Pacific Edge

ANNUAL SHAREHOLDERS MEETING

24 September 2024

Auckland

PACIFIC EDGE
CANCER DIAGNOSTICS COMPANY

Pacific Edge's ordinary shares trade on the NZX and the ASX under the ticker code: PEB

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CHRIS GALLAHER
Chairman

DIRECTORS

SARAH PARK

ANATOLE MASFEN

BRYAN WILLIAMS

ANNA STOVE

MARK GREEN

TONY BARCLAY

AGENDA

1. CHAIRMAN'S ADDRESS
2. CHIEF EXECUTIVE'S ADDRESS
3. QUESTIONS
4. US OPERATIONS
5. OUR CLINICAL PROGRAM
6. QUESTIONS
7. RESOLUTIONS
8. VOTING AND GENERAL BUSINESS
9. MEETING CLOSE

Cxbladder®

PACIFIC EDGE
CANCER DIAGNOSTICS COMPANY

PACIFIC EDGE – TAKING NEW ZEALAND INNOVATION GLOBAL

2011
Pacific Edge Diagnostics New Zealand (PEDNZ) established

Dec 2012
Launch of Pacific Edge Diagnostics USA and Cxb Detect

2013

May 2013
First commercial sale (Cxb Detect) for PEDNZ

Mar 2013
First commercial sale (Cxb Detect) for PEDUSA

Dec 2014
Launch of Cxbladder Triage

2015

Dec 2015
Launch of Cxbladder Monitor

2016

2018

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

2019

2020

Jun 2020
Kaiser Permanente, approves commercial use of Cxbladder

Jul 2020
Medicare reimbursement of Cxbladder at $760/test

Aug 2021
Cxbladder reaches 70% public healthcare coverage in NZ

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

2021

2022

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

Nov 2023
Kaiser Permanente EMR integration goes live

2023

2024

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

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PACIFIC EDGE
CANCER DIAGNOSTICS COMPANY

FY 24 - CONSERVING CASH AMID COVERAGE UNCERTAINTY

32,633
GLOBAL TEST VOLUMES[1] UP 3% VS FY 23

$23.9m
OPERATING REVENUE UP 22% VS FY 23

▼ 24%
DROP IN MONTHLY CASH BURN[2] IN 2H 24 VS 1H 24

($29.5M)
NET LOSS AFTER TAX INCREASED 9% VS FY23

$50.3M
CASH, CASH EQUIVALENTS[2]

FY 25 - CATALYSTS FOR GROWTH

POSITIONED FOR GROWTH

- Commercial operations focused on profitable territories, non-Medicare revenue streams and selling the clinical and economic value of Cxbladder
- Direct sales team efficiency improves - operating at break even
- Refocused the business on the clinical development for Detect+ and Monitor+

CATALYSTS

- **Medicare coverage**
  - Clinical evidence program positioned to deliver additional evidence for coverage certainty
  - Novitas makes a policy decision to continue Cxbladder Medicare coverage
- **Guidelines**
  - AUA is presently reviewing the microhematuria guidelines; no timeframe provided
- **Detect+ Medicare pricing**
  - Cautiously confident of receiving a Medicare price greater than the current tests, a result that will bolster our economics
  - Commercial launch targeted towards the end of the current financial year (FY 25)

1. TLT is the Total Laboratory Throughput including commercial, pre-commercial and clinical studies testing
2. Cash, cash equivalents and short-term deposits

Cxbladder® PACIFIC EDGE CANCER DIAGNOSTICS COMPANY

Dr PETER MEINTJES
Chief Executive Officer

PACIFIC EDGE IS FOUNDED ON DELIVERING POSITIVE OUTCOMES FOR SOCIETY

WE CREATE VALUE BY PRIORITISING OUR PATIENTS, OUR PHYSICIANS AND OUR PEOPLE

Our Vision

A world where the early diagnosis and better treatment of cancer is within reach of everyone

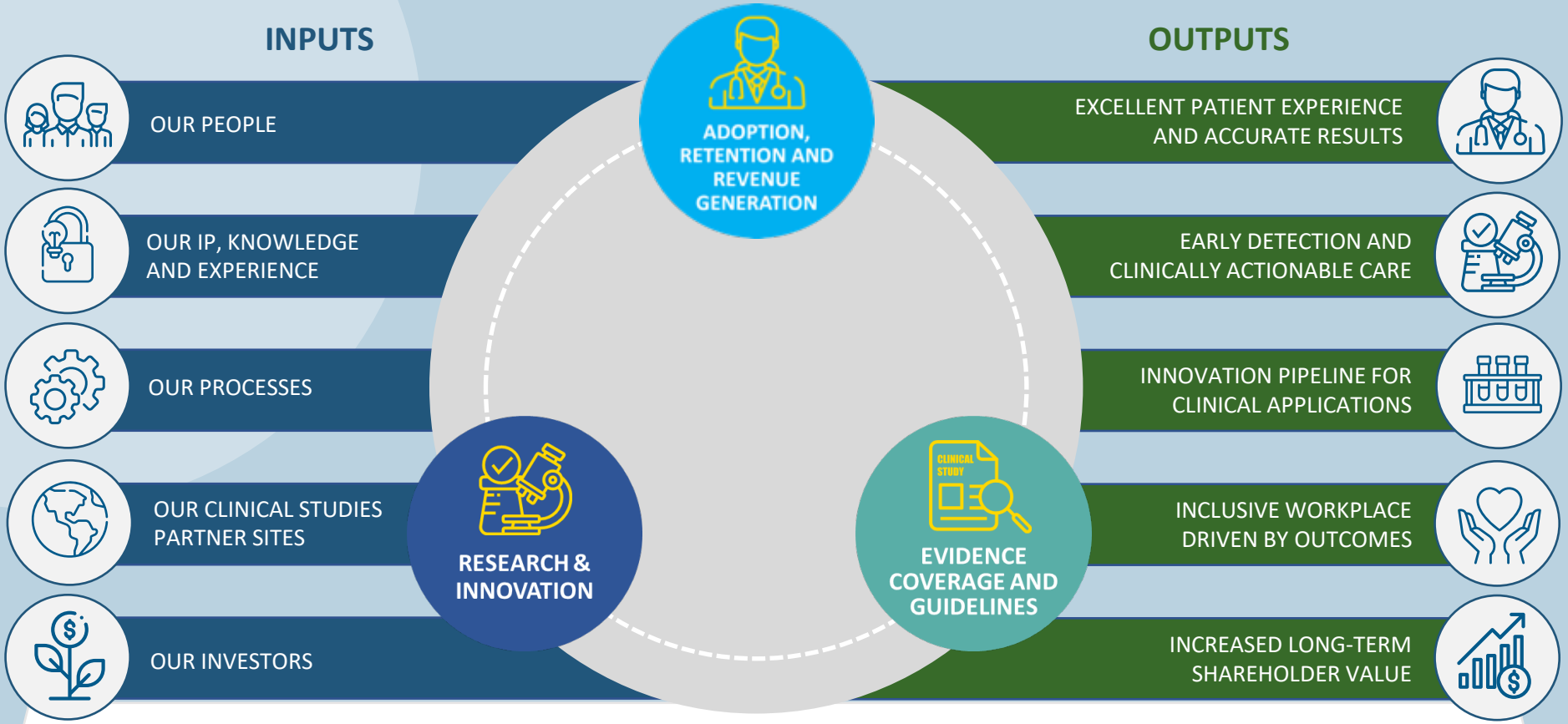
Our Values:

