



PacificEdge®
CANCER DIAGNOSTICS

Capital raising presentation

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1. EXECUTIVE SUMMARY



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SUMMARY: PACIFIC EDGE IS THE FIRST MOVER IN BLADDER CANCER DIAGNOSIS

NON-COVERED FOR MEDICARE; STRATEGY AND EXECUTION STRENGTHENED BY GUIDELINE INCLUSION

2001-2011 <i>Research and development</i>	2011-2020 <i>Commercialisation</i>	2020-2023 <i>Growth acceleration</i>	2023-2025 <i>Temporary uncertainty</i>	2025+ <i>Growth continuation</i>
<ul style="list-style-type: none">Establishment and NZX listingClinical research and development of Cxbladder prototypes	<ul style="list-style-type: none">Cxbladder commercial launchLabs opened in New Zealand and the US	<ul style="list-style-type: none">Medicare, Kaiser Permanente and the New Zealand (majority) coverageNZ\$103.5m raised and ASX dual listingQuarter-on-Quarter compound growth of 10% for 12 quarters to September 24	<ul style="list-style-type: none">Uncertainty around ongoing Medicare coverageFocus on clinical evidence, new products, growth in non-Medicare channels and growth in average sales priceKaiser EMR integration complete	<ul style="list-style-type: none">AUA microhematuria guideline inclusionMedicare non-coverage determination on stale evidence providing clear re-coverage processTriage Plus priced at US\$1,018/test (draft)Triage Plus in early accessImproved average sales price (ASP) and salesforce efficiency

- We have navigated the last three years through:
 - Refocusing clinical evidence development in a robust AV, CV, CU¹ framework in defined patient populations in appropriately powered studies;
 - Cementing relationships with key customer partners (e.g. Kaiser Permanente);
 - Digitalizing our operations to increase electronic ordering and to improve rates of patient enrollment in clinical studies;
 - Disciplined focus on revenue cycle management and reimbursement to improve sales team efficiency and average sales price; and
 - Investing in product development (e.g. Cxbladder Triage Plus and Monitor Plus) and innovating with future kitted-IVD² products for international markets.
- The American Urological Association’s (AUA) February 2025 guideline inclusion of Cxbladder Triage as the only urine-based biomarker test with ‘Grade A’ evidence is a company defining milestone that improves sales, marketing and reimbursement



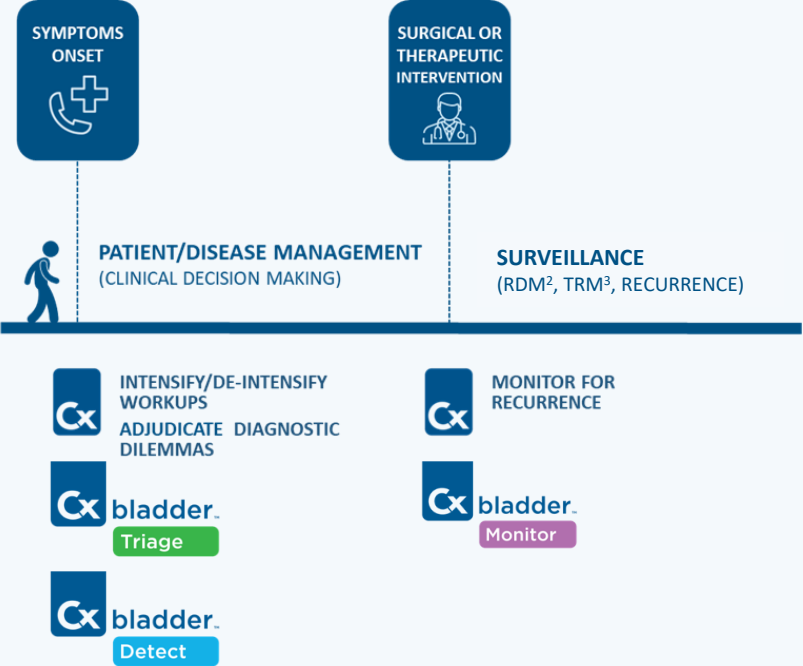
1. AV is analytical validation, CV is clinical validation and CU is clinical utility
2. IVD is an in-vitro diagnostic, typically sold as a kitted product not a testing service

PACIFIC EDGE OVERVIEW

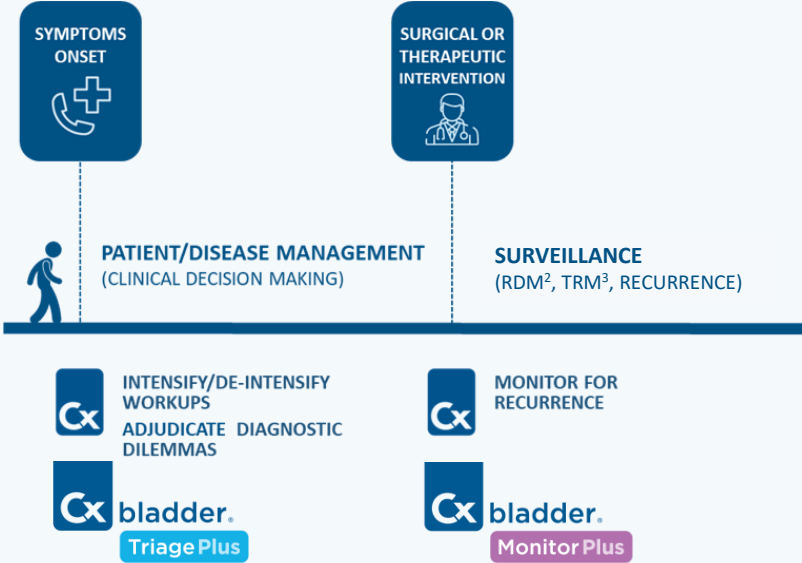
CLINICALLY VALIDATED AND GUIDELINE-RECOMMENDED GENOMIC TESTS

- Cxbladder is a suite of clinically-validated, urine-sampled, RNA-based diagnostic tests for hematuria evaluation and surveillance of NMIBC¹ recurrence
- Triage Plus and Monitor Plus tests are ‘multi-modal’ diagnostic tests (DNA and RNA) offering superior performance and greater penetration of existing ~US\$8.5b TAM
- Cxbladder Triage recommended in the AUA 2025 microhematuria guideline as the only urine-based biomarker test that has ‘Grade A’ evidence
- Commercial sales in the US, New Zealand, Australia and Southeast Asia

CXBLADDER RNA TESTS IN MARKET



CXBLADDER RNA+DNA TESTS COMING TO MARKET



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1. NMIBC is non-muscle invasive bladder cancer
2. RDM: Residual Disease Monitoring
3. TRM: Therapeutic Response Monitoring

PACIFIC EDGE OVERVIEW

CXBLADDER DELIVERS CLINICAL UTILITY, PATIENT SATISFACTION AND ECONOMIC VALUE

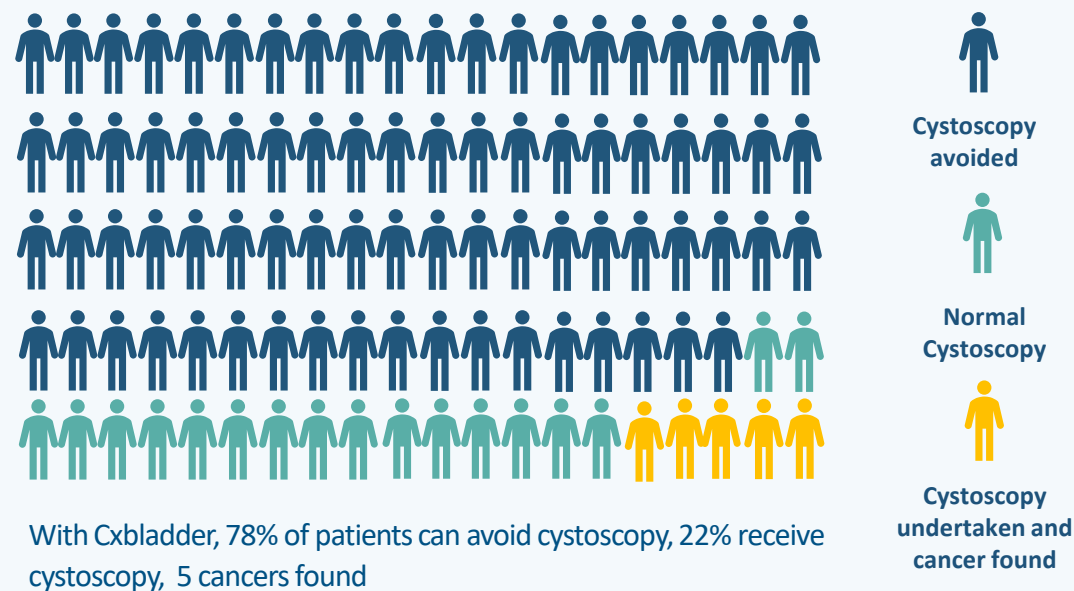
Cxbladder offers improvement over the standard of care, avoids unnecessary procedures and streamlines workflow when used to intensify or de-intensify hematuria evaluation or in the surveillance for the recurrence of bladder cancer. For healthcare payers Cxbladder offers substantial total cost savings per patient¹

