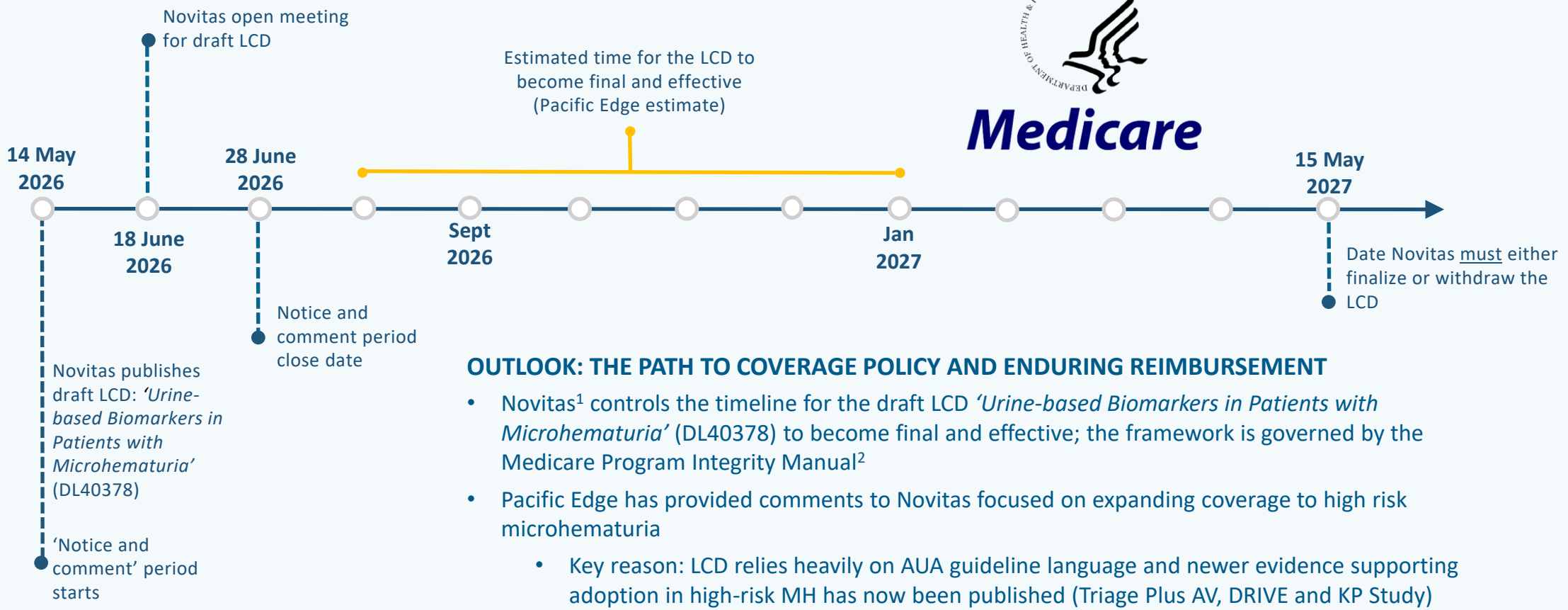
1. Novitas is the Medicare Administrative Contractor with responsibility for Pacific Edge's US laboratory
2. L39365 is the LCD "Genetic Testing in Oncology: Specific Tests' that contains a non-coverage determination for Cxbladder tests

MEDICARE RE-COVERAGE TIMELINES

DRAFT LCD RELEASED, FINAL COVERAGE ESTIMATED BY END OF 2026

EVIDENCE COVERAGE AND GUIDELINES



OUTLOOK: THE PATH TO COVERAGE POLICY AND ENDURING REIMBURSEMENT

- Novitas[1] controls the timeline for the draft LCD *'Urine-based Biomarkers in Patients with Microhematuria'* (DL40378) to become final and effective; the framework is governed by the Medicare Program Integrity Manual[2]
- Pacific Edge has provided comments to Novitas focused on expanding coverage to high risk microhematuria
  - Key reason: LCD relies heavily on AUA guideline language and newer evidence supporting adoption in high-risk MH has now been published (Triage Plus AV, DRIVE and KP Study)
- Novitas must respond to all comments on the draft LCD and may take a maximum of 365 days from publishing of the draft to finalize, or withdraw, the LCD (15 May 2027)
- The finalized LCD becomes effective 45 days after being published

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1. Novitas is the Medicare Administrative Contractor with jurisdiction of Pacific Edge's lab in Pennsylvania, USA
2. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/pim83c13.pdf

DRIVING CLINICAL VALUE FOR PHYSICIANS, HOSPITALS AND PAYERS

COMPELLING CLINICAL EVIDENCE CHANGES CLINICAL PRACTICE, MEDICAL POLICY AND GUIDELINES

STUDY	TEST AND EVIDENCE	PUBLICATION DATE (1)
1. STRATA Clinical Utility	- CU of Triage	Published May 2024
2. Automated RNA & DNA extraction	- AV of Triage, Detect and Monitor	Published September 2024
3. Triage Plus Analytical Validation	- AV of Triage Plus	Published July 2025
4. DRIVE Clinical Validation	- CV of Triage Plus	Published October 2025
5. STRATA second publication	- CU of Triage Plus (concordance[2])	Q4 2026
6. AUSSIE Clinical Validation	- CV of Triage Plus	Q3 2026
7. microDRIVE Clinical Validation	- CV of Triage Plus	Q1 2027
8. Surveillance Plus Analytical Validation	- AV of Surveillance Plus	Q2 2027
9. Pooled Analysis MH Clinical Validation[3]	- CV of Triage Plus	Q1 2027
10. Pooled Analysis GH Clinical Validation[3]	- CV of Triage Plus	Q1 2027
11. LOBSTER Clinical Validation	- CV of Monitor/Surveillance Plus	Q3 2027
12. CREDIBLE Clinical Utility	- CU of Triage Plus	Q1 2028
13. OCTOPUS Clinical Utility	- CU Surveillance Plus	Not Started

[1] All dates are calendar year and our best current estimates
[2] Concordance will be demonstrated by comparing Triage and Triage Plus on identical samples
[3] The MH and GH pooled analysis brings together data from DRIVE, AUSSIE and microDRIVE

- Pacific Edge generates clinical evidence required to drive behavior change in physicians
- Clinical evidence is generated within a framework of Analytical Validity (AV), Clinical Validity (CV) and Clinical Utility (CU)[1]
- AV, CV and CU are required to change physician behavior, payer policy and guideline recommendations
- The AV, CV and CU studies have clinically relevant patient populations with the endpoints and sample sizes required for coverage decisions and guideline inclusion
- On May 14, 2026, draft Medicare coverage for Triage & Triage Plus has been established on the strength of our AV, CV and CU evidence

Already published evidence

1. Clinical Utility (CU) - Evidence a test that can usefully change patient management within the context of care for the defined population and indication Clinical Validity (CV) - Evidence a test works in the same way on an independent eligible population for a given indication. Analytical validity (AV) - Evidence a test is repeatable in the lab for a given indication and population

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INDEPENDENT STUDIES SUPPLEMENT OUR EVIDENCE PORTFOLIO

INVESTIGATOR INITIATED TRIALS AND INDEPENDENT STUDIES DELIVER CLINICAL UTILITY AT MODEST SCALE

INDEPENDENT STUDY FOCUS	INSTITUTION	TEST AND EVIDENCE TYPE	PUBLICATION DATE[1]
Real World Utility of Triage in MH: A Matched Cohort Study	Kaiser Permanente, US	CU Triage (RWE)	Q1 2026[2]
Patient preference and satisfaction of "biomarkers vs cystoscopy"	Mayo Clinic, US	CU Monitor	Q3 2026
NZ Hematuria Pathway comparing T/D with Triage Plus on AUSSIE samples	Canterbury DHB	CU of Triage Plus	Q3 2026
Retrospective concordance of Triage and Triage Plus in the Kaiser System	Kaiser Permanente, US	CU Triage Plus	2027
Test utility in screening patients at risk for bladder cancer	UT Southwestern, US	CU Triage Plus	2027
Test utility in assessing therapy success in a reduced chemotherapy protocol for upper tract tumors	Israel Institute of Technology, Israel	CU Monitor CU Surveillance Plus	2027
Test utility in assessing response to BCG[3] in high-grade bladder cancer patients	University of Miami, US	CU Monitor CU Surveillance Plus	2027
Test utility for the surveillance of MIBC[4] treated with bladder sparing methods (PRESERVE Trial)	Cleveland Clinic, US	CU Monitor CU Surveillance Plus	2028
A Randomized Trial of Apalutamide in Non-Muscle Invasive Bladder Cancer	National Institutes of Health, US	CU Monitor CU Surveillance Plus	2029

Already published evidence

- Investigator initiated trials (IITs) are independent studies in which Pacific Edge typically provides free testing, so provide significant value at low cost
- IITs extend the evidence portfolio for new indications of existing tests and may inform new 'core' clinical trials
- IITs are an important part of Key Opinion Leader (KOL) engagement and generate publications or podium presentations that give profile to Cxbladder and Pacific Edge