- We are committed to customer success
- We are guided by data and evidence
- We support our teammates
- We are transparent and trusting
- We celebrate successes, large and small

Our Sustainability Priorities:

OUR SOCIAL IMPACT	OUR ENVIRONMENTAL IMPACT	OUR GOVERNANCE PRACTICES
Improving healthcare access, quality of care and patient outcomes	Product environment stewardship	Risk management
An inclusive, engaged and safe workforce	Emissions reduction	Operational quality and compliance
Responsible supply chain	Climate-related disclosures	Engaging our stakeholders
Supporting our communities		

VALUE CREATION THROUGH THREE PILLARS



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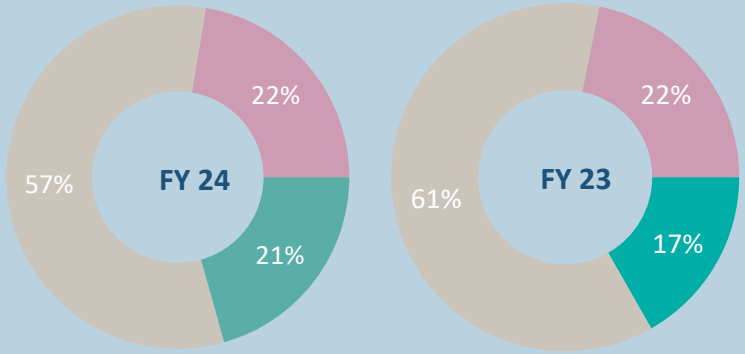
GROWTH SLOWED AMID MEDICARE DRAFT

ADOPTION, RETENTION AND REVENUE GENERATION

FY 24 TOTAL LAB THROUGHPUT (TLT*)

- Global TLT increased 3% to 32,633 with test demand moderating amid proposed Medicare coverage changes & sales force reductions
- Global Commercial test volumes increased 2%. Global TLT is driven by US growth in the US (predominantly Detect)
- Risk stratification during hematuria evaluation using Triage & Detect is the largest market opportunity & reflected in current volume mix

TEST VOLUMES BY TYPE (TLT*)

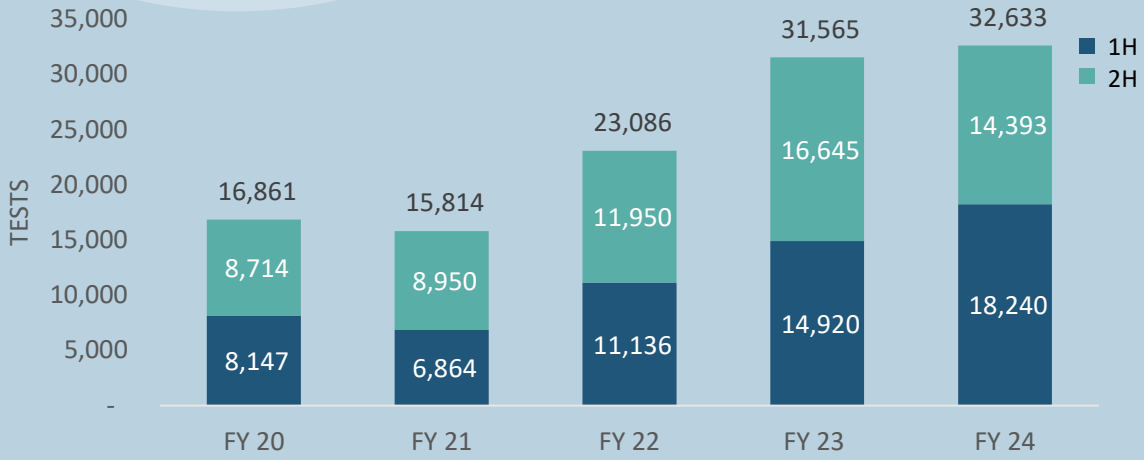


Cxbladder TRIAGE

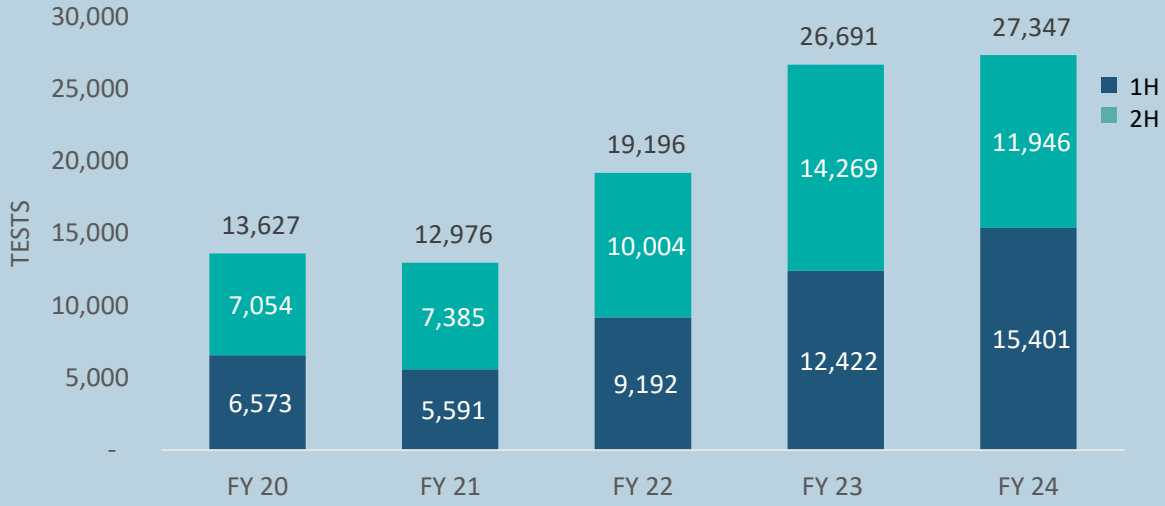
Cxbladder DETECT

Cxbladder MONITOR

GLOBAL TOTAL TEST VOLUMES (TLT*)



GLOBAL COMMERCIAL TEST VOLUMES (TLT*)



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

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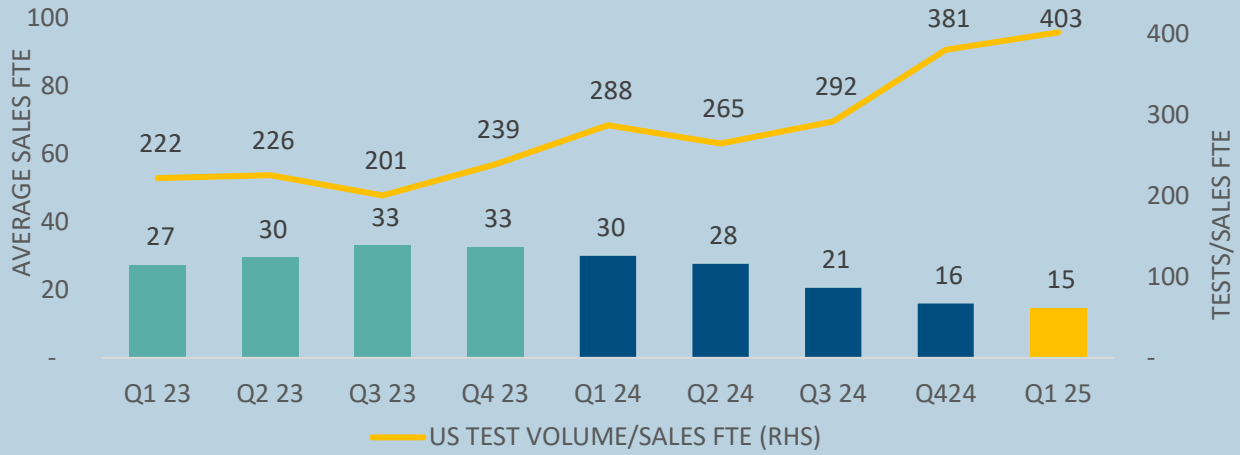
FOUNDATIONS FOR GROWTH – US SALES TEAM PERFORMANCE IMPROVES