CANCER INCIDENCE IN MICROHEMATURIA PATIENTS



Incidence of bladder cancer in microhematuria populations is 5%

CYSTOSCOPIES SAFELY AVOIDED USING CXBLADDER



With Cxbladder, 78% of patients can avoid cystoscopy, 22% receive cystoscopy, 5 cancers found

Cxbladder can spare up to 1.5 million patients in the US per year from cystoscopy

1. Tyson et al (2024) Budgetary Impact of Including the Urinary Genomic Marker Cxbladder Detect in the Evaluation of Microhematuria Patients - PubMed (PMID: 37914255)

PACIFIC EDGE OVERVIEW

MEDICARE REPRESENTS THE LARGEST SINGLE OPPORTUNITY GLOBALLY

COMPELLING GROWTH OPPORTUNITY

- Total addressable market for Cxbladder in the US estimated to be more than US\$4.4b¹ and US\$8.5b globally
- Laboratory infrastructure in place in New Zealand and the US with lab scalability plan to handle more than 300k tests per annum
- First mover advantage with a “moat” from compelling clinical evidence and guidelines

PORTFOLIO OF INTELLECTUAL PROPERTY

- Novel methods for bladder cancer diagnostics are protected by patents
- Unique selling points are underpinned by clinical utility evidence for novel applications
- Potential to leverage existing frameworks for evidence generation and selling for expansion within urology and international markets



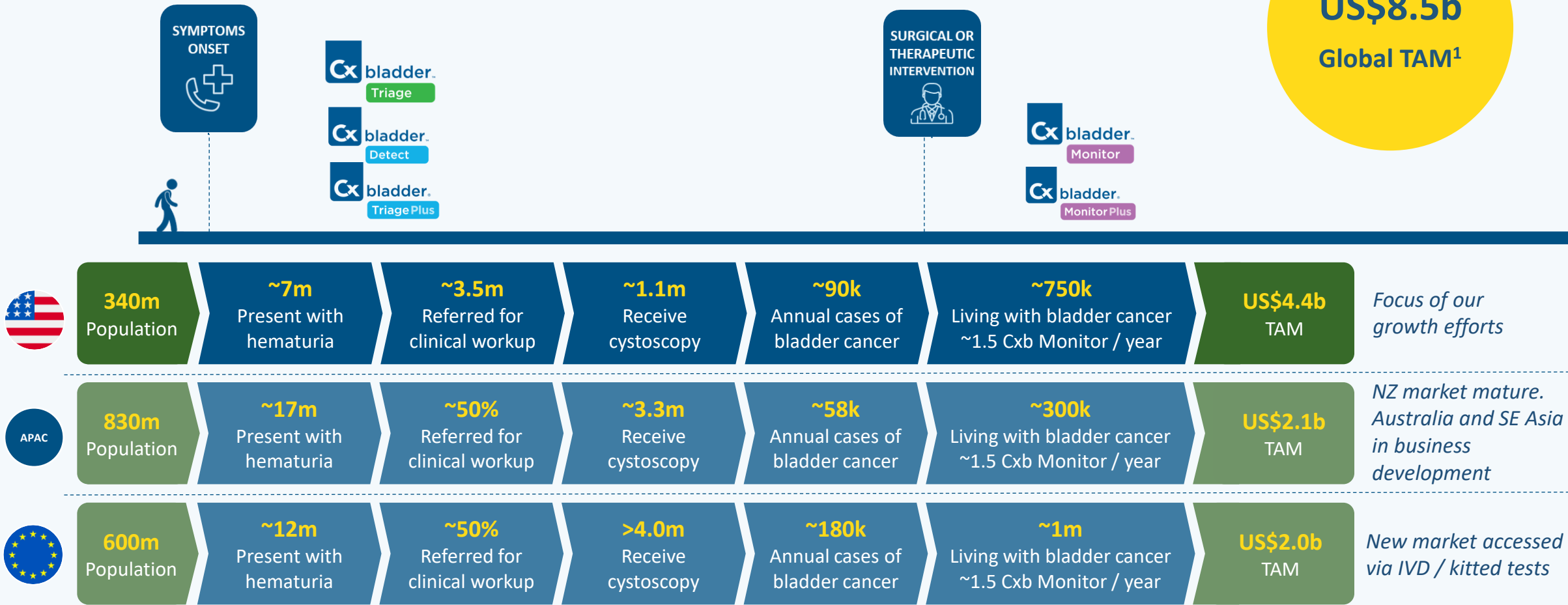
1. Pacific Edge estimate using US\$1,018 price for hematuria testing and US\$760 for NMIBC surveillance in the US and have estimated appropriate prices for APAC and Europe. See slide 38 of this presentation for the sources and assumptions for the calculation of TAM

PACIFIC EDGE OVERVIEW

CXBLADDER OFFERS A SIGNIFICANT ADDRESSABLE GLOBAL MARKET ANNUALLY

THE PATIENT CARE PATHWAY

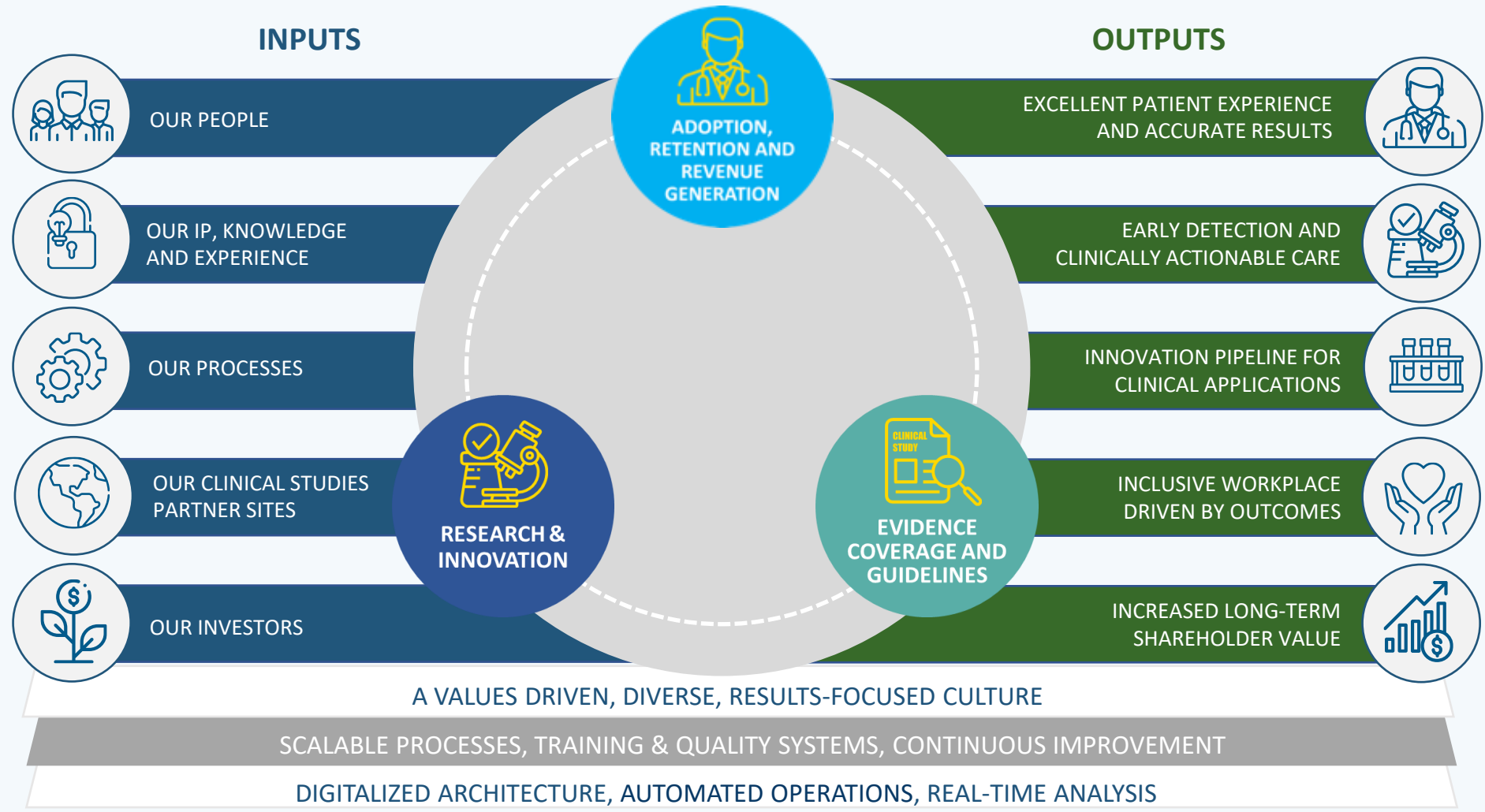
US\$8.5b
Global TAM¹



1. Pacific Edge estimate using US\$1,018 price for hematuria testing in the US and US\$760 for NMIBC surveillance and other market assumptions for APAC and Europe. See slide 38 of this presentation for the sources and assumptions for the calculation of TAM

PACIFIC EDGE OVERVIEW

VALUE CREATION THROUGH THREE PILLARS



AUA MICROHEMATURIA GUIDELINE INCLUSION

A COMPANY-DEFINING STRATEGIC MILESTONE ACHIEVED IN FEBRUARY 2025



The 2025 amendment to the AUA microhematuria guideline supports the use of urine-based biomarkers for intermediate-risk patients as an alternative to a cystoscopy