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1. All dates are calendar year and our best current estimates
2. Filson et al (2026); Real-World Utility of Cxbladder Triage for Patients with Microhematuria: A Matched Cohort Study, Urology Practice® (2026), doi: 10.1097/UPJ.0000000000000972.
3. BCG: Bacillus Calmette–Guérin is a bacterium instilled into the bladder that triggers an immune response that targets and destroys cancer cells.
4. MIBC: Muscle Invasive Bladder Cancer

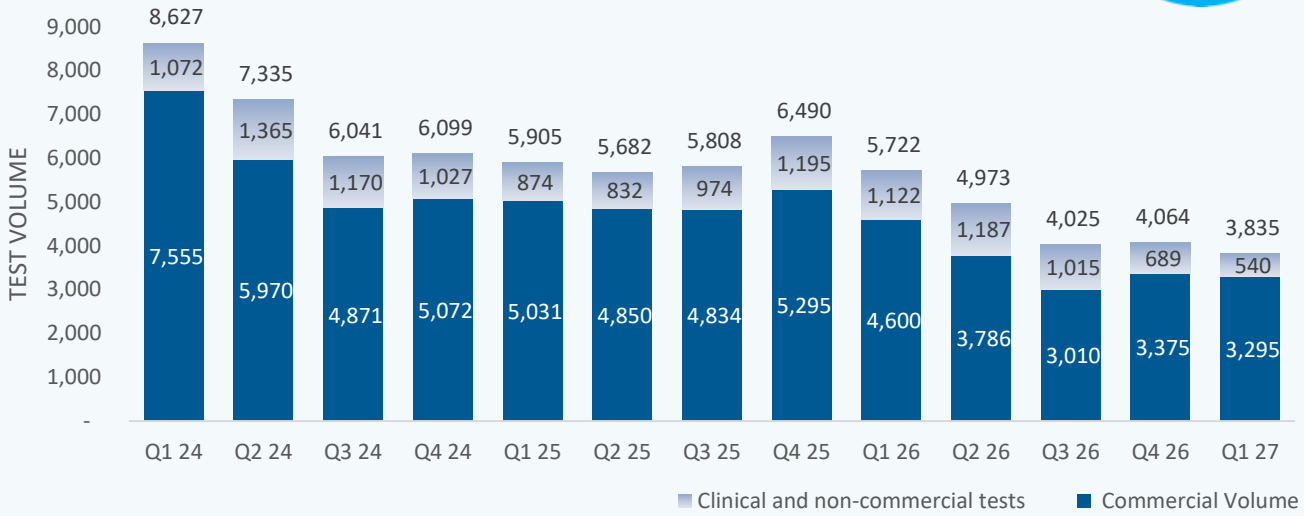
MOUNTING POLICY MOMENTUM YET TO LIFT US VOLUMES

ADOPTION, RETENTION AND REVENUE GENERATION

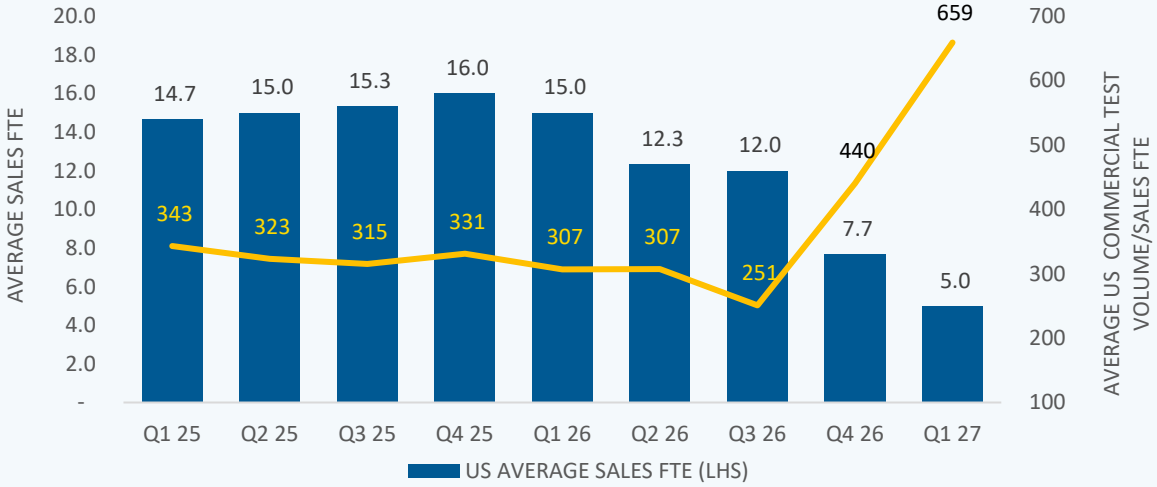
TOTAL THROUGHPUT DOWN, SALES EFFICIENCY UP

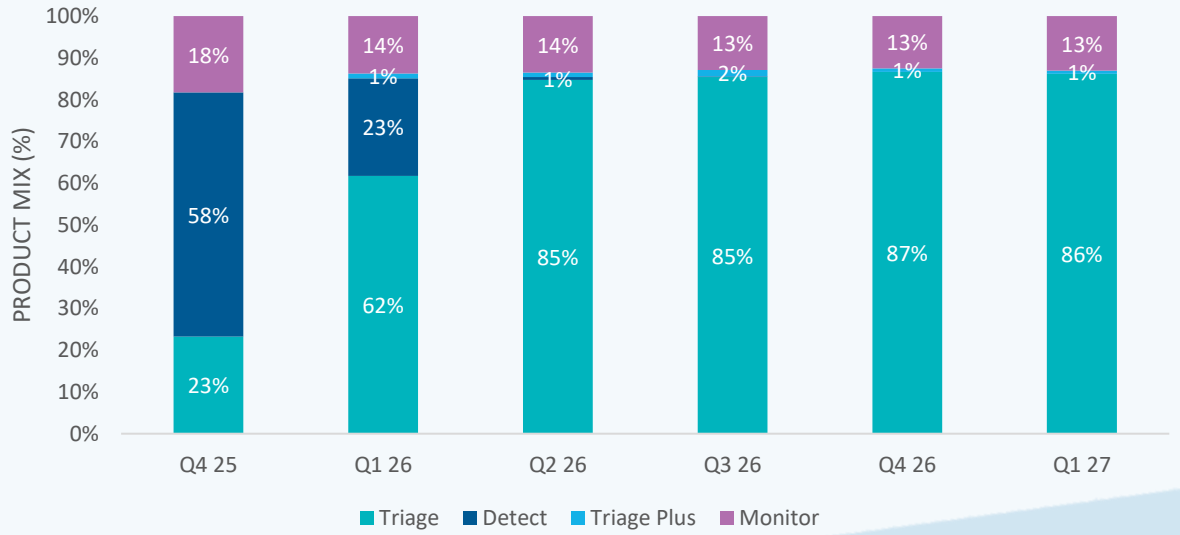
- US commercial operations challenged by Medicare non-coverage headwinds throughout FY26 and continued into Q1 27
- Commercial throughput holding steady for three consecutive quarters despite drop in Sales FTE in line with capital preservation goals ahead of Medicare policy
- Sales force efficiency metric (commercial test/FTE) increased from 440 in Q4 26 to 659 in Q1 27, principally due to head count reductions and increased Kaiser Permanente volumes
- Commercial product mix rapidly shifted from Detect to Triage in Q1 26

US TOTAL TEST VOLUME[1] AND COMMERCIAL PRODUCT MIX



US SALES FORCE EFFICENCY[2]