US SALES TEAM REDUCTIONS TO CONSERVE CASH DAMPEN VOLUME GROWTH IN FY24

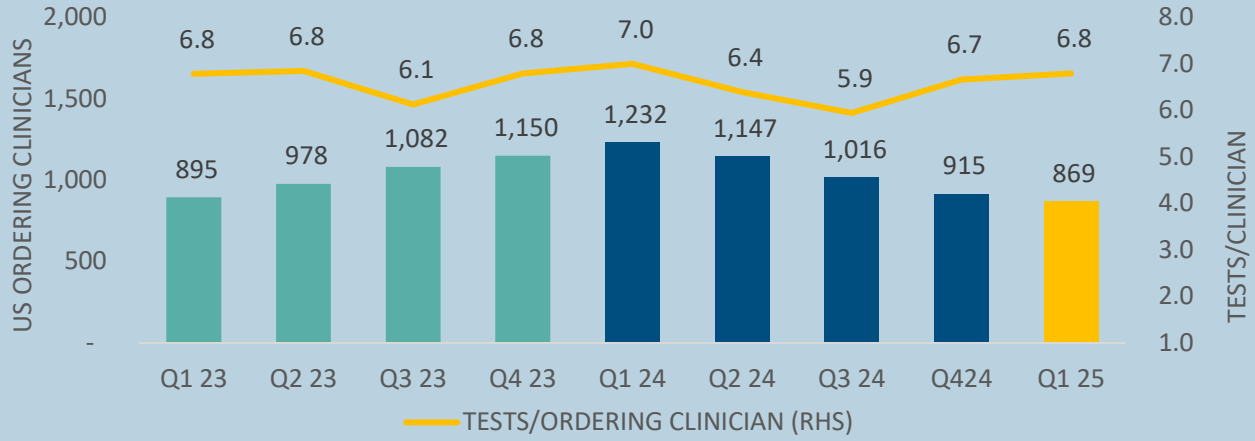
ADOPTION, RETENTION AND REVENUE GENERATION

- Commercial volumes stabilizing with a focus on profitable sales territories and non-Medicare revenue streams (Kaiser Permanente and Veteran's Affairs and others)
- Sales messaging focused on the clinical and economic value of Cxbladder
- KP volume stepped up after EMR integration, now growing steadily month on month (every month has been a record)
- Sales force efficiency (sales/FTE) has improved dramatically
- US clinical commitment (tests/clinician) steady, though ordering clinicians is lower due to reduced sales force reach

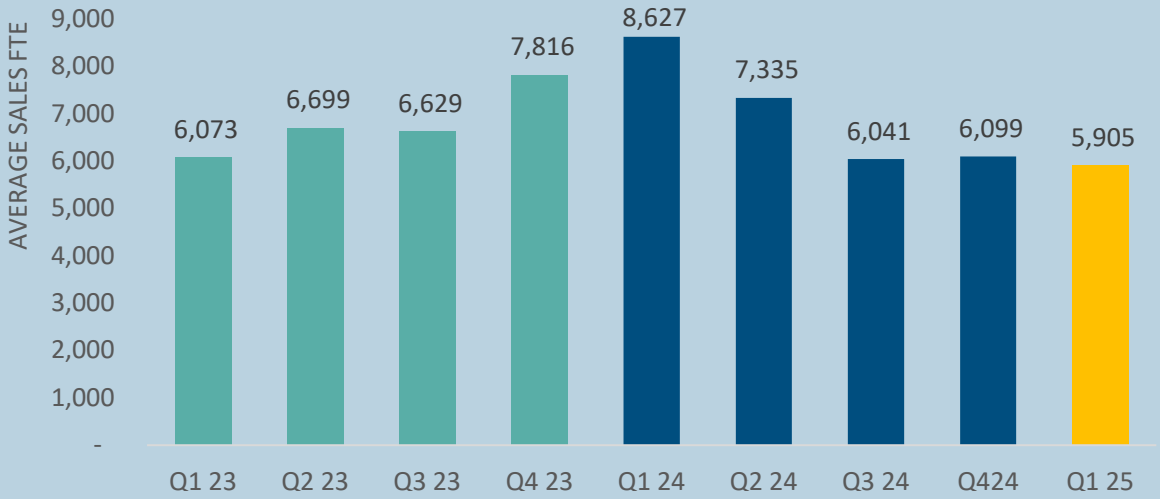
US SALES FORCE EFFICIENCY



US CLINICAL COMMITMENT



US COMMERCIAL VOLUMES



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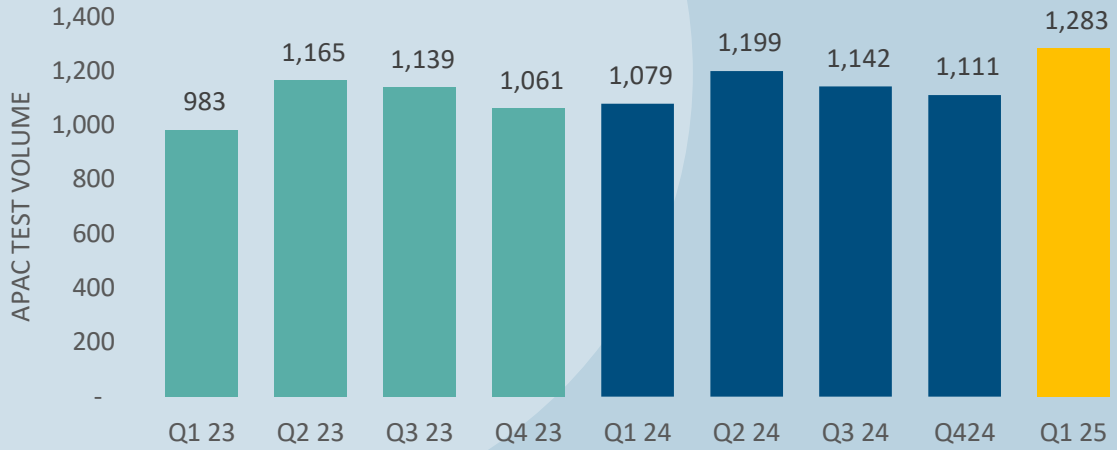
DRIVING GROWTH IN ASIA PACIFIC AND CONSOLIDATING NEW ZEALAND