- Primary driver for the change in the guidelines was clinical utility evidence for Cxbladder Triage from a randomized controlled trial, i.e. the STRATA Study¹
- Cxbladder Triage specifically mentioned as the only urine-based biomarker test that has 'Grade A'² evidence cementing first-mover advantage and building a moat vs competitors
- The change was significant:
 - The 2020 guideline expressly prohibited the use of urine-based biomarkers in lieu of a cystoscopy
 - The 2025 guideline brings genomic testing to hematuria evaluation for bladder cancer as already established for prostate, breast, colon and other cancers
- Intermediate-risk patients represent a large cohort (~70%)³ of microhematuria patients (up to 3.5 million patients annual in the US)
- Offers significant benefits to patients, reduces the burden of unnecessary cystoscopies, improves access to care at a lower cost and reduces legal liability for using biomarker alternatives



American
Urological
Association

*“... [for] intermediate-risk patients who want to avoid cystoscopy and accept the risk of forgoing direct visual inspection of the bladder urothelium, **clinicians may offer urine cytology or validated urine-based tumor markers to facilitate the decision regarding utility of cystoscopy.**”*
– 2025 AUA Microhematuria Guideline Amendment

AUA guideline inclusion provides significant global clinical validation for Cxbladder which is expected to pave the way for further wider global adoption by healthcare providers and payers – we have already noticed increased interest from physicians

MEDICARE NON-COVERAGE FOR CXBLADDER EFFECTIVE IN APRIL 2025

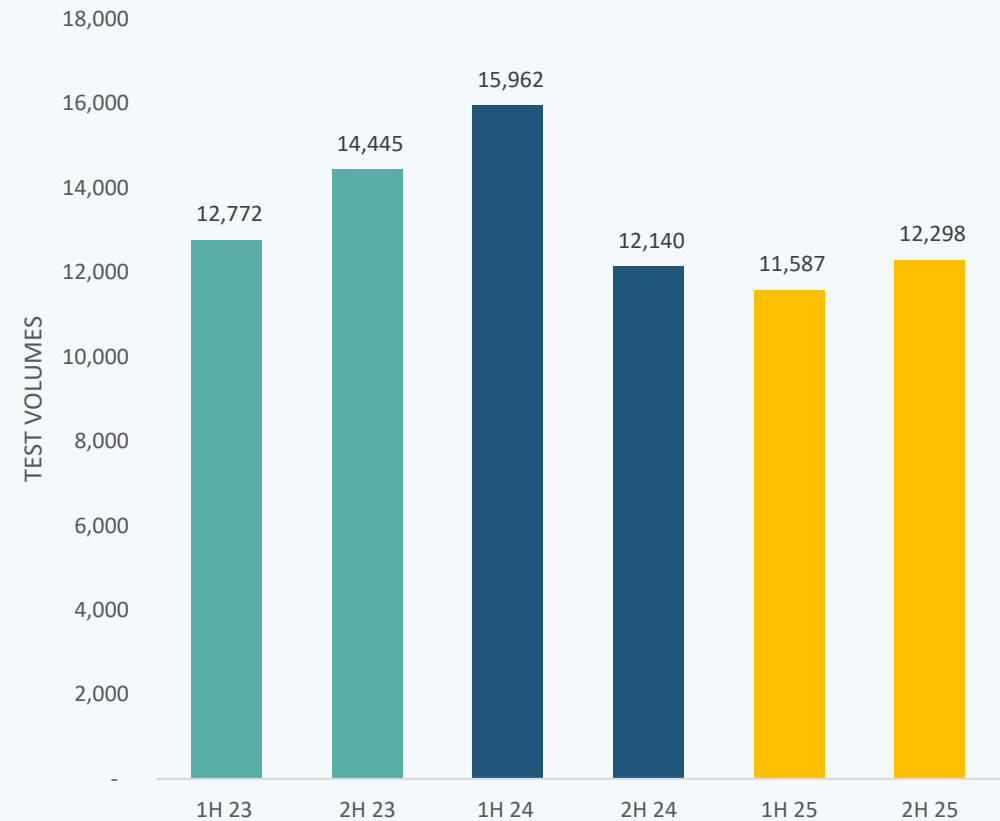
NON-COVERAGE LIKELY TO IMPACT TEST VOLUMES AND REIMBURSEMENT¹



MEDICARE COVERAGE COMMENCED IN 2020 BUT CEASED IN 2025

- Medicare reimbursed Cxbladder tests >98% since 2020 at US\$760 per test – these tests have accounted for the majority of US volumes and ~61% of revenue in FY25
- Novitas – the Medicare Administrative Contractor that determines Medicare coverage for our tests – proposed non-coverage for Cxbladder in July 2022 (2H 23).
- We challenged this determination with more recent evidence and support from the AUA¹, but Novitas finalized its non-coverage determination in January 2025 without considering the most-current evidence available. Litigation has ceased.
- This decision was a poor outcome for Medicare patients and urologists. It removed coverage for AUA guideline-recommended testing, after following a process that failed to review the most-current evidence
- ~47% of US volumes are from other contracted payers (e.g. Kaiser Permanente, the US Veterans Administration and various Blue Cross Blue Shield plans) and non-contracted private payers – **these volumes are expected to continue to grow without interruption**
- We will continue to supply tests to existing US users and will attempt to get reimbursed on all Triage tests based on the 2025 AUA microhematuria guideline through the Medicare appeal process

US TOTAL TEST VOLUME²



Medicare

Medicare is the US national insurance payer for all US citizens over 65 years of age – the most at risk age demographic for bladder cancer



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1. See "Medicare coverage uncertainty" and "Ongoing Financial Viability" risks on slide 28.
2. Total Laboratory Throughput (TLT) including commercial, pre-commercial and clinical studies testing
3. AUA: American Urological Association

SEEKING RE-COVERAGE VIA LCD RECONSIDERATION AND MEDICARE APPEALS

RECONSIDERATION REQUESTS FOR TRIAGE AND MONITOR; APPEALS TO RELY ON GUIDELINE INCLUSION



RESTORING MEDICARE COVERAGE FOR TRIAGE AND MONITOR

- **Cxbladder Triage:** A reconsideration request was submitted to Novitas in March 2025 consisting of STRATA¹ and the AUA Microhematuria guideline and is under review
- **Cxbladder Monitor:** A reconsideration request was submitted to Novitas in May 2025 consisting of two new real-world studies from Australia and is under review
- **Cxbladder Detect:** Detect users are being migrated to Triage, accelerating a plan previously intended to coincide with the commercial launch of Triage Plus
- Industry experts typically estimate it is likely to take 6-9 months for Novitas to consider a valid submission of a single product with only a small number of new supporting publications to be reviewed.
- We will attempt to get reimbursed on all Triage tests based on the 2025 AUA microhematuria guideline through the Medicare appeal process; the guideline supports our claim for reimbursement on the grounds of being “medically reasonable and necessary” despite a non-coverage determination

ESTABLISHING MEDICARE COVERAGE FOR TRIAGE PLUS

- The analytical validation (AV) and clinical validation (CV) publications for Triage Plus have been submitted for peer review in appropriate scientific journals seeking publication in FY26 Q1
- Pacific Edge will submit a reconsideration request for Triage Plus when the AV and CV is published
- Inclusion of Triage in the AUA microhematuria guideline provides medical policy for Medicare coverage of Triage Plus, meaning AV and CV should be sufficient for coverage
- Further evidence for Triage published by Kaiser Permanente as a presentation at AUA and in peer review by FY26 Q3 further confirms Triage and Triage Plus clinical utility and health economics
- Draft Triage Plus pricing at US\$1,018 is expected to become effective from January 2026

MEDICARE RE-COVERAGE: ESTIMATED TIMELINES

COVERAGE DECISIONS, PRIOTIZATION AND TIMELINES ARE AT THE DISCRETION OF NOVITAS¹



MEDICARE RECONSIDERATION REQUEST	CATALYST	2025*				2026*			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Reconsideration request for Triage	STRATA Study (May 2024) AUA Macrohematuria guideline (Feb 2025)								
Reconsideration request for Monitor	AV of Triage, Detect & Monitor (Sept 2024) 2x RWE of Monitor (March 2025)								
Reconsideration request Triage Plus	AV of Triage Plus (Q2E 25)** CV of Triage Plus – DRIVE Study (Q2 25)**								

*Calendar year

** Estimated publication quarter

Expected Novitas determination window

FUTURE CATALYSTS FOR GUIDELINES INCLUSION AND MEDICARE COVERAGE

Publication	Test and evidence standard ²	Expected date ³
1. STRATA Concordance	- CU of Triage Plus (concordance)	Q4 2025
2. Kaiser Permanente Triage RWE ⁴	- CU of Triage (RWE)	Q3 2025 ⁵
2. Kaiser Permanente Monitor RWE ⁴	- CU of Monitor	Q1 2026 ⁵
4. AUSSIE	- CV of Triage Plus	Q1 2026
5. microDRIVE	- CV of Triage Plus	Q2 2026
6. Monitor Plus Analytical Validation	- AV of Monitor Plus	Q2 2026
7. Pooled Analysis ⁶	- CV of Triage Plus	Q2 2026
8. LOBSTER interim analysis	- CV of Monitor/Monitor Plus	Q1 2027
9. CREDIBLE	- CU of Triage Plus	Q1 2028