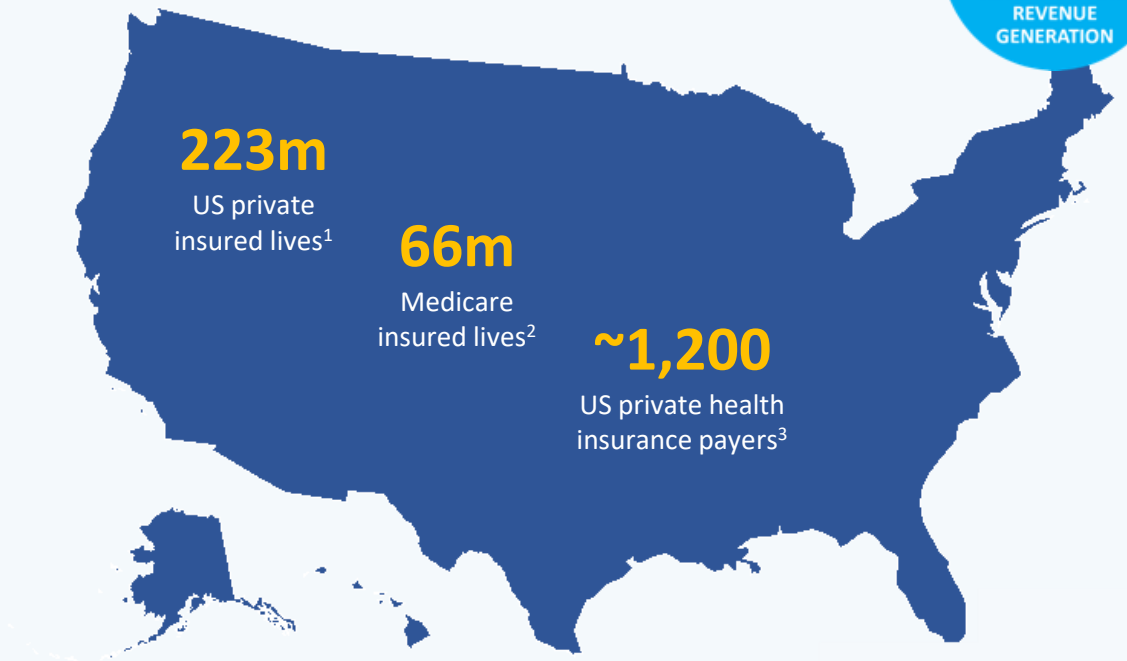
1. Total Laboratory Throughput in Asia and Pacific including commercial, pre-commercial and clinical studies testing
2. Pacific Edge has previously used Total Lab Throughput, but has changed its reporting to focus on Commercial throughput, which accounts for the differences in reported figures compared to previous quarterly and half yearly reporting

US COMMERCIAL PAYERS: MEDICARE POLICY EXPECTED TO UNLOCK VOLUMES

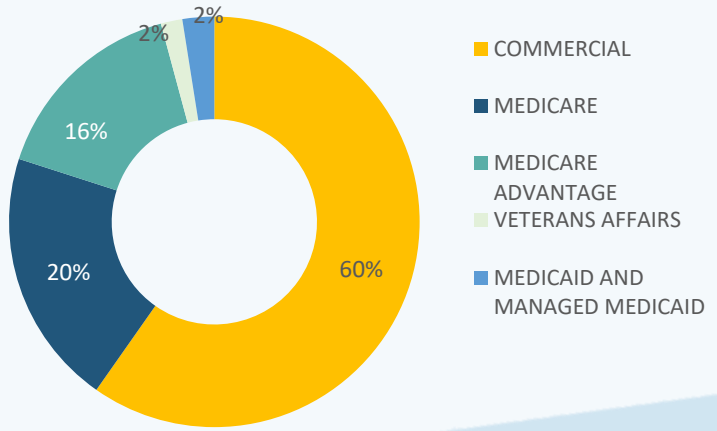
ADOPTION, RETENTION AND REVENUE GENERATION

THE US PRIVATE HEALTH INSURANCE MARKET IS A LARGE OPPORTUNITY

- Commercial payers are a significant opportunity covering almost four times more lives than Medicare
- Microhematuria patients skew younger with commercial health insurance, thus represent most of the total serviceable market for hematuria evaluation
- Final coverage policy from Medicare is expected to unlock revenue from Commercial Payers by:
  - Removing a key reason to deny reimbursement
  - Providing additional evidence to overturn denials on appeal
  - Providing language that commercial payers can adopt in their own policies
  - Leveraging State Biomarker Laws to mandate payment from commercial payers
- We focus on establishing medical policy directly with payers or through third parties like Avalon, EviCore, Carelon, Concert Genetics and ECRI[4]



PACIFIC EDGE PAYER MIX (2H 26)



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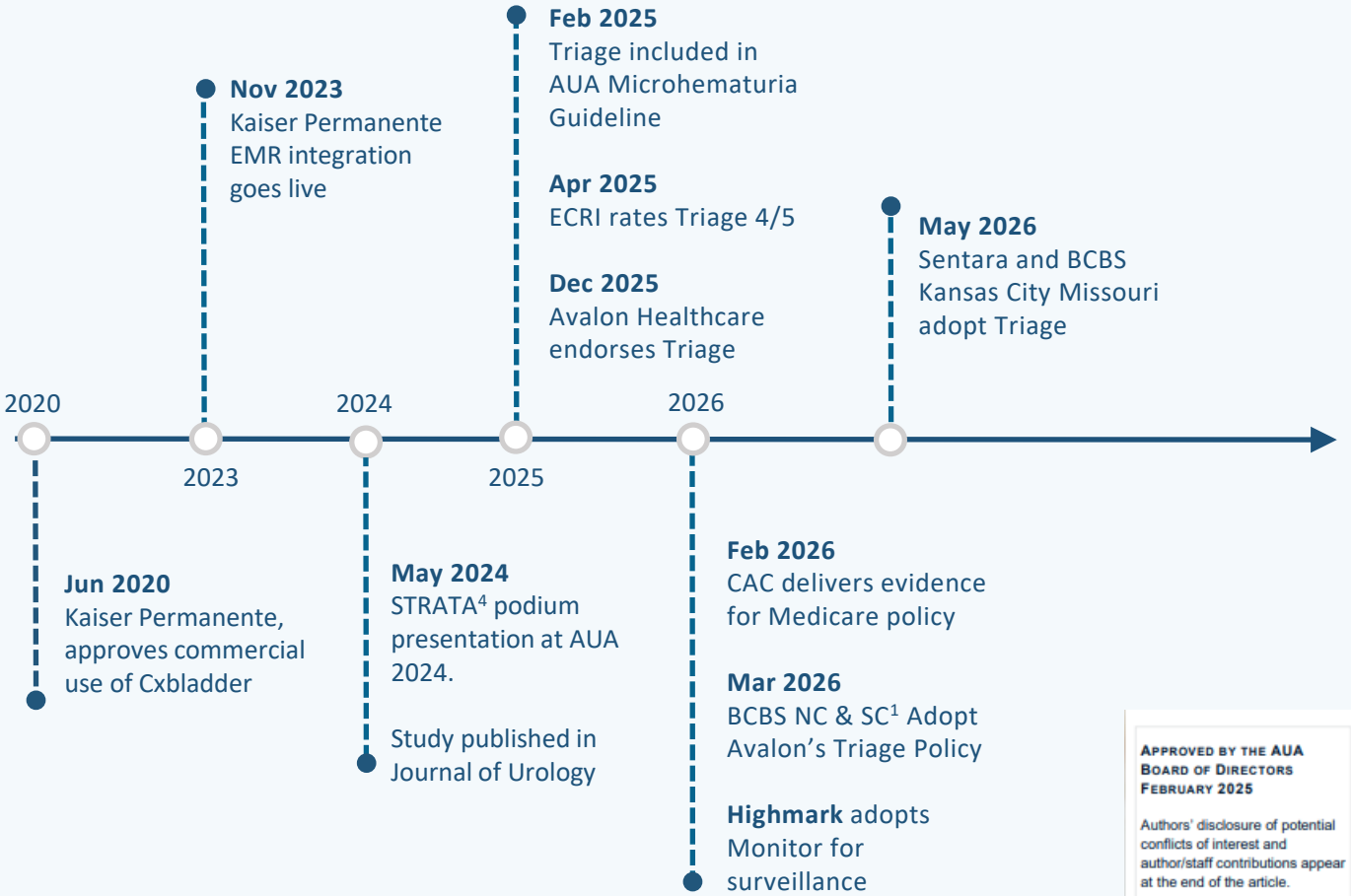
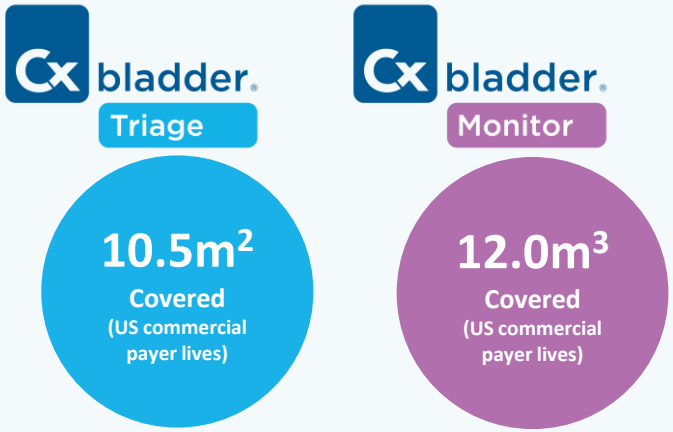
1. https://www.census.gov/library/publications/2025/demo/p60-288.html
2. https://www.medicare.gov/about-us
3. https://content.naic.org/sites/default/files/2024-annual-health-industry-commentary.pdf
4. ECRI is the Emergency Care Research Institute