ADOPTION, RETENTION AND REVENUE GENERATION

APAC TOTAL TEST VOLUMES*



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

AUSTRALIA & ASIA PACIFIC

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

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

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

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EXTENDING OUR REACH THROUGH GLOBAL DISTRIBUTION AGREEMENTS

ADOPTION, RETENTION AND REVENUE GENERATION

STRATA[1] – THE STRONGEST EVIDENCE YET FOR GUIDELINES INCLUSION

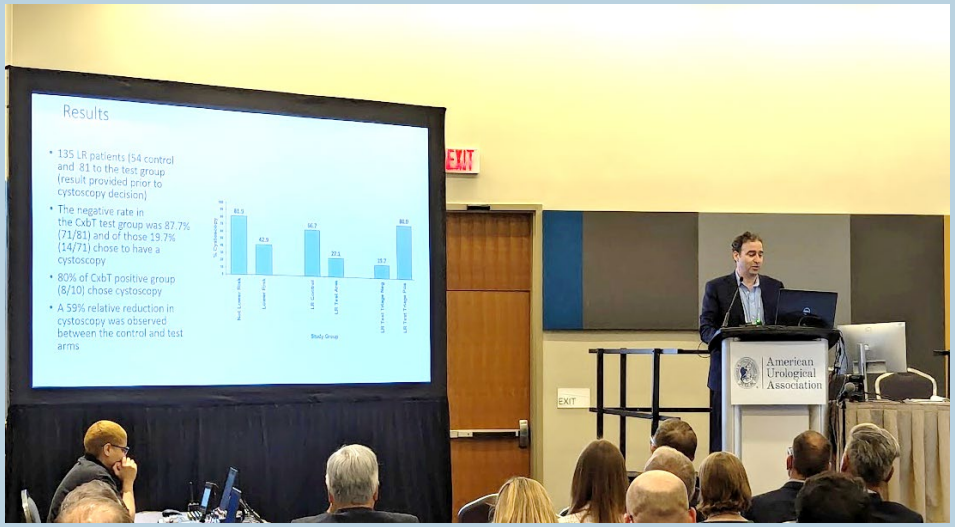
A MILESTONE IN OUR DRIVE FOR MEDICARE COVERAGE CERTAINTY

EVIDENCE COVERAGE AND GUIDELINES

PARADIGM-SHIFTING STUDY DEMONSTRATES CLINICAL UTILITY OF TRIAGE

- STRATA is the first ever randomized controlled trial of a urine biomarker for hematuria evaluation:
  - This peer-reviewed study published in the AUA Journal of Urology[1] showed clinicians undertook 59% fewer cystoscopies, when provided a Cxbladder Triage test result
  - Seeking to leverage data to demonstrate the clinical utility of Detect+
- Publication submitted to Novitas as it considers finalization of draft LCD
- New evidence for inclusion in the Pacific Edge Clinical Dossier that we use to engage with guideline committees, private payors, government payers, value-based clinician groups and ex-US distributors
- STRATA data available to further improve the Detect+ algorithm

USING CLINICAL EVIDENCE TO DRIVE CXBLADDER ADOPTION



STRATA lead author Yair Lotan presenting STRATA to the 2024 AUA annual meeting.

American Urological Association

NCCN National Comprehensive Cancer Network®

*"Cxbladder Triage can help reduce the burden of unnecessary cystoscopies in this population resulting in less patient morbidity and discomfort, improved access to care, and reduced environmental impact." – **Lotan et al. (2024)***

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

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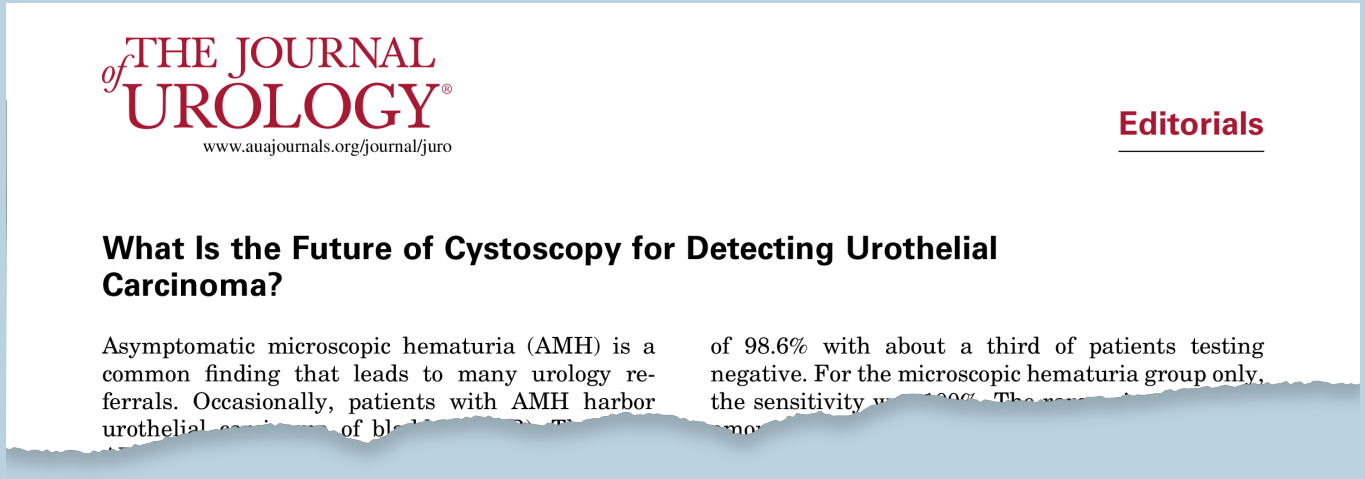
AUA HEMATURIA GUIDELINES – A COMPREHENSIVE REVIEW

AN APPROACH THAT SUPPORTS OUR DRIVE FOR GUIDELINE INCLUSION

EVIDENCE COVERAGE AND GUIDELINES

- The AUA has commenced a review of the microhematuria guideline and has asked for professional comment on its initial draft; no timeframe provided
- Our Chief Medical Officer Dr Tamer Aboushwareb is participating in the consultation under confidentiality and with his conflict of interest documented – no disclosure to Pacific Edge or others is allowed
- The clinical utility of Cxbladder Triage demonstrated by the STRATA study is expected to be considered as part of the deliberations
- A positive AUA Journal of Urology editorial in July suggests favorable direction of travel
- Clear/positive inclusion language would be used as the basis for a Medicare coverage re-consideration request (in the event of a non-coverage determination)



THE JOURNAL of UROLOGY®
www.auajournals.org/journal/juro

Editorials

What Is the Future of Cystoscopy for Detecting Urothelial Carcinoma?

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

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

American Urological Association

www.auanet.org

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

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

– Journal of Urology editorial, July 2024

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‘GENETIC TESTING FOR ONCOLOGY’ LCD PROCESS EXTENDED

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

EXTENSION INCREASES CONFIDENCE TOWARDS MEDICARE COVERAGE CERTAINTY

- Cxbladder continues to receive reimbursement from Medicare and Medicare Advantage payers in line with historical reimbursement rates
- We are increasingly confident that STRATA[2] is being considered as part of Novitas deliberations
- We are seeking to publish new and independent evidence to support coverage in the coming months
- Pacific Edge continues to engage with Novitas and CMS with the support of professional societies, industry partners, clinicians and patient advocacy groups

27 July 2023
Novitas[1] republishes draft LCD

9 September 2023
Review and comment period closes

Nov 2023 – Jan 2024
Meetings between Pacific Edge and CMS

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

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

MEDICARE IS PACIFIC EDGE’S LARGEST PAYER

- Medicare and Medicare Advantage is the largest global opportunity in bladder cancer diagnostics from a single coverage decision
- In FY 24 Medicare and Medicare Advantage delivered ~14,000 commercial tests (~60% of US commercial tests) and ~$17.0m NZD in total operating revenue (~71% of total operating revenue)

1. Novitas is the Medicare Administrative Contractor for Pacific Edge’s US laboratory. It is empowered by the Centers for Medicare and Medicaid Services (CMS) to make the coverage determination, but it is accountable to CMS for the decision.
2. Lotan et al. (2024) . A Multicenter Prospective Randomized Controlled Trial Comparing Cxbladder Triage to Cystoscopy in Patients With Microhematuria. The Safe Testing of Risk for Asymptomatic Microhematuria Trial. The Journal of Urology Vol 212 1-8 Jul 2024.