¹ Novitas is the Medicare Administrative Contractor (MAC) that covers Pacific Edge Diagnostics USA's lab in Pennsylvania

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

³ Calendar year

⁴ RWE is Real World Evidence

⁵ Timeline determined by Kaiser Permanente

⁶ The pooled analysis uses data from DRIVE, AUSSIE and microDRIVE studies

DEMONSTRATED RESILIENCE DURING MEDICARE UNCERTAINTY

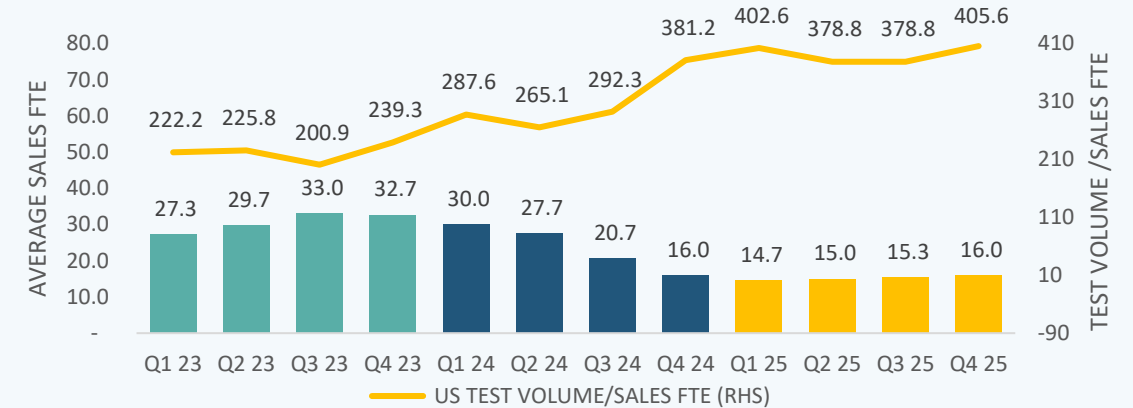
SIGNIFICANT OPERATIONAL IMPROVEMENTS IN THE COMMERCIAL TEAM



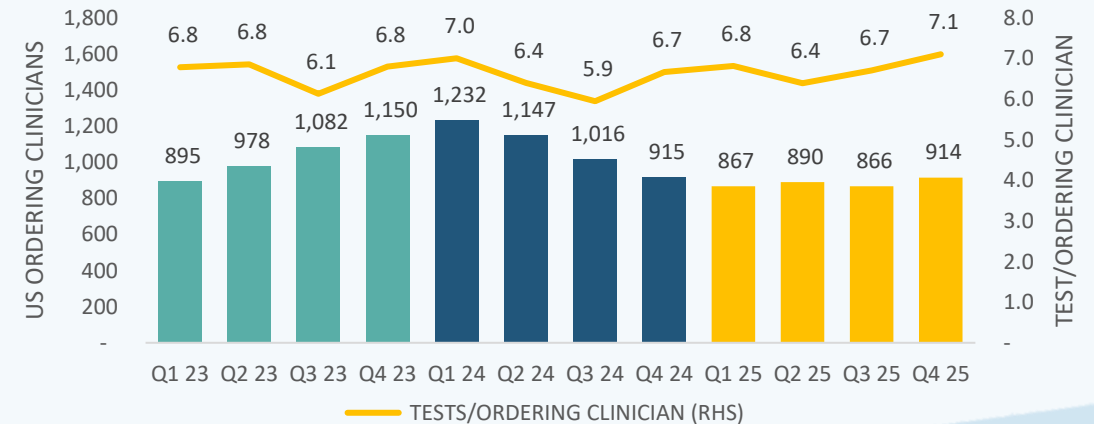
SALES TEAM FOCUSED ON KEY PERFORMANCE INDICATORS

- Sales FTE down to an average of 16.0 in Q4 25 from 32.7 in Q4 23 as we focused on cash conservation
- Sales force efficiency (total tests/average FTE) up 69% from 239 in Q4 23 to 405.6 in Q4 25:
 - More effective core sales team
 - Focus on the most profitable territories/accounts
- Tests/US ordering clinician stable, ordering clinicians steady on Q4 24:
 - Change in clinical mix in favor of clinicians that understand the clinical utility of Cxbladder
- Average US Sales Price increases with improved cash collection

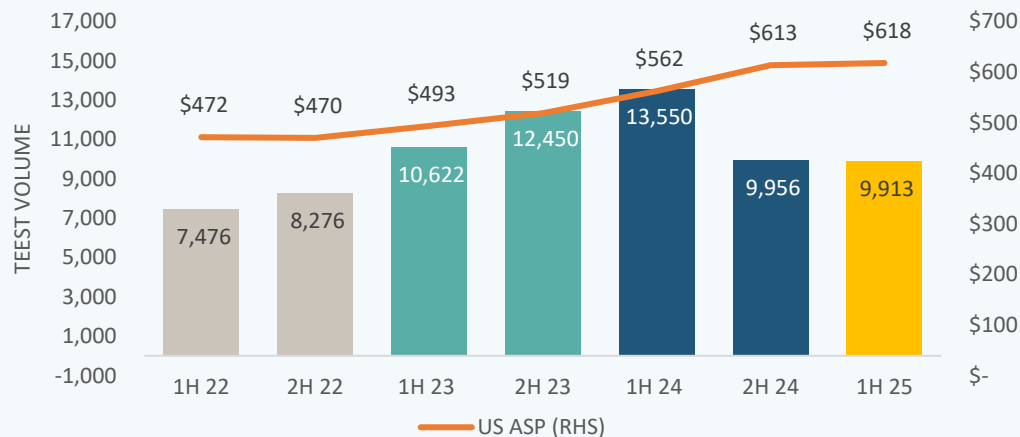
US SALES FORCE EFFICIENCY



US CLINICAL COMMITMENT



US AVERAGE SALES PRICE



MEDICARE PRICE FOR TRIAGE PLUS ACCELERATES PATH TO PROFITABILITY

DRAFT PRICE FOR TRIAGE PLUS OF US\$1,018.44 PER TEST PUBLISHED APRIL 2025

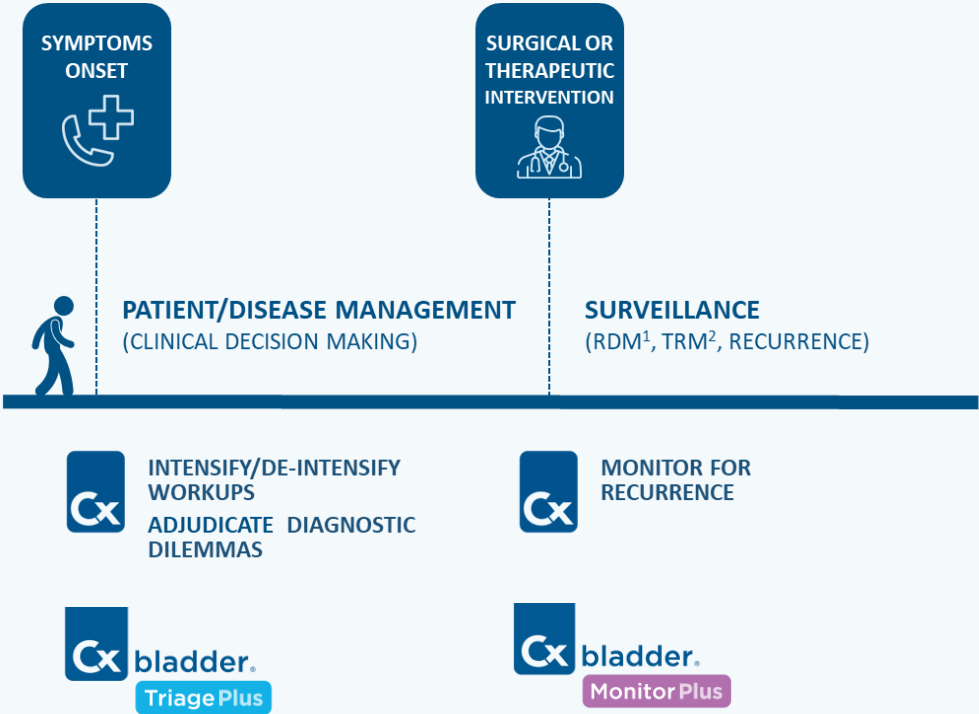


MEDICARE COVERAGE NEEDED BEFORE FULL-SCALE COMMERCIAL LAUNCH

- The Centers for Medicare & Medicaid Services (CMS) price of US\$1,018 for Triage Plus materially lifts margin per test from the previous pricing at US\$760
- Lowers the profitability threshold for number of tests per Account Executive facilitating more rapid scaling and a faster path to profitability
- A reconsideration request will be made to Novitas for coverage of Triage Plus as soon as the analytical validation (AV) and clinical validation (CV) studies have been published (estimated in June 2025)

ACCELERATING THE PATH TO PROFITABILITY

- Adding digital capabilities and FTE¹ capacity to PEDUSA laboratory
- Simplifying laboratory workflow for improved efficiency
- Optimizing sales team structure for expanded product adoption
- Sales and marketing materials to reflect AUA Guideline messaging
- Enhancing medical education with a speaker bureau, podium presentations, and evidence development