BUILDING U.S. COMMERCIAL PAYER MOMEMTUM

MEDICARE COVERAGE UNLOCKS FURTHER COMMERCIAL PAYER POLICY

ADOPTION, RETENTION AND REVENUE GENERATION





1. BCBS NC & SC are the Blue Cross Blue Shield plans of North Carolina and South Carolina
2. Includes Kaiser SoCal, BCBS NC, SC & Kansas City and Sentara
3. Includes Kaiser SoCal, Highmark
4. Lotan Y, Daneshmand S, Shore N, Black P, Scarpato KP, Patel A, Lough T, Shoskes DA, Raman JD. A Multicenter Prospective Randomized Controlled Trial Comparing Cxbladder Triage to Cystoscopy in Patients With Microhematuria. The Safe Testing of Risk for Asymptomatic Microhematuria Trial. J Urol 2024. doi: 10.1097/JU.0000000000003991

PacificEdge® CANCER DIAGNOSTICS

TARGETING INTERMEDIATE RISK MICROHEMATURIA PATIENTS

LARGE INTERMEDIATE RISK POPULATION IS NUANCED TO ACCESS

ADOPTION, RETENTION AND REVENUE GENERATION

SEX ASSIGNED AT BIRTH FOR HEMATURIA PATIENTS[3]

PATIENT	FEMALE	MALE
Low risk	80%	20%
Intermediate risk	75%	25%
High risk	34%	66%

TARGETING INTERMEDIATE RISK MICROHEMATURIA PATIENTS

- Intermediate risk hematuria (IRMH) patients are predominantly female
- IRMH patients often stay at primary care, or are triaged at secondary care before seeing a general urologist by APPs, NPs or PAs[1]
- In addition to general urology, IRMH patients are commonly seen by URPS, urogyns, OBGYN and FPMRS[2]
- Consequently, Pacific Edge intends to focus on:
  - Integrated Delivery Networks – health systems that are integrated between primary and secondary care
    - Hospital Systems
    - Academic Institutions
    - Veterans Association
  - APPs, NPs and PAs at general urology practices
  - Female-specific specialties like uro-gyns, OBGYNs, URPS & FPMRS

PacificEdge® CANCER DIAGNOSTICS

1. APPs are Advanced Practice Providers, NPs are Nurse Practitioners and PAs are Physicians Assistants
2. URPS is Urogynaecology and Reconstructive Pelvic Surgery, urogyn is urogynaecologist, OBGYN is Obstetrician-Gynaecologist and FPMRS is Female Pelvic Medicine and Reconstructive Surgery
3. Management estimates derived from referred hematuria data in Woldu et al (2021). See Slide 37-39 for details

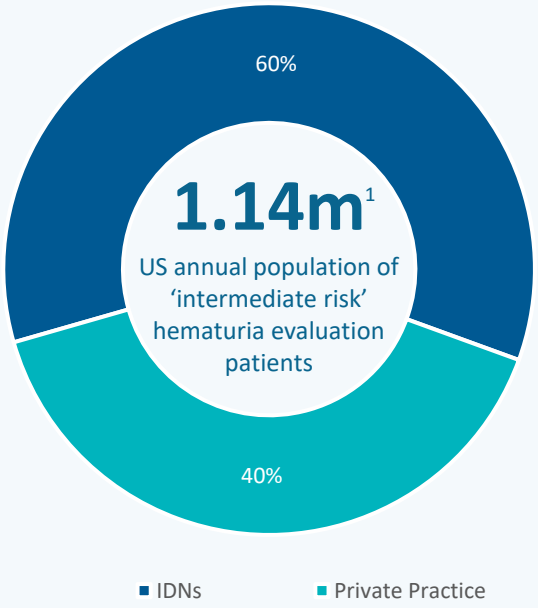
INTERMEDIATE RISK MICROHEMATURIA SALES APPROACH

INTEGRATED DELIVERY NETWORKS ARE THE TOP TARGET FOR INTERMEDIATE RISK MICROHEMATURIA

ADOPTION, RETENTION AND REVENUE GENERATION

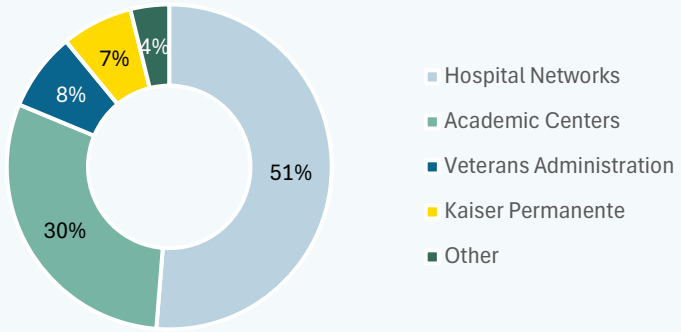
HEALTHCARE PROVIDER TYPE

(SHARE OF PATIENT VOLUME)[3]



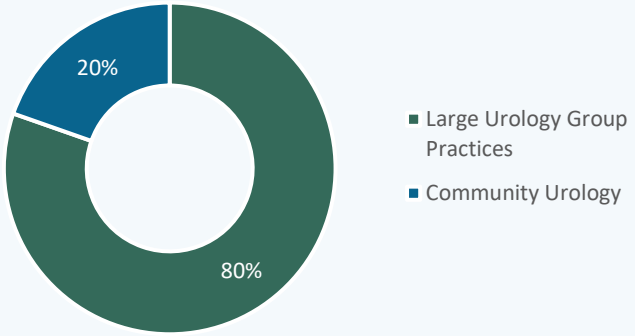
INTEGRATED DELIVERY NETWORKS

(SHARE OF PATIENT VOLUME)[3]



PRIVATE PRACTICE

(SHARE OF PATIENT VOLUME)[3]



US COMMERCIAL SALES OPERATIONS

- **Strategic Accounts** focused on IDNs
  - Up to 1,000 strategic accounts including 130 Academic Hospitals, 170 VA medical centers and 18 VISNs[2]
  - Integrated primary and secondary care, capitated with centralized decision making on adoption of clinical pathways
  - Focused on selling clinical pathways to deliver Cxbladder clinical utility, health economics and minimize reimbursement denials
  - Generally, will require/desire EMR integrations
  - Longer sales cycle with stickier revenue once pathways are implemented
- **Specialty Sales** focused on Community Practice and LUGPAs
  - 35-45% of the urology patients are seen in community practice or LUGPA clinics across the US
  - **Community Urology:** Practice-level decision making; short sales cycle; procedure driven; limited opportunity for pathways, but may benefit from Customer Portal aligned with pathways
  - **LUGPA Clinics:** Practice-level decision making within LUGPAs; short sales cycle; procedure driven; limited opportunity for pathways
  - **LUGPAs:** May offer some centralized decision making across multiple LUGPA Clinics; longer sales cycle; procedure driven; potential opportunity for pathways with EMR and/or pathology lab integrations

PacificEdge® CANCER DIAGNOSTICS

1. Management estimates derived from referred hematuria data in Woldu et al (2021). MH estimated at 80% and GH at 20%. MH Risk categories: Low 7%, Intermediate 41%, High 52%. See slides 37-39 for details.
2. VISN stands for Veterans Integrated Service Network
3. Share of patient volume figures are management estimates

IMPLEMENTING CLINICAL PATHWAYS AT INTEGRATED DELIVERY NETWORKS

HELPING IDNs TO SAFELY REDUCE PATIENTS SEEN BY UROLOGISTS AND UNNECESSARY PROCEDURES

ADOPTION, RETENTION AND REVENUE GENERATION

PATIENT PRESENTS WITH HEMATURIA

Exclude benign reasons for hematuria

- UTI[1]
- Kidney stones
- Kidney disease
- BPH[2]
- Prostatitis

HIGH RISK EXCLUSIONS

Must answer **'No'** to all:

- Male Aged ≥ 60 yrs
- History of gross hematuria in the past 12 months
- Heavy smokers (> 30 pack/yrs)
- ≥ 25 RBC/HPF3
- Surgically altered bladder or neobladder

If **'Yes'** to any question, refer to cystoscopy

DEFERRAL CRITERIA

Must answer **'No'** to all:

Two-week deferral:

- Active UTI
- Cystoscopy
- Catheterization
- Urethral lesion

Six-week deferral:

- Pelvic radiation therapy

cxbladder Triage Plus

PATIENT MANAGEMENT

Low risk
- Defer cystoscopy
- Repeat UA in 12 months

Intermediate risk
- Cystoscopy
- Renal ultrasound

High risk
- Cystoscopy
- CT Urogram

CXBLADDER TRIAGE OR TRIAGE PLUS MICROHEMATURIA CLINICAL PATHWAY – A WIN FOR IDNs AND PACIFIC EDGE

- AUA guidelines, Medicare coverage and commercial payer coverage provide the foundation for selling clinical pathways to IDNs
- Safely reduce urology specialist engagement and unnecessary procedures (cystoscopy, ultrasound, CT urogram)
- Aligned with clinician financial incentives (RVUs[4]) within IDN incentive structures
- Improve the patient experience - reduced wait times, fewer invasive procedures and improves overall service quality
- Revenue from clinical pathway implementation is more reliable and predictable based on the inclusion criteria of the clinical pathway