CLINICAL EVIDENCE CATALYSTS FOR COVERAGE CERTAINTY

EVIDENCE COVERAGE AND GUIDELINES

MEDICARE RECONSIDERATION AND GUIDELINE INCLUSION REQUESTS

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

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

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

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

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

[4] RWE is Real World Evidence

[5] Timeline determined by Kaiser Permanente

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

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

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INDEPENDENT REAL-WORLD EVIDENCE OF CXBLADDER'S CLINICAL UTLITY

CLINICAL UTILITY EVIDENCE OF CXBLADDER TRIAGE THAT SUPPORTS MEDICARE COVERAGE

EVIDENCE COVERAGE AND GUIDELINES

KAISER PERMANENTE ABSTRACT SHOWS CLINICAL VALUE IN REAL WORLD SETTING

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

KAISER PERMANENTE®

1,563
Low-risk patients took a Cxbladder Triage test
Patients:
- Had no history of gross hematuria; or
- Refused cystoscopy

1,200 (77%)
NEGATIVE
Avoided a cystoscopy

363 (23%)
POSITIVE
Identified as 'high-risk' of cancer

310
Underwent a cystoscopy

19
Diagnosed with cancer (6.1% of those examined)

"Incorporating a highly reliable urine biomarker into clinical workflows for hematuria reduced the burden of cystoscopy substantially, improving patient satisfaction, urology access, and lowering overall cost of care,"
- Loo et al (2024)[1]

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

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STRATEGIC RESPONSES TO THE IMPENDING MEDICARE DETERMINATION

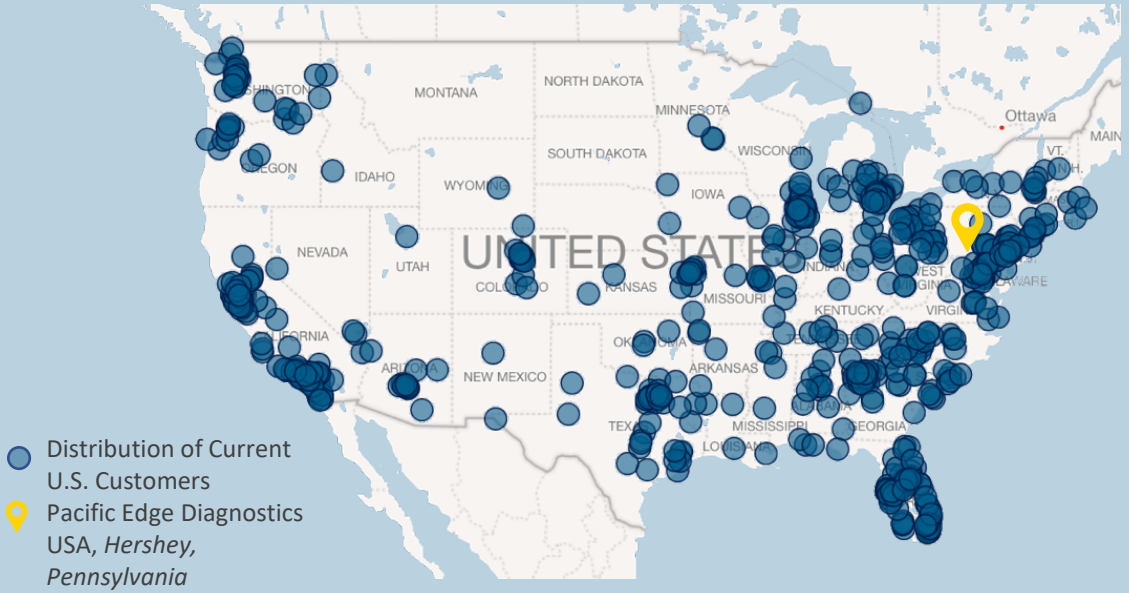
EVIDENCE COVERAGE AND GUIDELINES

OUR RESPONSE TO AN AFFIRMATION OF COVERAGE

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

OUR RESPONSE TO A LOSS OF COVERAGE

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



LONG TERM VALUE CREATION STRATEGIES WILL CONTINUE

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

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

Cxbladder® PACIFIC EDGE CANCER DIAGNOSTICS COMPANY

RESEARCH & INNOVATION – FOCUSED ON DNA ENHANCED PRODUCTS

RESEARCH & INNOVATION

READYING FOR THE LAUNCH OF DETECT+ AND MONITOR+

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

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

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

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PACIFIC EDGE USA - OPERATIONS

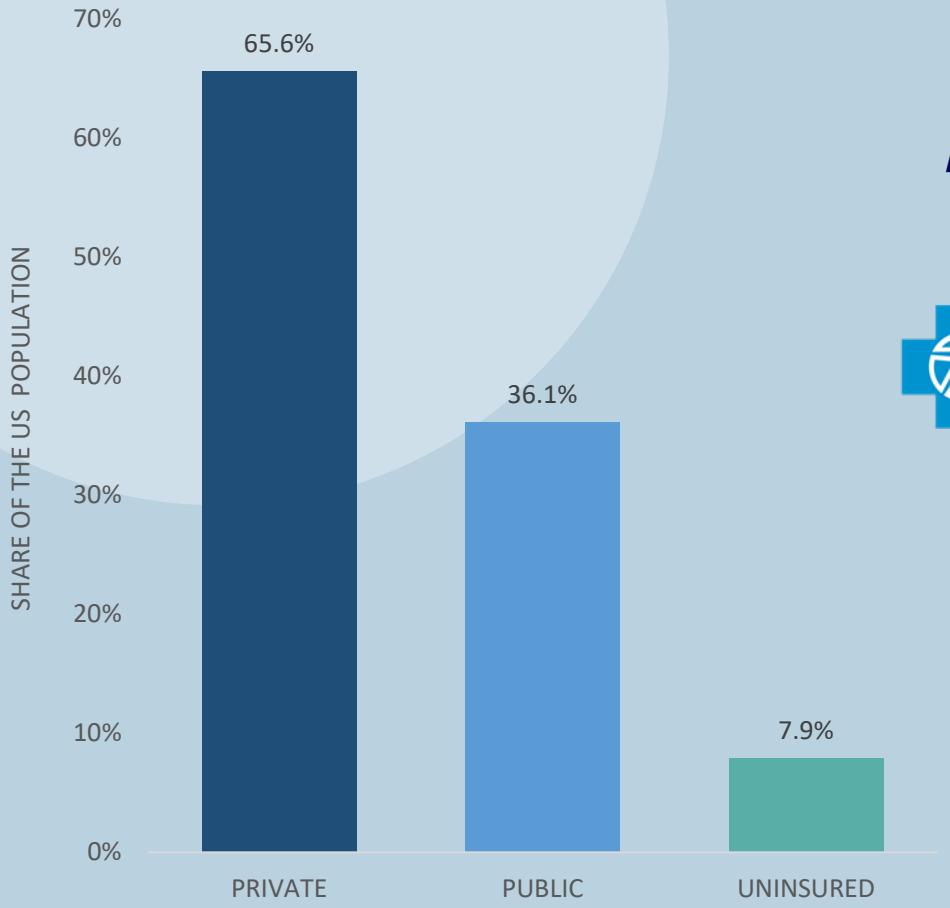
DAVID LEVISON
President
Pacific Edge Diagnostics USA

MEDICARE & MEDICAID – THE LARGEST VOLUME FROM SINGLE DECISION

HEALTH INSURANCE IN THE US MARKET – SERVING 335 MILLION PEOPLE[1]

ADOPTION, RETENTION AND REVENUE GENERATION

US HEALTH INSURANCE COVERAGE[1]



Medicare

Blue Cross Blue Shield Blue Care Network

KAISER PERMANENTE®

PUBLIC FUNDED INSURNCE:

Medicare, Medicaid, Veterans Admin, etc.