1. FTE is a full time equivalent

SUCCESS IN OTHER CHANNELS CONTINUES

NON-MEDICARE TESTS IN ASIA PACIFIC CONTINUE TO GROW



NON-MEDICARE TESTING

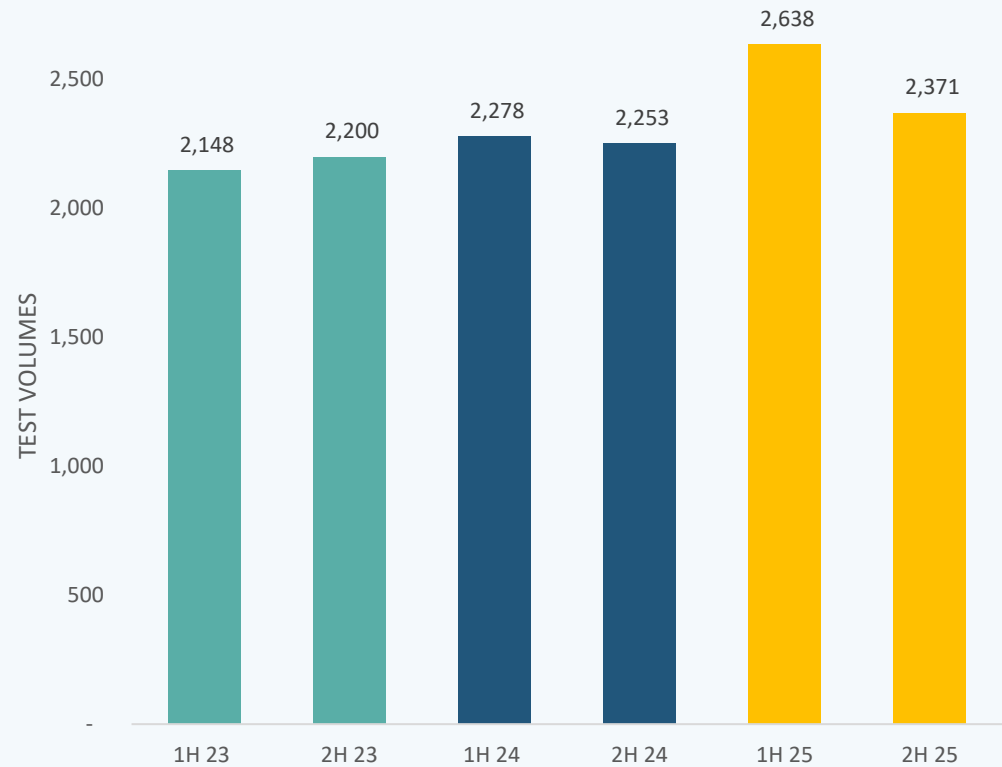
- Non-Medicare testing was primarily from New Zealand and Kaiser Permanente during FY25, but also smaller volumes from Australia, Southeast Asia and the Veterans Administration
- Non-Medicare testing has grown by 22% of the testing mix to 57% since focusing on it after reducing sales headcount in September 2023¹

DRIVING GROWTH IN SOUTHEAST ASIA AND CONSOLIDATING NZ

- New Zealand continues to lead the global adoption of Cxbladder by primary care. The market is now mature with Cxbladder utilized regions covering >75% of the population
- STRATA² and AUA Microhematuria Guideline are well understood in Te Whatu Ora/Health New Zealand; Pacific Edge is focused on a National Pathway for hematuria evaluation
- Southeast Asia is still in business development, and we are extending our reach into the market through a distributor network which has seen testing volumes grow
- While our primary near-term focus remains on the US, Southeast Asia has large population centers, private healthcare systems, and favorable cultural and demographic considerations to be a high-volume market for an IVD-kitted product



APAC TOTAL TEST VOLUME*



* Total Laboratory Throughput (TLT) including commercial, pre-commercial and clinical studies testing

1. As a result of right-sizing of US Sales force in response to Novitas LCD as we focused on cash conservation
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.

SUCCESS IN OTHER CHANNELS CONTINUES

NON-MEDICARE TESTS AT KAISER PERMANENTE CONTINUE TO GROW



KAISER PERMANENTE PROVIDING SIGNIFICANT VALIDATION

- Kaiser Permanente is the largest non-profit healthcare provider in the US with over 12 million members and has been commercially using Cxbladder since 2020
- In November 2023, we launched our EMR integration with the Southern California Permanente Medical Group, streamlining sample collection, test ordering, and results for Triage and Monitor. Test volumes are steadily increasing and longer term we are targeting other Kaiser Permanente Medical Groups
- Kaiser Permanente's Real World Evidence¹ further demonstrates the clinical utility evidence of Cxbladder Triage and will be used with Medicare reconsideration requests
- Kaiser Permanente's Southern California Region is ~35% of the total Kaiser Permanente Group, and opportunities to expand to other regions continue to be prioritized



AUA GUIDLINE OFFERS NEW OPPORTUNITIES FOR CLIENT BILLING

- With AUA guideline inclusion, a new opportunity exists to get paid per test by hospitals and large urology group practices (LUGPAs) and let them handle the commercial reimbursement
- This provides a revenue incentive to hospitals/LUGPAs and has the potential to drive volume, since they are commonly "in-network" with commercial payers and have sophisticated billing teams



CUSTOMER EXPERIENCE INITIATIVES DELIVERING VALUE

DIGITALIZING CUSTOMER EXPERIENCE EMBEDS CXBLADDER IN CLINICAL PRACTICE



ENHANCING CXBLADDER'S EASE OF USE

- We give customers options to connect with Pacific Edge to fit their needs with easy-to-use digital integrations
- Digital channels for test ordering and results delivery
 - **1-to-1 EMR Integration**, e.g. Kaiser interface
 - **1-to-many Integration**, e.g. Lumea Digital Pathology, Awanui
 - **Customer portal** – available to any Customer Account
- Improves the end-to-end experience for physicians
 - Easier ordering in-clinic or for in-home sampling systems
 - Optimized test kit management and workflow
 - Enhanced order visibility and tracking
 - Streamlined access to results
- Pacific Edge's operations benefit
 - Fewer errors, faster handling and results delivery
 - Reduced demand on the sales force and customer service

THE PACIFIC EDGE CUSTOMER PORTAL

The screenshot displays the CXbladder Customer Portal. On the left is a navigation menu with links: Home, New Test Order (highlighted), Test Status & Results, Request New Sampling Systems, Learning & Resources, and Contact Us. The main content area is titled 'Create A New Test Order' and features two buttons: 'Triage' (selected) and 'Monitor'. Below these is a section titled 'Please Fill In All Information' with a 'Collapse All Sections' link. The form consists of six numbered sections, each with a dropdown arrow: 1. SPECIMEN INFORMATION, 2. PATIENT INFORMATION, 3. IMPORTANT PATIENT HISTORY, 4. INSURANCE INFORMATION, 5. ORDERING CLINICIAN, and 6. AUTHORIZATION. At the bottom of the form are three buttons: 'Save as draft', 'Cancel', and 'Submit'. The footer includes the CXbladder logo and a 'Privacy Policy' link.

FOCUSED ON THE DNA ENHANCED PRODUCT LAUNCH AND THE IVD STRATEGY

AN IVD PRODUCT MAY EXTEND THE MARKET OPPORTUNITY AND THE 'MOAT' AROUND CXBLADDER

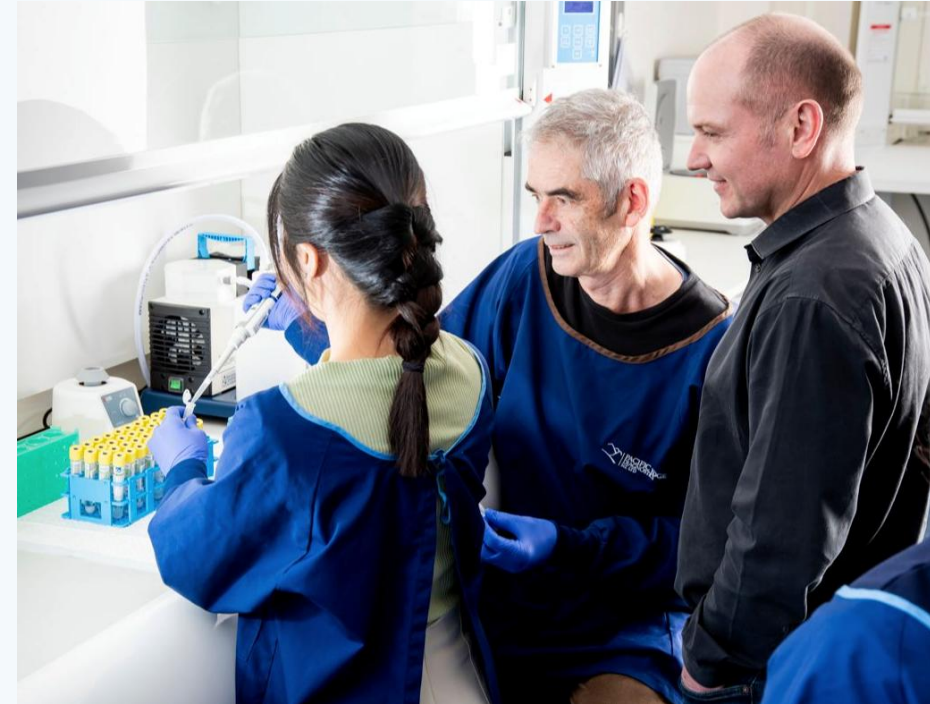


READYING FOR THE LAUNCH OF TRIAGE PLUS AND MONITOR PLUS

- Ensure R&D, Digital and Lab Operations focus on the commercial scaling of Triage Plus and development of Monitor Plus
- Simplifying Cxbladder:
 - Aim to reduce technician time, lower cost of goods, lower turnaround time, increase throughput and increase automation of our lab testing services
 - Aim to automate lab operations from end-to-end lab for RNA and DNA workflows of our lab testing services
- Continued engagement with industry and academic research and development collaborations to address unmet clinical needs in bladder cancer diagnosis and management