PacificEdge® CANCER DIAGNOSTICS

1. UTI is a urinary tract infection
2. BPH is Benign Prostate Hyperplasia, an enlarged prostate
3. RBC/HPF is a measure of the red blood cell count under a high-power field microscope
4. RVU is a relative value unit, and how IDNs structure incentives for physicians

KAISER PERMANENTE: A PARTNERSHIP WITH ONE OF THE LARGEST US PRIVATE PAYERS

PILOT STUDY WITH KAISER PERMANENTE MID-ATLANTIC POINTS TO THE LARGER OPPORTUNITY

ADOPTION, RETENTION AND REVENUE GENERATION

KAISER PERMANENTE – REAL WORLD CLINICAL AND ECONOMIC VALUE

- KP SoCal[1] has 4.9 million members. The broader Kaiser system has 12.6 million members
- KP SoCal is contracted for Triage and Monitor and implemented electronic ordering through their HealthConnect EMR in 2023; all 15 sites ordering
- Pacific Edge is working with KP to drive volume growth within KP SoCal
- Pacific Edge has recently entered into an agreement with KP Mid-Atlantic[2] (~800,000 members) for a pilot study with a Triage protocol that mirrors KP SoCal
- The partnership with KP has delivered unique compelling real-world evidence for Triage; new studies are expected to deliver similar value for Triage Plus

KAISER PERMANENTE

LARGEST EVER CLINICAL STUDY OF URINE-BASED BIOMARKERS FOR HEMATURIA EVALUATION

3,353	risk-matched patients for indisputable statistical power
~80%	of patients identified as low probability by Cxbladder Triage
952	cystoscopies avoided (284 per 1,000 referrals for hematuria) & 70 CTs avoided (21 per 1,000 referrals)

No difference in overall cancer detection rates between those who received the Triage test (0.33%) and their matched cohort (0.6%) (p=0.105)

1. KP SoCal refers to the Southern California Permanente Medical Group
2. KP Mid-Atlantic refers to the Mid-Atlantic Permanente Medical Group

PacificEdge® CANCER DIAGNOSTICS

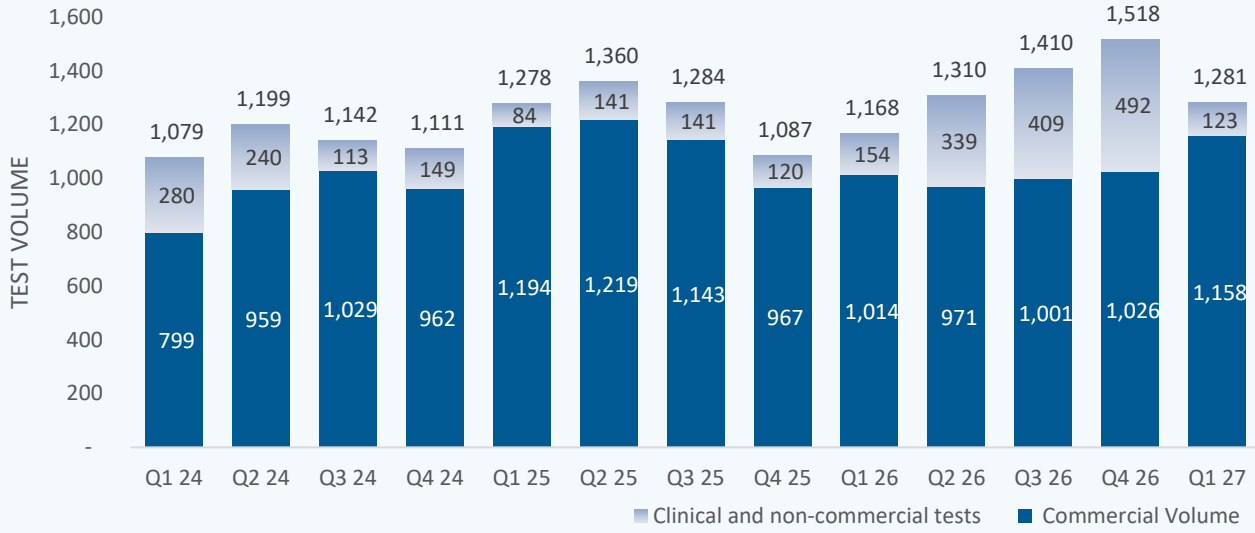
APAC CHARTING A PATH TO PROFITABILITY

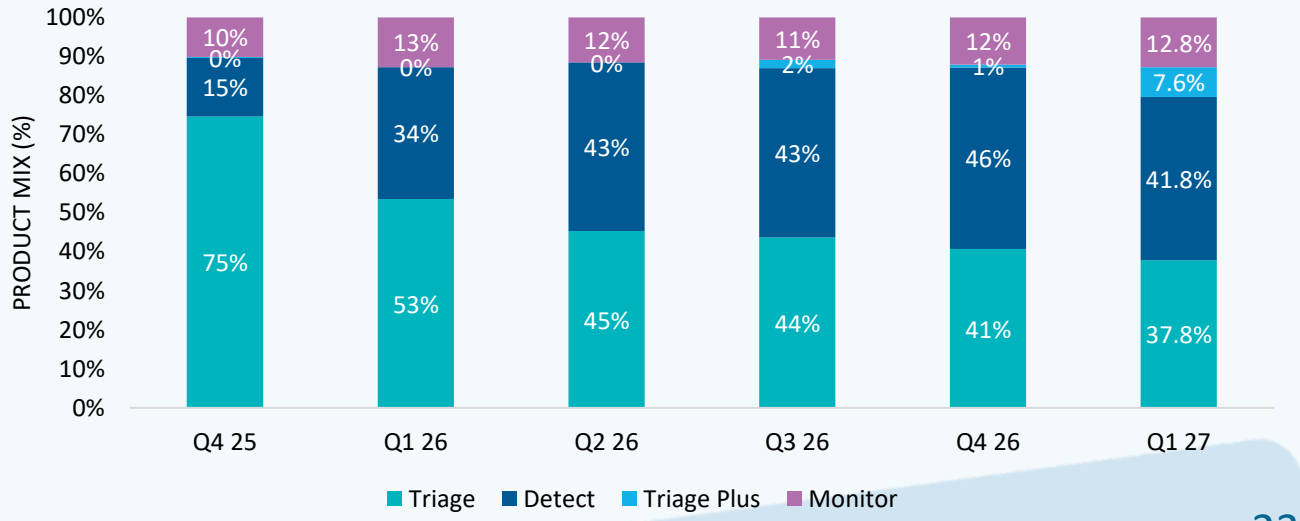
ADOPTION, RETENTION AND REVENUE GENERATION

APAC COMMERCIAL

- APAC revenue was $2.0m in FY26 and contributed 19% of operating revenue in 2H 26, an increase from 8% in FY25
- APAC Commercial and Clinical Operations (excluding R&D costs) is trending towards profitability (on a direct cost basis) with a cash burn rate of $0.17m for Q1 of FY27, which is a:
  - ~9% improvement on the cash burn rate vs Q4 FY26
  - ~15% improvement on the cash burn rate vs Q1 FY26
- Repricing in 2025 created on average 25% more revenue per test
- Triage Plus increased to 8% of product mix in Q1 27
  - Triage Plus has the potential for ~20% more revenue per test

APAC TOTAL TEST VOLUME[1] AND COMMERCIAL PRODUCT MIX





1. Total Laboratory Throughput in Asia and Pacific including commercial, pre-commercial and clinical studies testing
2. MSAC: Medical Services Advisory Committee: advises on public funding for health services for Australian Medicare reimbursement

CONSOLIDATING NEW ZEALAND AND DEVELOPING AUSTRALIA AND ASIA

ADOPTION, RETENTION AND REVENUE GENERATION

NEW ZEALAND: SEEKING A NATIONAL HEMATURIA EVALUATION PATHWAY

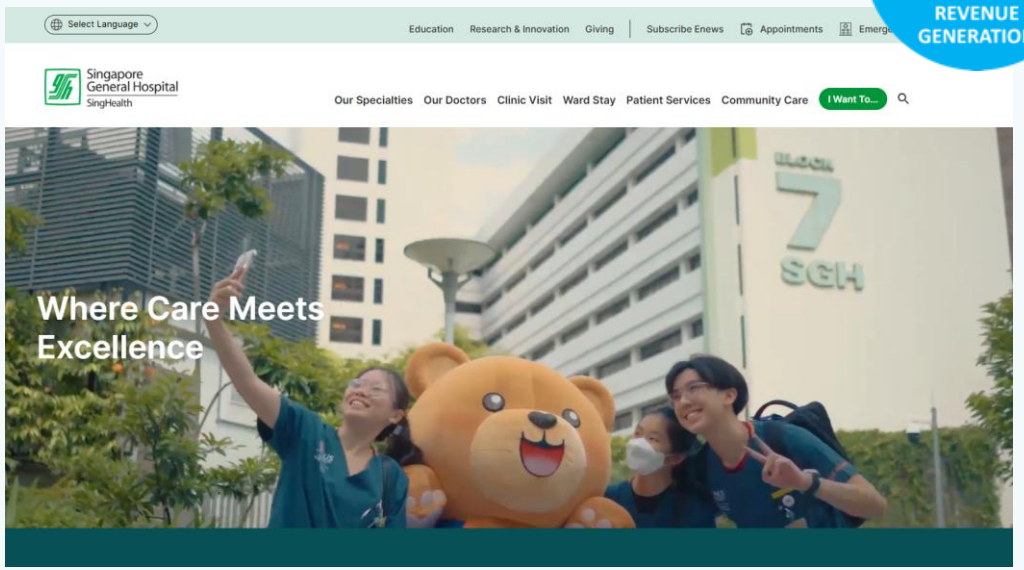
- ~70% of New Zealanders have access to Cxbladder testing
- Cxbladder is under consideration for nationally funded clinical pathway for hematuria evaluation with *Te Whatu Ora.* Funding has yet to be approved