- Limited options for plan design
- Little or no out of pocket expense for patient
- Coverage decisions decentralized

COMMERCIAL INSURANCE

Preferred Provider Organizations (PPO)

- Cigna, United Health, Aetna, Blue Cross Blue Shield
- Wide choice of plan designs
- Wide choice of physicians and services
- Wide variance in cost to patient

Health Maintenance Organizations (HMO)

- Kaiser, Geisinger, Intermountain Health
- Kaiser is a capitated HMO
- Limited plan designs and services offered
- Must use specific clinicians
- Lower cost to patient, often fixed costs

1. United States Census Bureau

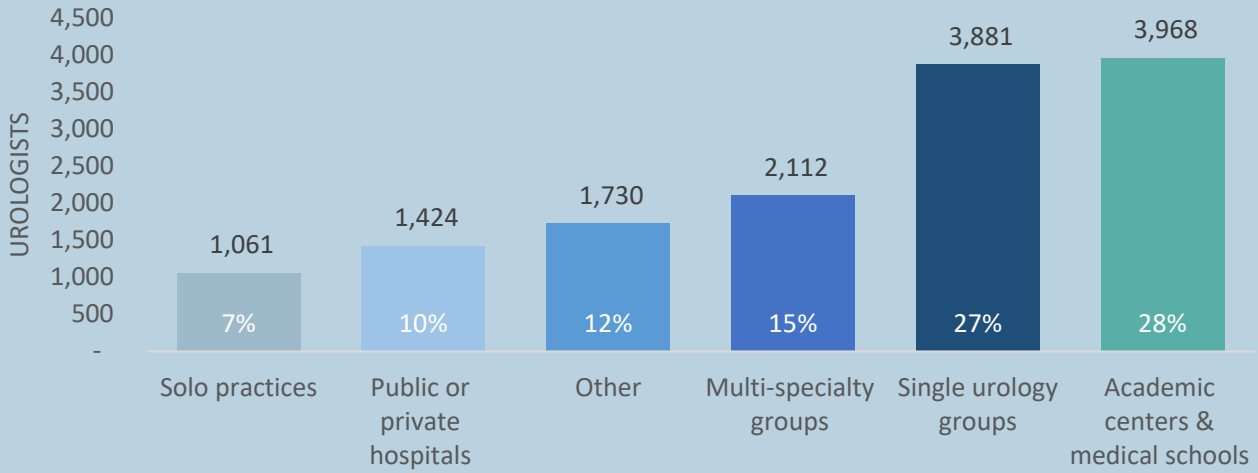
FOCUSING OUR EFFORTS ON CONCENTRATIONS OF DEMAND

ADOPTION, RETENTION AND REVENUE GENERATION

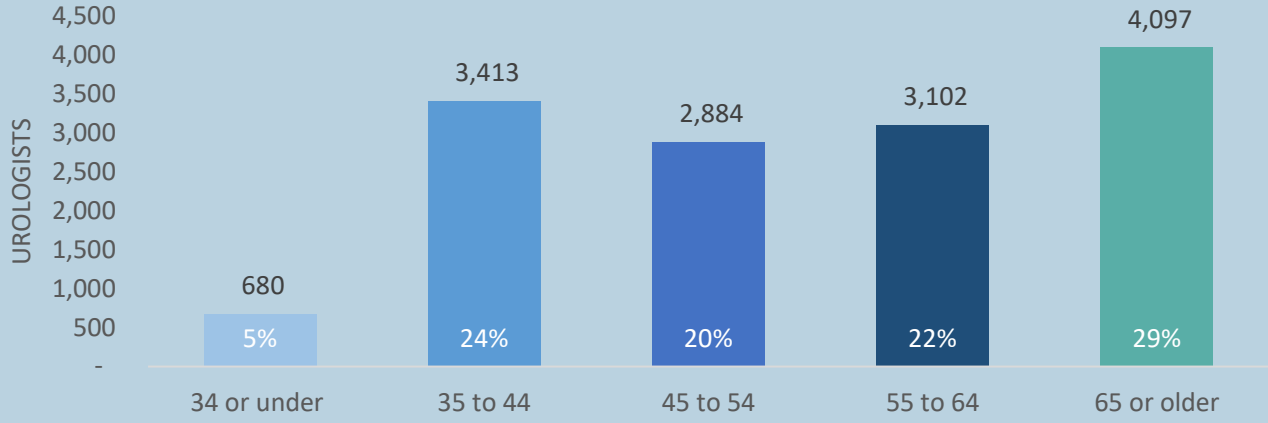
HOW THESE MARKET FEATURES INFLUENCE OUR EFFORTS

- We serve a population of 14,176 US practicing urologists[1]
- >60% of those urologists practice in small, private groups
- Consistent clinical education is key to developing lasting clinical patterns
- Improving patient workflow / office efficiency drives demand and stickiness
- Macro trends are highlighting the need for less invasive treatment options

UROLOGISTS PLACE OF WORK[1]



UROLOGISTS AGE[1]



1. AUA Census 2023

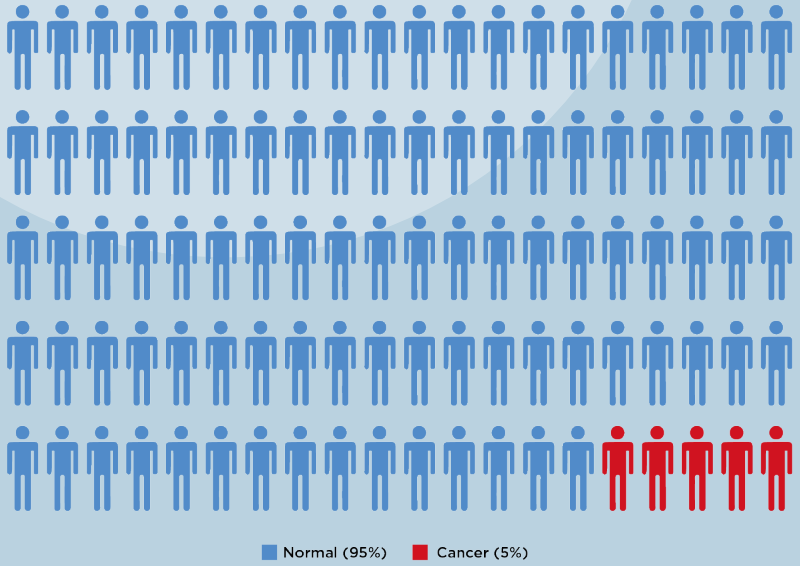
SELLING CXBLADDER'S CLINICAL, ECONOMIC AND PATIENT VALUE