ADVANCING OUR IN-VITRO STRATEGY FOR INTERNATIONAL MARKETS

- Accelerating the development of a kitted IVD (in vitro diagnostic) product from our existing lab service called Triage Plus IVD, for decentralized lab deployment and international market expansion
 - Establish IVD regulatory framework for our next generation tests that includes IVD-R (Europe), FDA (USA) and ISO-13485¹ (Rest of World)
 - Targeting prototypes by the end of CY 25; manufacture and commencement of clinical and analytical validation commencing in CY 26
- Achieving IVD-approved status may make it more difficult for competitors to develop parity with Cxbladder's level of evidence



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



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1. IVD-R European In Vitro Diagnostic Regulation; FDA, US Food and Drug Administration; ISO International Organization for Standardization



OUTLOOK

RECENT CATALYSTS FOR STRONG GROWTH – VOLUME AND PRICING

- AUA microhematuria guideline enables sales, marketing and reimbursement activities. We are determined to maximize this milestone through existing and new initiatives
- Triage Plus draft pricing at US\$1,018 supports stronger unit economics, margins and sales force efficiency for a faster path to cash flow breakeven if successful in re-establishing Medicare coverage

GROWTH STRATEGY – TO BE ACCELERATED WITH NEW CAPITAL

- Entrench first-mover advantage and “moat” for Triage given AUA guideline inclusion
- Continue clinical evidence generation in an AV, CV and CU framework for coverage, guidelines and medical policy for Triage Plus and Monitor Plus
- Increase Triage throughput, throughput/sales headcount and throughput/clinician
- Seek reimbursement through the Medicare Appeals process, relying on the AUA guideline, ahead of the resolution of multiple reconsideration requests
- Increase the percentage of electronically ordered tests and patients with commercial insurance
- Emphasize the clinical and economic value of Cxbladder as a value-based care solution in our sales messaging for selling to institution, integrated hospital systems and payers
- “Client Billing” program to allow LUGPAs and hospitals to pay Pacific Edge for a test and bill commercial insurers themselves for reimbursement
- Invest in innovation and product development for IVD kits to support entry into international markets in a decentralized deployment model

FURTHER CATALYSTS

- Cxbladder is under consideration by *Te Whatu Ora* for a National Pathway in New Zealand

2. CAPITAL RAISING OVERVIEW



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RAISING CAPITAL TO DRIVE GROWTH

Pacific Edge's strategy has not materially changed since the capital raising in 2021. However, the implementation of the strategy has not been as fast as intended given the focus on gaining reliable Medicare coverage

Pacific Edge's priority is to ensure it has the resources and capacity to capitalize on its recent clinical and commercial milestones, grow in non-Medicare channels and regain Medicare coverage

Funds raised will be used to:

- Accelerate adoption of Triage in the US with AUA Guidelines as a tailwind for sales, marketing and reimbursement
- Continue clinical evidence generation in an AV, CV and CU framework for coverage, guidelines and medical policy for Triage Plus and Monitor Plus
- Invest in innovation and product development for IVD kits to support entry into international markets in a de-centralized deployment model
- Extend cash runway to support operations for over 12 months without Medicare coverage and reimbursement, or reductions in its cost base (assuming at least NZ\$20 million is raised in the capital raising to add to net cash of NZ\$22.6 million at 31 March 2025 and an average monthly cash burn of less than NZ\$2.6 million)

CAPITAL RAISING OVERVIEW

Offer size and structure	<ul style="list-style-type: none"> An equity raising, comprising: <ul style="list-style-type: none"> A NZ\$15 million Placement A NZ\$5 million Retail Offer
Placement details	<ul style="list-style-type: none"> The Placement Price will be NZ\$0.100 per share representing: <ul style="list-style-type: none"> 22% premium to the last NZX closing price of NZ\$0.082 per share on 29 May 2025 18% premium to the 20-day VWAP on NZX of NZ\$0.085 per share¹ Shareholder approval is required to complete the Placement given the Placement exceeds Pacific Edge's placement capacity (15% of Pacific Edge's current shares on issue) and due to the expected presence of Related Party participation. The Placement will also be conditional on all necessary regulatory approvals. In this regard, Pacific Edge intends to seek a waiver from NZX Listing Rule 4.19.1 to permit the allotment of shares under the Placement after shareholder approval is obtained The Placement offer will be made to selected investors under a trading halt Pacific Edge reserves the right to vary the size of the placement based on the size and quality of investor demand
Retail Offer details	<ul style="list-style-type: none"> Pacific Edge is offering up to NZ\$5 million of shares (with the ability to scale applications or accept oversubscriptions at the Board's discretion) to Pacific Edge's eligible existing shareholders resident in New Zealand (up to a maximum of NZ\$50,000 per shareholder) under a Retail Offer, structured as a share purchase plan² The Retail Offer will be priced at the Placement Price of NZ\$0.100 per share Allotment of shares under the Retail Offer will be conditional on the Placement becoming unconditional
Ranking	<ul style="list-style-type: none"> The new shares to be issued under both the Placement and Retail Offer will be fully paid ordinary shares which, on allotment, will rank equally in all respects with Pacific Edge's existing ordinary shares then on issue
Financial adviser	<ul style="list-style-type: none"> Cameron Partners Limited is acting as financial adviser to Pacific Edge Neither the Placement nor the Retail Offer are underwritten

1. Volume weighted average price on NZX for the period 2 May 2025 to 29 May 2025

2. The Board reserves the right to extend the Retail Offer to Australian resident shareholders, subject to receiving any necessary Australian regulatory relief

TIMETABLE¹

Placement	
Placement conducted under trading halt	Friday, 30 May 2025
Announcement of the Placement results (subject to shareholder approval) and trading halt lifted on the NZX and ASX ²	Tuesday, 3 June 2025
Shareholder approval for the Placement	By Early August 2025
Settlement, allotment and trading of Placement shares on NZX and ASX commence	By Mid August 2025
Retail Offer	
Record date	July/August 2025
Retail Offer opens and documentation sent to eligible shareholders	July/August 2025
Retail Offer closes	August 2025
Announcement of results of Retail Offer	August 2025
Settlement, allotment and trading of Retail Offer shares on NZX commence	August 2025

1. These dates are indicative and subject to change.
 2. NZX closed on Monday, 2 June 2025 due to King's Birthday

3. KEY RISKS AND FOREIGN SELLING RESTRICTIONS



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KEY RISKS

IMPORTANT:

Like any investment, there are risks associated with an investment in Pacific Edge shares. Before investing in Pacific Edge, you should be aware that an investment in Pacific Edge has a number of risks, some of which are specific to Pacific Edge and some of which relate to listed securities generally, and many of which are beyond the control of Pacific Edge. Additionally, some risks may be unknown and other risks, currently believed to be immaterial, could turn out to be material. Whilst the section below aims to highlight some of the key risks, it is not exhaustive.

Before deciding whether to invest in Pacific Edge shares, you must make your own assessment of the risks associated with the investment and consider whether such an investment is suitable for you having regard to all other Pacific Edge continuous disclosure announcements and publicly available information and consult your financial adviser and other professional advisers.