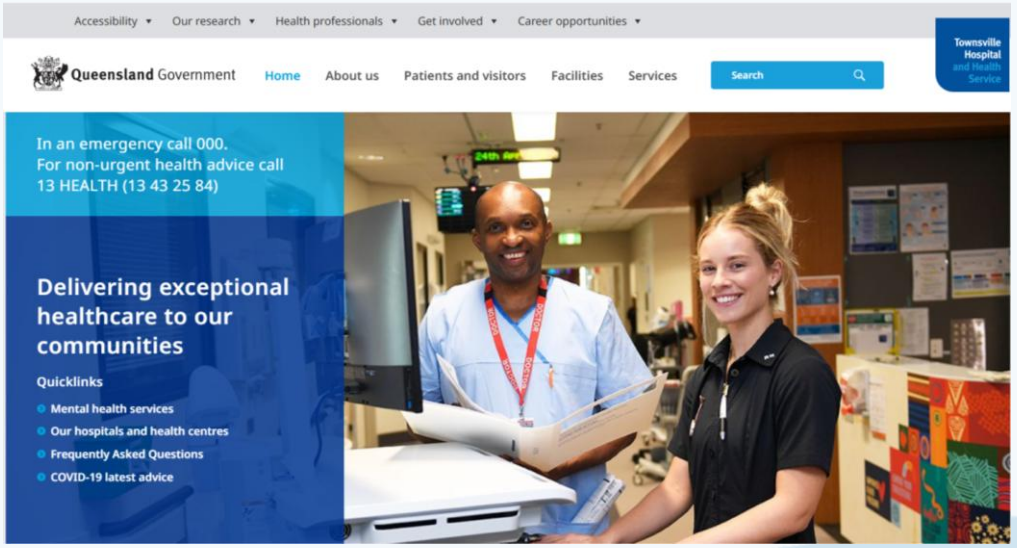
ASIA: BUSINESS DEVELOPMENT WITH EARLY WINS

- In Asia we are establishing a network of lab partners for in-market promotion of our testing services
- We have processed commercial samples from seven[1] markets, selling either directly or through a distributor/lab partner
- Singapore General Hospital implemented the first clinical pathway for Cxbladder products in March 2026
- Longer-term strategy involves deploying kit-based IVDs through the lab partner network

AUSTRALIA: BUSINESS DEVELOPMENT WITH HOSPITAL CONTRACTING

- In Australia we are focused on contracting with individual hospitals that have evaluated Cxbladder
- Northern Hospital and Townsville have established clinical pathways for Cxbladder products
- MSAC[2] reimbursement requires Cxbladder tests to be run in Australia
  - When developed, kit-based IVDs for Cxbladder can be run by partner labs in Australia





1. The seven countries are: Singapore, Hong Kong, Philippines, Brunei, Malaysia, Taiwan and Thailand
2. MSAC: Medical Services Advisory Committee: advises on public funding for health services for Australian Medicare reimbursement

RESEARCH, DEVELOPMENT AND INNOVATION

IDENTIFYING MARKETS WHERE WE HAVE A CREDIBLE RIGHT TO WIN

RESEARCH & INNOVATION

RESEARCH & INNOVATION

INTELLECTUAL PROPERTY

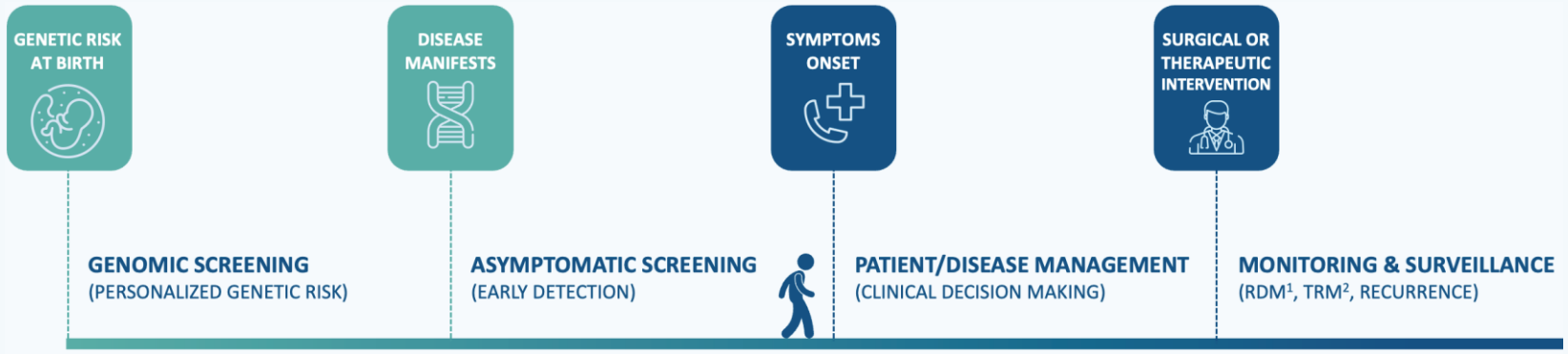
TECHNOLOGY

PRODUCT

COMMERCIALIZATION

THE MOLECULAR DIAGNOSTICS VALUE CHAIN LEADS OUR SEARCH FOR UNMET NEEDS

- **Identify and develop substantial market opportunities** where an **unmet clinical need** can be addressed through non-invasive molecular biomarker tests where we have a **credible right to win**
- **Generate compelling clinical evidence** that turns IP/Technology/Products into clinically validated molecular tests for guideline inclusion and payer coverage
- **Commercialize clinically validated products** to institutional, community and primary healthcare providers that require physician "behavior change" supported by ancillary innovations in digital connectivity, 'big data', CRM, 3PL and PIHSS[3]



PacificEdge® CANCER DIAGNOSTICS

1. RDM: Residual Disease Monitoring
2. TRM: Therapeutic Response Monitoring
3. CRM: Customer Relationship Management Systems; 3PL: Third Party Logistics; PIHSS: Patient in Home Sampling System

NEXT GENERATION PRODUCTS ALREADY DELIVERING STRATEGIC VALUE

TRIAGE PLUS AND SURVEILLANCE PLUS OFFER SUPERIOR PERFORMANCE, PRICING AND MARGIN

RESEARCH & INNOVATION

- **Cxbladder Triage Plus has been analytically validated and clinically validated for all hematuria patients (MH and GH)**
  - Triage Plus has provisional patents filed, AV published, CV published, priced at US$1,328/ test by Medicare, and draft coverage has been proposed by Novitas
  - The US$1,328 price strengthens the economics of operating an Account Executive and the future profitability profile of the company
  - We are seeking to have Triage Plus added to the AUA microhematuria guideline alongside Triage at the next update (not expected to start until mid-2027)
- **Cxbladder Surveillance Plus tests for recurrent disease in NMIBC[1] patients**
  - Surveillance Plus is in development focused on multiple types of DNA markers using ddPCR[2]; AV and CV are expected to be published in early FY28
  - Surveillance Plus has completed a 'Freedom to Operate' analysis, and provisional patenting is in progress
  - Pacific Edge is targeting to submit Surveillance Plus for a CPT-PLA code by 9 December 2026. If that date is achieved, Pacific Edge currently expects claim-by-claim reimbursement from July 2027 once Novitas adds the code to A58917 at local provisional pricing
  - This may lead to additional US revenue during FY28 while seeking a pricing crosswalk for Surveillance Plus to a US$1,800 ddPCR test and LCD coverage from Novitas