ADOPTION, RETENTION AND REVENUE GENERATION

For clinicians and patients, Cxbladder offers better care, avoids unnecessary procedures & improves workflow. For healthcare payers it offers substantial total cost savings per patient when used to intensify or de-intensify hematuria evaluation[1]

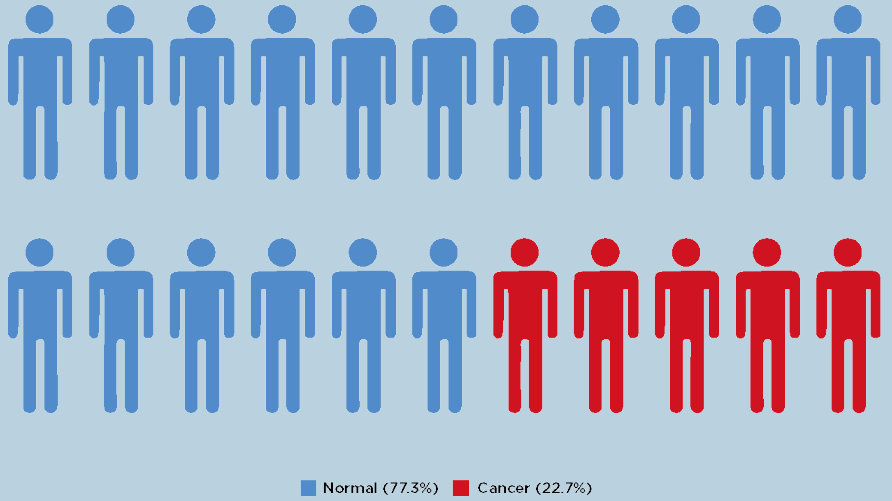
CURRENT PRACTICE (AUA GUIDELINES)

5% of patients with Microhematuria have Urothelial Cancer:
Must do 100 cystoscopies to find 5 cancers



CXBLADDER DETECT INTRODUCED TO STANDARD OF CARE

Rule out 78 of the 95 patients without cancer:
Now do only 22 cystoscopies to find the same 5 cancers



Pacific Edge modelling[1] suggests avoided procedures could save **>US$500** per patient with microhematuria

[1] Pacific Edge has developed a detailed budget impact model to understand costs to private practice, healthcare institutions and payers, over and above the Cxbladder Detect test price of US $760/test focused on microhematuria patients. Budgetary Impact of Including the Urinary Genomic Marker Cxbladder Detect in the Evaluation of Microhematuria Patients - PubMed (PMID: 37914255)

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PACIFIC EDGE USA FUNCTIONAL CAPABILITIES

ACTIVITIES THAT TRAVERSE SALES AND MEDICAL AFFAIRS TO LAB OPERATIONS

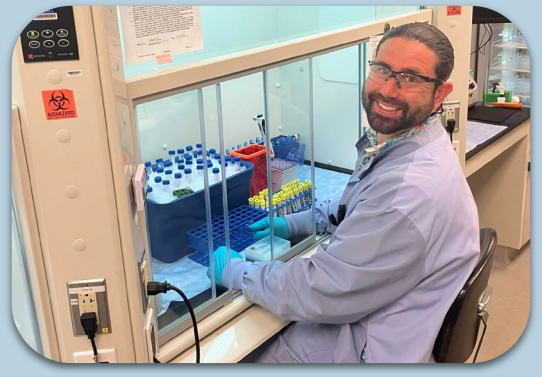
ADOPTION, RETENTION AND REVENUE GENERATION

MEDICAL AFFAIRS
- Clinical education
- Sales support

SALES
- Growing test volume
- Direct customer engagement

MARKETING
- Sales support
- Conference planning
- Product management

CUSTOMER CARE
- Issue resolution
- Logistics
- Administration



LAB OPERATIONS
- Sample management and processing
- Quality and regulatory management

MARKET ACCESS AND REIMBURSEMENT
- Revenue cycle management
- Payor relationships

AN AVERAGE WEEK

- ~1,000 direct sales interactions
- 400-500 samples processed
- 5-10 Medical Affairs educational sessions with clinicians
- Customer care issues managed with ~300 phone calls and emails

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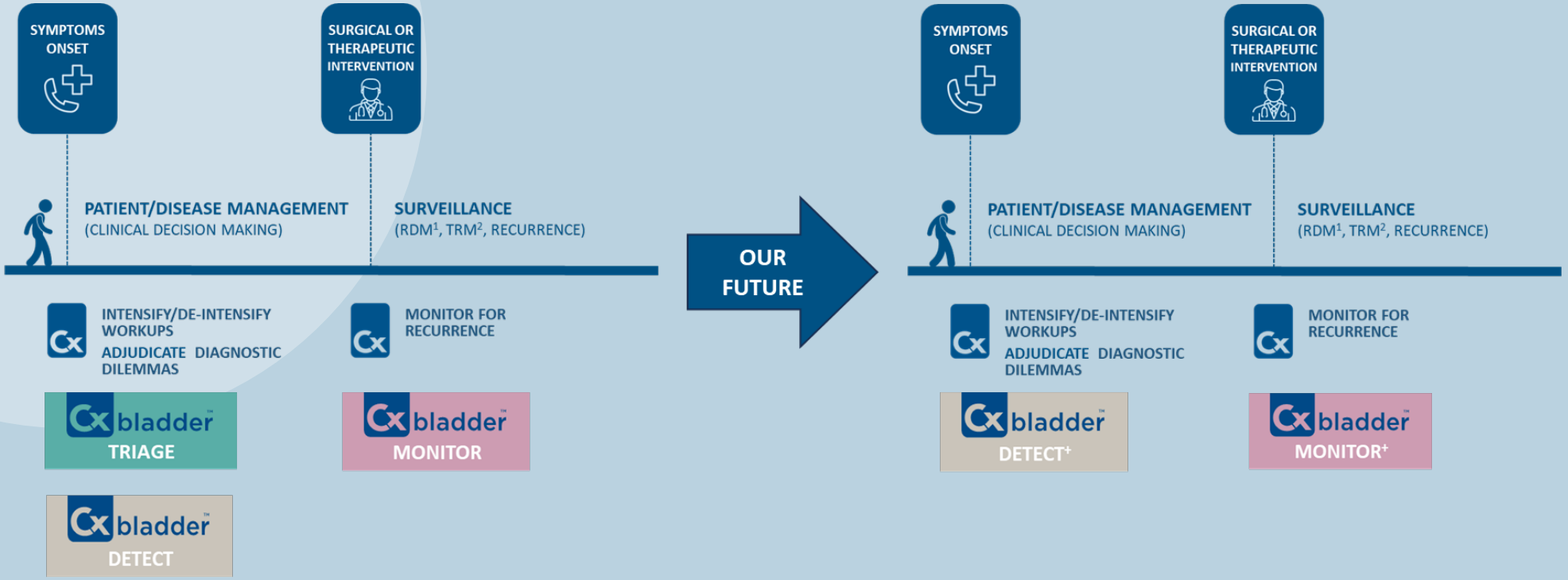
SIMPLIFYING THE CXBLADDER VALUE PROPOSITION – DETECT+ & MONITOR+