KEY RISKS (CONT)

Medicare coverage uncertainty	<p>Pacific Edge does not currently have Medicare coverage for its Cxbladder products. Medicare previously accounted for the majority of its US test volumes and, therefore, a significant percentage of Pacific Edge's revenue. Although Pacific Edge is confident that it will regain coverage for Triage as a result of recent AUA guideline inclusion and new clinical evidence, there are no guarantees as to the timing or outcome of the re-coverage process. Regaining Medicare coverage could be delayed or not achieved at all. If Medicare re-coverage was not achieved or was significantly delayed, it would have a material adverse impact on Pacific Edge's financial performance and growth and could result in the company using up all available cash before it is able to become profitable from its ongoing operations.</p> <p>If the current reconsideration request is unsuccessful, Pacific Edge will likely need to complete further clinical studies to provide new published evidence when submitting another reconsideration request. That clinical study will take a number of years to undertake. Accordingly, if the current reconsideration request is unsuccessful, Pacific Edge will need to undertake a significant restructure of its business to substantially reduce costs and, potentially, seek to raise further capital.</p>
Ongoing Financial Viability	<p>Pacific Edge is operating at a 'cash burn', which means that the company spends more cash than it generates. The capital raise outlined in this presentation is in part to provide sufficient cash to regain Medicare coverage. If the capital raise is undersubscribed, if Medicare coverage is not achieved or significantly delayed, or the business is impacted adversely by other events, there is a risk to the ongoing financial viability of Pacific Edge, which may result in investors losing some or all of their investment.</p>
Regulatory, industry body and guideline risks	<p>Pacific Edge's Cxbladder products and laboratories are regulated and certified by various government and industry entities in territories and markets in which the tests are performed and/or sold. Reimbursement for these tests may be influenced by reimbursement rulings from private and/or government payers. Guidelines issued by various industry bodies also influence the treatment and management regimes for patients, with the potential to impact on the uptake and use of Cxbladder. If Pacific Edge is unable to retain or, in certain markets, gain inclusion in guidelines, or the current regulatory approvals and reimbursement obtained for existing products are removed or reduced, such matters could have an adverse impact on Pacific Edge's financial performance and its ability to achieve its business plans. If Pacific Edge is unable to obtain the approvals required for new products in new territories, or is unable to obtain future reimbursement for new products, this could also have an adverse impact on Pacific Edge's financial performance and its ability to achieve its business plans.</p>
Competition	<p>The global cancer diagnostics industry is highly competitive, with research undertaken by a large number of commercial and not for profit institutions globally on new diagnostic tools. There are also a large number of well capitalised diagnostics competitors operating in the industry. There is a risk that Pacific Edge's competitors may discover, develop or commercialise products more successfully than Pacific Edge, which could render Pacific Edge's products obsolete or otherwise uncompetitive, resulting in adverse effects on Pacific Edge's revenue, margins and profitability.</p>
Product and technology risk	<p>Pacific Edge relies on the performance and reliability of its Cxbladder suite of products, laboratory operations and IT and technical systems. While the performance of Cxbladder has been demonstrated in various scientific journal publications, any change to the reliability, repeatability, reproducibility or accuracy of Cxbladder products and technology systems has the potential to impact Pacific Edge's business and reputation. Cyber attacks on Pacific Edge digital systems and platforms also have the potential to impact the delivery of test results. Financial, reputational and litigation consequences relating to underperformance and unreliability, or the inability to deliver, test results (including due to adverse cyber incidents) have the potential to be significant and could be materially adverse to the company's financial performance and position.</p>
General economic conditions	<p>Pacific Edge's operating and financial performance is influenced by a variety of general economic and business conditions in New Zealand, the United States, Southeast Asia and globally. A prolonged deterioration in general economic conditions, which may lead to a decrease or reprioritisation of healthcare spending, has the potential to have a material adverse effect on Pacific Edge's business or financial condition (or both).</p>

KEY RISKS (CONT)

Litigation	<p>In the ordinary course of conducting its business, Pacific Edge is exposed to potential litigation and other proceedings, including through claims of intellectual property infringement or breach of agreements. If such proceedings are brought against Pacific Edge, Pacific Edge could incur considerable defence costs (even if successful), with the potential for damages and costs awards against Pacific Edge if it were unsuccessful, which could have a significant adverse financial impact on Pacific Edge.</p> <p>Circumstances may also arise in which Pacific Edge considers that it is reasonable or necessary to initiate litigation or other proceedings, including for example to protect its intellectual property rights.</p>
Key Person Risk	<p>The success of our business depends significantly on the continued contributions of our executive team, scientific leaders, and key technical staff. The unexpected departure of any of these individuals could disrupt operations, delay research and development efforts, and negatively impact strategic initiatives. Attracting and retaining top talent in a competitive biotech labor market remains a critical challenge.</p>
Market volatility of Pacific Edge's shares	<p>Any investment in equity capital markets carries general risks. Pacific Edge's shares are currently listed on NZX and the ASX, and are subject to the usual market-related forces which impact on Pacific Edge's share price. There can be no assurance that trading in the shares following the offer will not result in the share price trading at levels below the price paid by investors in the offer. The equity markets can be subject to pronounced volatility. This volatility could have a materially adverse impact on the market price of Pacific Edge shares.</p> <p>Factors such as the risk factors disclosed in this presentation as well as other factors could cause the market price of Pacific Edge's shares to decline or to materially fluctuate. It also is possible that new market risks may develop as a result of the New Zealand or Australian markets experiencing extreme stress, or due to existing risks manifesting themselves in ways that are not currently foreseeable.</p> <p>A weakening in the New Zealand or Australian dollar as against other currencies will cause the value of the shares to decline in any portfolio which is denominated in a currency other than New Zealand dollars.</p>
New product development	<p>Pacific Edge continues to leverage its suite of patents and intellectual property to explore new products and applications. There is a risk that those development efforts may not be successful or may take longer and be more expensive than anticipated, and as a result Pacific Edge's investment will be delayed or lost. This risk could arise due to a number of factors, including delays in commencement or completion of scientific studies. Any failure or significant delay in the development of one or more of Pacific Edge's new products and product extensions may have a material negative impact on Pacific Edge's financial performance and growth.</p>

FOREIGN SELLING RESTRICTIONS

International Offer Restrictions

This document does not constitute an offer of new ordinary shares (New Shares) of Pacific Edge in any jurisdiction in which it would be unlawful. In particular, this document may not be distributed to any person, and the New Shares, may not be offered or sold in any country outside NZ except to the extent permitted below.

Australia

This document and the offer of New Shares are only made available in Australia to persons to whom an offer of securities can be made without disclosure in accordance with applicable exemptions in sections 708(8) (sophisticated investors), 708(11) (professional investors), 761G (wholesale clients) of the Australian Corporations Act 2001 (Cth) (the "Corporations Act"). This document is not a prospectus, product disclosure statement or any other formal "disclosure document" for the purposes of Australian law and is not required to, and does not, contain all the information which would be required in a "disclosure document" under Australian law. This document has not been and will not be lodged or registered with the Australian Securities & Investments Commission. Prospective investors should not construe anything in this document as legal, business or tax advice nor as financial product advice for the purposes of Chapter 7 of the Corporations Act and the information provided does not take into account the investment objectives, financial situation or particular needs (including financial and tax issues) of any prospective investor. Prospective investors should review the risks set out on slides 28 and 29 before making any investment decision

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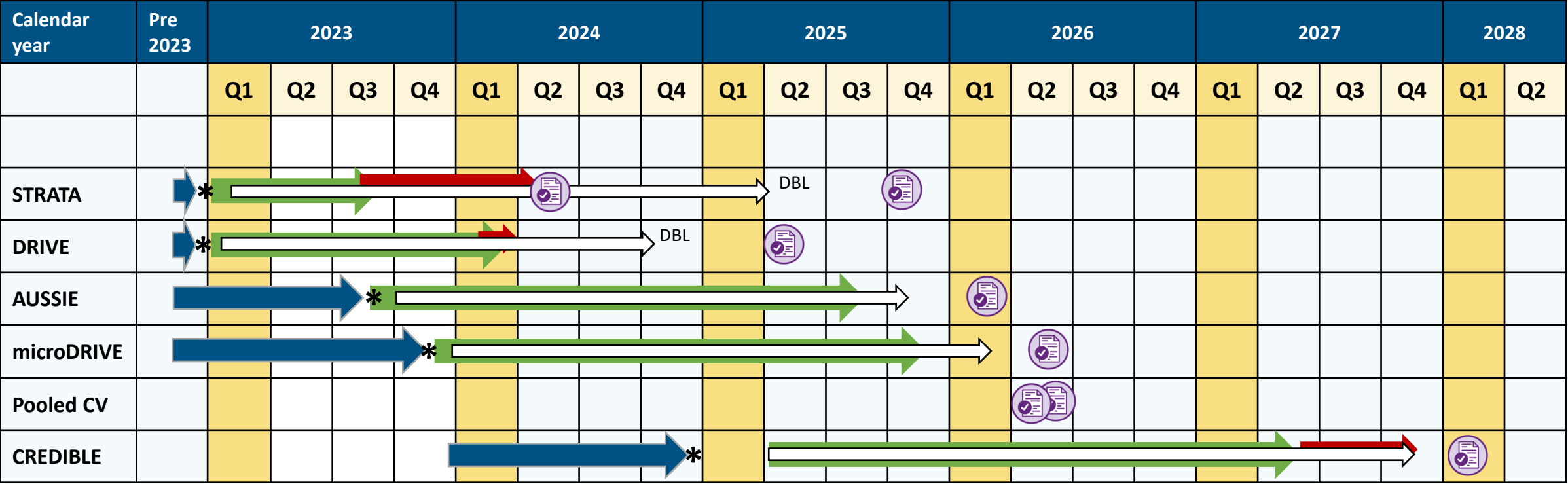
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APPENDIX






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CANCER DIAGNOSTICS





HEMATURIA EVALUATION FIVE YEAR CLINICAL STUDIES ROADMAP






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	 *																						
OCTOPUS																							

Legend:

 Pre-activation (docs, CTA etc)
  SIV
  Enrollment
  Data Cleaning

 Publication Submitted
  Records review / follow-up

DBL
  Database lock

SUMMARY OF CXBLADDER CLINICAL EVIDENCE

		Publication or Study	Population	Sensitivity (Sn)	NPV	Specificity (Sp)	Comment
Triage Plus	AV	Harvey et al., submitted	Synthetic Analytes MH + GH	93.6%	99.4%	90.8%	Publication submitted; development dataset (n=987) including MH (38.7%) & GH (61.3%) producing defined Sn, NPV and Sp. TNR in development data set is 84.1%
	CV	DRIVE (Savage et al., submitted)	MH + GH	94%	99.3%	77%	Publication submitted; TNR 71%; PPV 26% at lower cut-point, 51% at higher cut-point with a Sp of 97%
		AUSSIE	MH + GH	TBC	TBC	TBC	Study in progress on MH and GH patients
		microDRIVE	MH	TBC	TBC	TBC	Study in progress on MH patients
	CU	CREDIBLE	MH	TBC	TBC	TBC	Study in progress on MH patients
Triage	AV	Harvey et al., 2024	Synthetic Analytes	N/A	N/A	N/A	Multi-product analytical validation of Cxbladder Triage, Detect and Monitor
	CV	Kavalieris et al., 2015	MH + GH	95%	98.5%	45%	Sn, Sp, NPV values when TNR is 40%
		Davidson et al., 2019	MH + GH	95.5%	98.6%	34.3%	GH only: Sn (95.1%), NPV (98%), Sp (32.8%); MH only: Sn (100%), NPV (100%), Sp (42.6%); Cxb Triage & imaging combined performance had a Sn of 97.7% & NPV of 99.8%
		Lotan et al., 2023	MH + GH	89%	99%	63%	Pooled data from US and Singapore cohorts (n=804); TNR 59%; PPV 16%
		DRIVE (Savage et al., submitted)	MH + GH	93%	98.5%	38%	Publication submitted and under peer review; TNR 35%; PPV 11%
	CU	Davidson et al., 2020	MH + GH	89.4%	98.9%	59%	39% of patients testing negative for Cxb Triage & imaging did not get cystoscopy & were managed at primary care; Study wide CV: Cxb Triage & imaging combined performance: Sn 98.1%, NPV 99.9%, Sp 98.4%
		Lotan et al., 2024	MH + GH	90%	99%	56%	Clinicians using Triage used 59% fewer cystoscopies on low-risk patients presenting with MH; CV was provided study wide (UC, n=22): Sn 90%, Sp 56%, PPV 15%, NPV 99%
Monitor	AV	Harvey et al., 2024	Synthetic Analytes	N/A	N/A	N/A	Multi-product analytical validation of all Cxbladder products
	CV	Kavalieris et al., 2017	NMIBC	93%	97%	N/A	Internally validated “bootstrap corrected estimates” from development dataset (n=1036), TNR 34%; Sn of CxbM was 97% (N = 70/72) for HG tumors and 85% (N = 66/78) for LG tumors.
		LOBSTER	NMIBC	TBC	TBC	TBC	Study in progress on NMIBC patients
	CU	Koya et al., 2020	NMIBC	100	100	77.8	Integration of Cxb Monitor into the surveillance schedule reduced annual cystoscopies (39%)
		Li et al., 2023	NMIBC	100	100	72	Cxbladder Monitor safely postpones a patient’s next scheduled cystoscopy, the current ‘gold standard’ for bladder cancer surveillance
		Guduguntla et al., 2025	NMIBC	N/A	N/A	N/A	Australian single-center study in NMIBC patients showed that alternating Cxbladder Monitor with cystoscopy safely reduced cystoscopy use without increasing recurrence risk

NOTE #1: Full references provided on following slide

NOTE #2: Development, feasibility and/or proof of concept studies are detailed within the references on the following slide

Abbreviations - MH: Microhematuria, GH: Gross Hematuria, Sn: Sensitivity, Sp: Specificity, NPV: Negative Predictive Value, PPV: Positive Predictive Value, TNR: Test Negative Rate

REFERENCES SUMMARY OF CLINICAL EVIDENCE

	References	Comment
Proof of Concept	Holyoake et al., (2008). Development of a Multiplex RNA Urine Test for the Detection and Stratification of Transitional Cell Carcinoma of the Bladder. Clin Cancer Res 14(3): 742-749	Feasibility of urine-based assay including biomarker discovery for urothelial cancer detection initial algorithm development
	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.	Development/feasibility of Cxbladder Detect assay and algorithm based on RNA expression biomarkers
	Lotan et al., (2023). Urinary Analysis of FGFR3 and TERT Gene Mutations Enhances Performance of Cxbladder Tests and Improves Patient Risk Stratification. The Journal of Urology, 10-1097.	Pooled data from MH and GH cohorts (n=804) for 'multi-modal' (RNA+DNA) assay and algorithm development for next generation Cxbladder product including TERT and FGFR3 SNPs. Called Detect+ in publication.
	Tyson et al., (2024). Budgetary Impact of Including the Urinary Genomic Marker Cxbladder Detect in the Evaluation of Microhematuria Patients. Urol Prac 11(1):54-60	Budget impact model for hematuria pathway, incorporating Cxbladder Detect into patient management
Triage Plus	Harvey et al., submitted. Analytical Validation of Cxbladder® Triage Plus Assay for risk stratification of hematuria patients for urothelial carcinoma	Analytical validation of Triage Plus
	Savage et al., submitted. Diagnostic Performance of Cxbladder® Triage Plus for the Identification and Stratification of Patients at Risk for Urothelial Carcinoma: The Multicenter, Prospective, Observational DRIVE Study.	Clinical validation of Triage Plus (DRIVE Study)
Triage	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.	Algorithm development and clinical validation of Cxbladder Triage
	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.	Analytical validation of all Cxbladder products Triage, Detect and Monitor
	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.	Clinical validation of Cxbladder Triage
	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.	Clinical utility of Cxbladder Triage
	Lotan et al., (2023). Urinary Analysis of FGFR3 and TERT Gene Mutations Enhances Performance of Cxbladder Tests and Improves Patient Risk Stratification. The Journal of Urology, 10-1097.	Clinical validation of Cxbladder Triage from pooled data (USPrimary and Singapore pooled analysis; n=804)
	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.	Clinical utility of Cxbladder Triage from STRATA study showing a 59% relative reduction in cystoscopy when comparing test and control arms
Monitor	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.	Analytical validation of all Cxbladder products Triage, Detect and 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.	Algorithm development and clinical validation of Cxbladder Monitor
	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.	Clinical utility of Cxbladder Monitor with low risk NMIBC patients
	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.	Clinical utility of Cxbladder Monitor with NMIBC patients
	Tyson et al., accepted. Economic Impact Model of Incorporating Cxbladder Monitor in the Surveillance of Non-Muscle Invasive Bladder Cancer. JU Open Plus, accepted	Budgetary impact model when Cxbladder Monitor was incorporated into patient management

Glossary

- **Sensitivity (Sn)** - the frequency with which a test correctly identifies patients with a disease.
- **Specificity (Sp)** - the frequency with which a test correctly identifies patients without a disease.
- **Negative Predictive Value (NPV)** - the percentage of negative tests being true negatives (by standard of care).
- **Positive Predictive Value (PPV)** - the percentage of positive tests being true positives (by standard of care).
- **Rule-out Rate (ROR)** - the percentage of tests that return a negative result.
- **Evidence definitions:**
 - 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 in the hands of a physician can usefully change patient management within the context of care for the defined population and indication.
- **EMR** – Electronic Medical Record
- **ASP** – Average Sales Price
- **FTE** – Full Time Equivalent

SOURCES AND ASSUMPTIONS - TOTAL ADRESSABLE MARKET

REGION	STATISTIC		SOURCE
US	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
	Receive a cystoscopy	>1,000,000	Kenigsberg, A, et al. The Economics of Cystoscopy: A Microcost Analysis, Urology 157: 29–34, 2021
	Annual cases of bladder cancer	84,870	National Cancer Institute
	Patients living with bladder cancer	744,044	National Cancer Institute
	Test opportunities	4,616,066	Pacific Edge estimate
	Price of Cxbladder (US\$)	US\$1,018 (Triage Plus), US\$760 (Monitor)	
	TAM (US\$b)	US\$4.4	
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
	Receive a cystoscopy	4,000,000	Rindorf, D, et al. The extent of experiencing availability issues and deteriorating performance associated with reusable cystoscopies, a multicentre study.
	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	7,350,000	Pacific Edge estimate
	Price of Cxbladder EURO	€ 245	Pacific Edge estimate
	TAM (US\$b)	US\$2.0	
APAC (excluding India and China)	Population	830,000,000	World population - Southeast Asia; Population Pyramid - Japan;
	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
	Receive a cystoscopy	3,320,000	Pacific Edge estimate
	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	3,755,000	Pacific Edge estimate
	Price of Cxbladder (US\$)	550	Pacific Edge estimate
	TAM (US\$b)	US\$2.1	

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



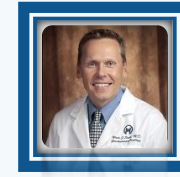
Associate Professor Katie Murray, DOMS, FACS

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



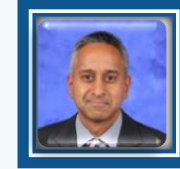
Professor Jonathan Wright, MD, MS, FACS

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



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CANCER DIAGNOSTICS

PACIFIC EDGE – TAKING NEW ZEALAND INNOVATION GLOBAL



APPROVED BY THE AUA BOARD OF DIRECTORS February 2025

Authors' disclosure of potential conflicts of interest and authorial contributions appear at the end of the article.

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MICROHEMATURIA: AUA/SUFU GUIDELINE (2020, AMENDED 2025)

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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 Australasian 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

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