Cx bladder® Triage Plus

Cx bladder® Surveillance Plus

PacificEdge® CANCER DIAGNOSTICS

1. NMIBC is non-muscle invasive bladder cancer
2. ddPCR is droplet digital Polymerase Chain Reaction

EXPANDING MARKET OPPORTUNITIES WITH INNOVATION

DEVELOPING AN IVD[1] IS THE PRIMARY AVENUE FOR INTERNATIONAL OPPORTUNITIES

RESEARCH & INNOVATION

ADVANCING IVD DEVELOPMENT FOR INTERNATIONAL MARKETS

- Pacific Edge is following a well-worn model of development and execution in the US with a CAP/CLIA-approved LDT[2] providing service to the entire USA
- International markets require a different approach in which Pacific Edge seeks to create a 'kitted' IVD medical device
- Benefits of this approach:
  - IVDs can be run by any accredited lab partner in any geography
  - Customer-side logistics are easier, faster and customer service is local
  - Partner labs make a margin by running the IVD test – increases sales opportunities and motivation to increase volumes
  - Decentralized deployment allows faster scalability
  - Research Use Only versions of the product can be used to develop business, select partners and run evaluation programs in preparation for IVD launch
- Pacific Edge is simplifying its tests and accelerating the development of an IVD called Triage Plus IVD, for decentralized lab deployment and international market expansion. Key objectives:
  - Establishing IVD regulatory framework for our next generation tests that includes IVD-R (Europe), FDA (USA) and ISO-13485[3] (Rest of World)
  - Prototype development plan is in place and ready to be implemented subject to budget approval

Clinical Lab Scientist Jolene Mok (left) Chief Scientific Officer Parry Guilford (center) and Chief Technology Officer Justin Harvey (right)

1. IVD stands for *in vitro* diagnostic – a type of medical device for regulatory purposes
2. CAP is the College of American Pathologists, CLIA is the Clinical Laboratory Improvement Amendments and LDT is a laboratory developed test
3. IVD-R European In Vitro Diagnostic Regulation; FDA, US Food and Drug Administration; ISO International Organization for Standardization

FY26 FINANCIAL PERFORMANCE

PacificEdge®
CANCER DIAGNOSTICS

POSITIONING PACIFIC EDGE FOR MEDICARE RE-COVERAGE

COST SAVINGS MINIMIZE CASH BURN

Financial Period ($000)	2H 26 (Unaudited)	1H 26 (Unaudited)	FY26 (Audited)	FY25 (Audited)	2H 26 vs 1H 26	FY26 vs FY25
Operating Revenue	$5,560	$5,939	$11,499	$21,846	(6.4%)	(47.4%)
Total Revenue	$6,457	$7,123	$13,580	$24,616	(9.3%)	(44.8%)
Operating Expenses	$23,119	$26,239	$49,358	$54,552	(11.9%)	(9.5%)
Net Loss After Tax	**($16,662)**	**($19,116)**	**($35,778)**	**($29,936)**	**(12.8%)**	**19.5%**
Cash Receipts from Customers	$5,245	$7,985	$13,230	$21,572	(34.3%)	(38.7%)
Net Cash Flows to Operating Activities	($12,912)	($19,026)	($31,938)	($24,740)	(32.1%)	29.1%
Net Cash[1]	**$7,776**	**$22,121**	**$7,776**	**$22,568**	**(64.8%)**	**(65.5%)**
Monthly Cash Burn (NZ$m)	$2.4	$3.3	$2.9	$2.3	(27.7%)	23.4%

- Operating revenue fell after loss of Medicare and Medicare Advantage coverage and reduced test volumes
- We have not accrued revenue from Medicare tests during FY26 while we pursue the appeals strategy
- We continue to maintain a US market presence that positions the company for regaining Medicare coverage, while focusing on reducing operating expenses, which fell 11.9% in 2H 26 against 1H 26
- Sales force reductions and other capital saving measures have cycled through from 1H 26 into 2H 26, with 2H 26 monthly cash burn 27.7% lower than 1H 26
- Secured $20.7 million in new equity in August 2025
- Secured $36.1 million in new equity in May 2026 ($25.4 in placement, $10.7 million Retail Offer)

1. Net cash, cash equivalents and short-term deposits at the end of the period

OPERATING EXPENSES

ALL COSTS REDUCED WITH LARGEST REDUCTION IN SALES AND MARKETING

Financial Period ($000)[1]	2H 26 (Unaudited)	1H 26 (Unaudited)	FY26 (Audited)	FY25 (Audited)	2H 26 vs. 1H 26	FY26 vs. FY25
Laboratory Operations	$5,722	$5,884	$11,606	$12,490	(2.8%)	(7.1%)
Research	$6,366	$7,065	$13,431	$14,631	(9.9%)	(8.2%)
Sales and Marketing	$6,765	$8,453	$15,218	$17,530	(20.0%)	(13.2%)
General Administration	$4,266	$4,837	$9,103	$9,901	(11.8%)	(8.1%)
Total operating expenses	**$23,119**	**$26,239**	**$49,358**	**$54,552**	**(11.9%)**	**(9.5%)**

Operating expenses have reduced by 9.5% on FY25 through careful expense management targeting capital preservation

- Laboratory Operations expense decrease of 7.1% on FY25 driven by decreased testing volumes.
- Research expenses reduced by 8.2% on FY25 with reduced clinical studies costs incurred as studies reach conclusion during FY26
- Sales and Marketing expenses down 13.2% on FY25 as the focus shifts to profitable sales, reducing US sales FTE
- General and Administration expenses down 8.1% in line with capital preservation initiatives across the business

OUTLOOK

PacificEdge®
CANCER DIAGNOSTICS

OUTLOOK

POSITIONED TO UNLOCK VALUE THROUGH UPCOMING COMMERCIAL, CLINICAL AND INNOVATION MILESTONES

COMMERCIAL CATALYSTS FOR NEAR-TERM VALUE CREATION

- Draft LCD (DL40378) proposes coverage for Triage and Triage Plus for intermediate risk microhematuria patients
- Claim-by-claim reimbursement for Triage and Triage Plus for intermediate risk microhematuria in alignment with DL40378
- Progressively phasing in Triage Plus at US$1,328 to US customers accelerates path to profitability while saving costs for healthcare systems
- Advancing medical policy for Triage with commercial payers, leveraging the draft LCD, AUA Guideline, ECRI[1] review and Avalon policy
- Cxbladder is under consideration by Health New Zealand for a National Pathway in FY27

CLINICAL EVIDENCE DRIVES MEDIUM-TERM VALUE CREATION

- DRIVE publication[2] supports Triage Plus validity; awaiting “updated literature review” by AUA for subsequent guideline inclusion
- Kaiser Permanente study shows real world evidence for Cxbladder Triage in largest urine-based biomarker study of hematuria patients
- Evidence generation program delivers stepwise milestones for sustained shareholder value
- Draft LCD, AUA (Grade A Evidence), ECRI[2] (4/5 Evidence) and Avalon (Covered) have created the precedent for turning Cxbladder evidence into robust medical policy
- BCBS[3] NC, BCBS SC, BCBS Kansas City and Sentara have adopted commercial payer policy for Triage

INNOVATION DRIVES LONG-TERM VALUE CREATION

- Next generation products demonstrate superior performance that underpins greater clinical indications, improved patient experience, healthcare system cost savings and is expected to substantially improve unit economics
- Targeting CPT-PLA coding submission for Surveillance Plus in December 2026 seeking claim-by-claim revenue after July 1, 2027
- Seeking US$1,800 for Surveillance Plus with provisional local pricing from Novitas and final pricing via crosswalk during FY28
- Ongoing investment in product simplification and kitted IVD products to enable de-centralized international deployment

PacificEdge® CANCER DIAGNOSTICS

1. ECRI is the Emergency Care Research Institute
2. Savage et al., Accepted October 6, 2025. Diagnostic Performance of Cxbladder® Triage Plus for the Identification and Stratification of Patients at Risk for Urothelial Carcinoma: The Multicenter, Prospective, Observational DRIVE Study.
3. BCBS is Blue Cross Blue Shield

APPENDIX

PacificEdge®
CANCER DIAGNOSTICS

THE CXBLADDER SUITE

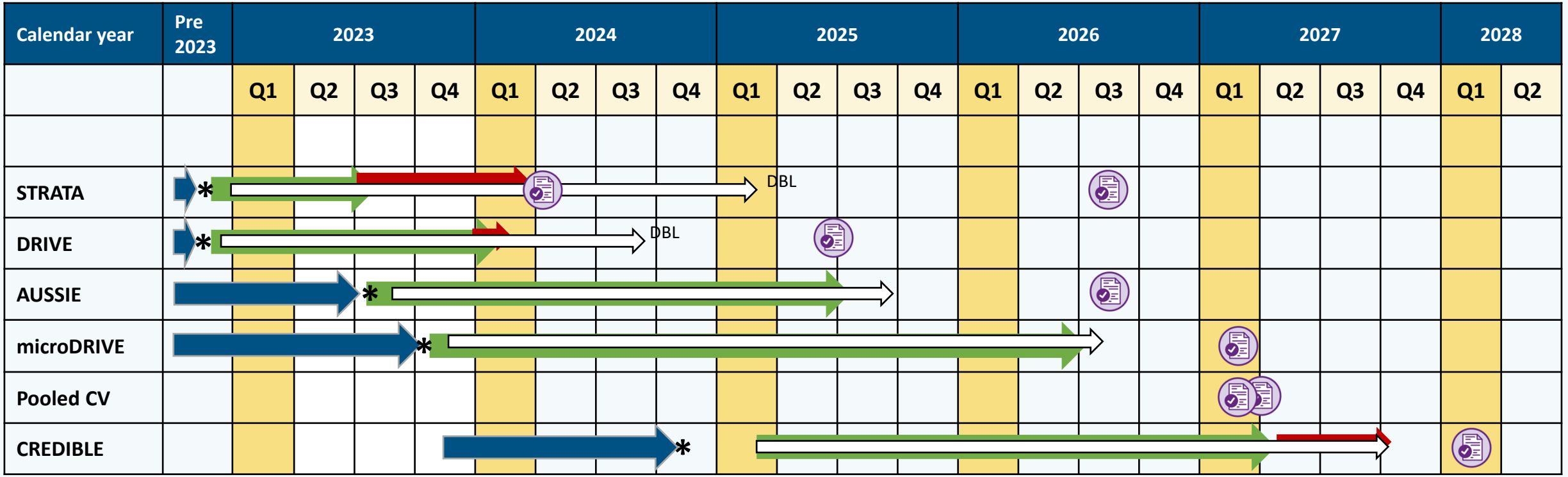
	Hematuria Evaluation			NMIBC[1] Surveillance	
Cxbladder Product	**Triage**	**Detect**	**Triage Plus**	**Monitor**	**Surveillance Plus**
Product Summary	Risk stratification of microhematuria patients to rule out the majority of those patients from further workup for bladder cancer	Adjunctive use with cystoscopy on hematuria patients to resolve diagnostic dilemmas (e.g. equivocal cystoscopy and atypical cytology)	Risk stratification and adjunctive use on any hematuria patient with improved performance over Triage and Detect	Alternative to cystoscopy for NMIBC patients undergoing surveillance for recurrence	Alternative to cystoscopy for NMIBC patients undergoing surveillance for recurrence. Currently in development, showing improved performance
Analytical composition	5 RNA biomarkers + patient clinical factors	5 RNA biomarkers	5 RNA biomarkers + 6 DNA SNVs from 2 genes (FGFR3/ TERT)	5 RNA biomarkers + patient tumor history	13 SNVs across 5 genes 2 fusions associated with 1 gene 1 methylation marker 2 control markers
Test Performance	Hematuria[2] Sn: 95% Sp: 45% NPV: 99% PPV: N/A	Hematuria[3] Sn: 82%** Sp: 94%* NPV: 97%** PPV: 68%*	Hematuria[4] Sn: 93.6%**** Sp: 98.2%*** NPV: 99.4%**** PPV: 74.6%***	All risk groups[5,6] Sn: 93% Sp: N/A NPV: 97% PPV: N/A	All Risk Groups Sn: Not yet published Sp: Not yet published NPV: Not yet published PPV: Not yet published
When is it used?	Prior to cystoscopy	Prior to cystoscopy / as an adjunct / 3 weeks post cystoscopy		As a non-invasive surveillance alternative	
Commercially available?	✓	✓	Commercially available in APAC and under “early access” in US, pending coverage	✓	CPT-PLA code targeted for Dec 2026 Reimbursed on A58917 in Jul 2027
Medicare Pricing (USD)	**$760**	**$760**	**$1,328**	**$760**	**$1,800 (seeking by crosswalk)**

* When higher 0.23 cut point on test report is used
** When lower 0.12 cut point on test report is used
*** When higher 0.54 cut point on test report is used
**** When lower 0.15 cut point on test report is used

1. NMIBC: non-muscle invasive bladder cancer
2. Kavalieris et al. (2015) A segregation index combining phenotypic (clinical characteristics) and genotypic (gene expression) biomarkers from a urine sample to triage out patients presenting with hematuria who have a low probability of urothelial carcinoma. BMC Urol 2015;15:23.
3. O’Sullivan et al. (2012) A multigene urine test for the detection and stratification of bladder cancer in patients presenting with hematuria. J Urol 2012; 188:741–7.
4. Harvey et al. (2025) Analytical Validation of the Cxbladder® Triage Plus Assay for Risk Stratification of Hematuria Patients for Urothelial Carcinoma. Diagnostics. 2025; 15(14):1739. https://doi.org/10.3390/diagnostics15141739
5. Kavalieris et al. (2017) Performance Characteristics of a Multigene Urine Biomarker Test for Monitoring for Recurrent Urothelial Carcinoma in a Multicenter Study. J Urol 2017;197:6,1419-1426.
6. Lotan et al. (2017) Clinical comparison of noninvasive urine tests for ruling out recurrent urothelial carcinoma. Urologic Oncology: Seminars and Original Investigations. Elsevier; 2017; 1–8.

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"[1]																							
LOBSTER	*																						
OCTOPUS													CAB[2]								*		

Legend:

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

1. "The 1800" is the Surveillance Plus development dataset
2. CAB is the Pacific Edge Clinical Advisory Board. It was convened at SUO in Arizona to review and confirm the clinical study trial design for OCTOPUS

SOURCES AND ASSUMPTIONS - TOTAL ADDRESSABLE MARKET (US)

REGION	STATISTIC		SOURCE
UNITED STATES	Population	341,762,685	https://www.census.gov/popclock/
	Incidence of hematuria	7,000,000	Presentation from Dr Sia Daneshmand (Director of Urologic Oncology and Clinical Research, USC) July 2019
	Referred for clinical workup	3,500,000	Presentation from Dr Sia Daneshmand (Director of Urologic Oncology and Clinical Research, USC) July 2019
	Proportion of gross hematuria amongst those referred for clinical workup	700,000	Pacific Edge estimate
	Proportion of microhematuria amongst those referred for clinical workup	2,800,000	Pacific Edge estimate
	Proportion of low-risk microhematuria	200,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Proportion of intermediate-risk microhematuria	1,140,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Proportion of high-risk microhematuria	1,460,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Annual cases of bladder cancer	84,870	National Cancer Institute
	Patients living with bladder cancer	744,044	National Cancer Institute
	Test opportunities	4,416,066	Pacific Edge estimate
	Price of Cxbladder (US$)	$1,328 for Cxbladder Triage Plus, $1,800 for Cxbladder Monitor	
	TAM (US$billion)	$6.4	

SOURCES AND ASSUMPTIONS - TOTAL ADDRESSABLE MARKET (EUROPE)

REGION	STATISTIC		SOURCE
EUROPE (EXCLUDING RUSSIA)	Population	600,000,000	World-population - Europe World-population - Russia
	Incidence of hematuria	12,000,000	Science Direct
	Referred for clinical workup	6,000,000	Presentation from Dr Sia Daneshmand (Director of Urologic Oncology and Clinical Research, USC) July 2019
	Proportion of gross hematuria amongst those referred for clinical workup	1,200,000	Pacific Edge estimate
	Proportion of microhematuria amongst those referred for clinical workup	4,800,000	Pacific Edge estimate
	Proportion of low-risk microhematuria	340,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Proportion of intermediate-risk microhematuria	1,960,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Proportion of high-risk microhematuria	2,500,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Annual cases of bladder cancer	180,000	Uroweb
	Patients living with bladder cancer	900,000	Pacific Edge estimate - 5 years of annual cases
	Test opportunities	7,010,000	Pacific Edge estimate
	Price of Cxbladder EURO	€245	Pacific Edge estimate
	TAM (US$billion)	$1.9	

SOURCES AND ASSUMPTIONS - TOTAL ADDRESSABLE MARKET (APAC)

REGION	STATISTIC		SOURCE
APAC (EXCLUDING INDIA AND CHINA)	Population	830,000,000	World population - Southeast Asia Population Pyramid - Japan Population Pyramid - Hong Kong
	Incidence of hematuria	16,600,000	Science Direct
	Referred for clinical workup	8,300,000	Presentation from Dr Sia Daneshmand (Director of Urologic Oncology and Clinical Research, USC) July 2019
	Proportion of gross hematuria amongst those referred for clinical workup	1,660,000	Pacific Edge estimate
	Proportion of microhematuria amongst those referred for clinical workup	6,640,000	Pacific Edge estimate
	Proportion of low-risk microhematuria	470,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; AUA 2025 guidelines
	Proportion of intermediate-risk microhematuria	2,710,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; AUA 2025 guidelines
	Proportion of high-risk microhematuria	3,460,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; AUA 2025 guidelines
	Annual cases of bladder cancer	58,000	WHO Hong Kong
	Patients living with bladder cancer	290,000	Pacific Edge estimate - 5 years of annual cases
	Test opportunities	3,531,000	Pacific Edge estimate
	Price of Cxbladder (US$)	$550	Pacific Edge estimate
	TAM (US$billion)	$1.9	

FOR MORE INFORMATION:

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