ADDITION OF DNA BIOMARKERS ENHANCES TEST PERFORMANCE[3]

ADOPTION, RETENTION AND REVENUE GENERATION



Performance[3]	Sensitivity	Specificity	NPV	PPV	ROR
CxbDetect+	97%	90%	99.7%	44%	83%
CxbTriage	89%	63%	99%	16%	59%
CxbDetect	74%	82%	97%	25%	78%

HEMATURIA EVALUATION TEST PERFORMANCE

The improved performance characteristics of Detect+ mean it can do the job of Triage (a negative test rules out the presence of urothelial cancer) and Detect (a positive test suggests a higher probability of cancer and justification for an intensification of a urologic workup)

1. RDM: Residual Disease Monitoring,
2. TRM: Therapeutic Response Monitoring
3. Lotan et al (2022) 'Urinary Analysis of FGFR3 and TERT Gene Mutations Enhances Performance of Cxbladder Tests and Improves Patient Risk Stratification'

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PREPARING FOR DETECT+ COMMERCIALIZATION

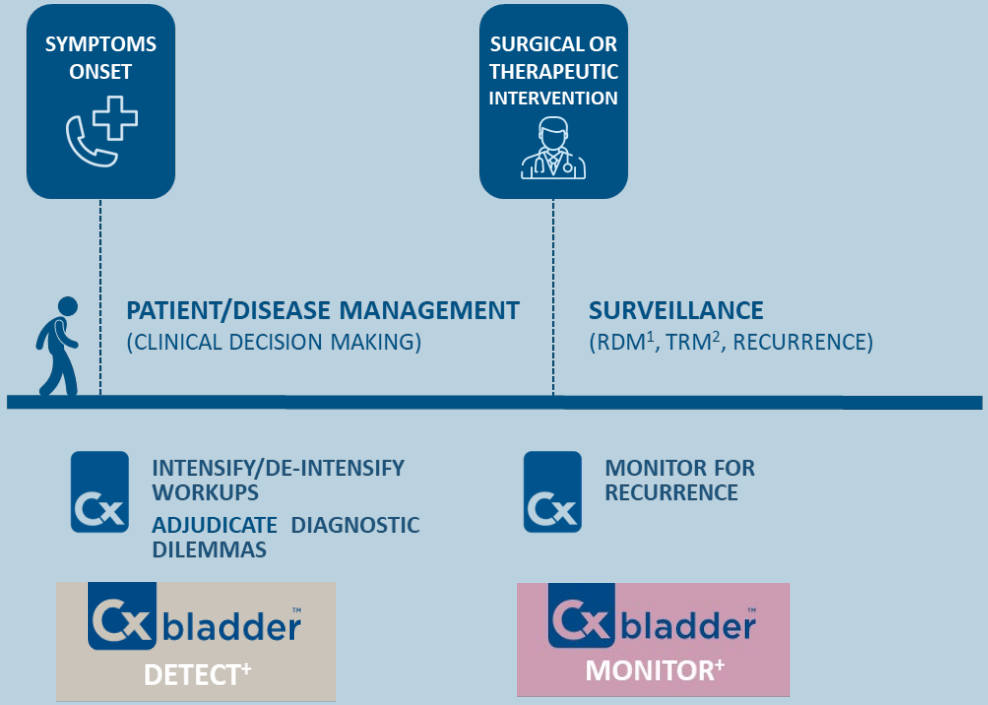
EXPANDING AND EXTENDING OUR LEADERSHIP POSITION IN HEMATURIA EVALUATION

ESSENTIAL PRE-CONDITIONS TO LAUNCHING DETECT+

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

COMMERCIAL PREPARATORY WORK

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



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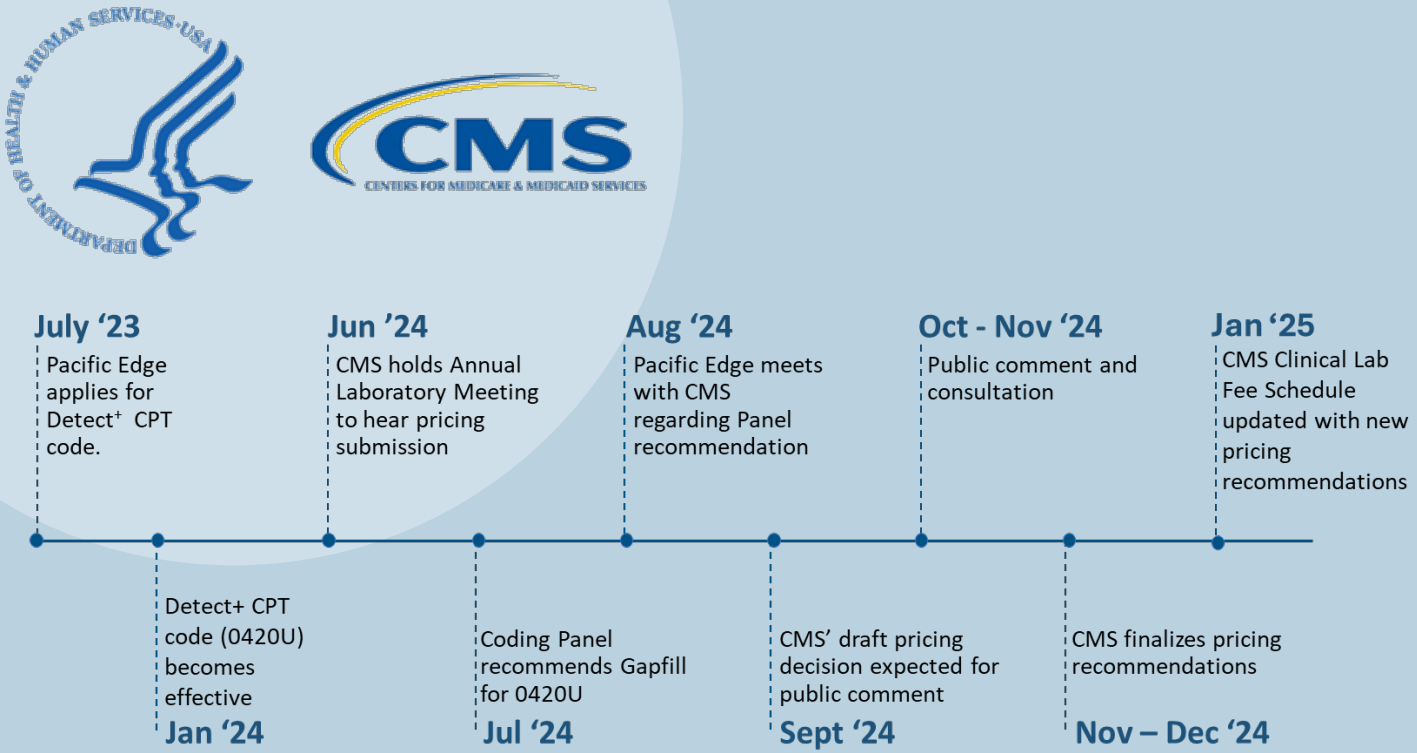
DETECT+ PRICING STANDS TO BOLSTER PACIFIC EDGE'S ECONOMICS

PRICING OF DETECT+ IS THE NEXT STEP IN THE COMMERCIALISATION PROGRAM

ADOPTION, RETENTION AND REVENUE GENERATION



- Pricing of Detect+ is the next step in establishing reimbursement
- The Crosswalk strategy for pricing of Detect+ is based on technological similarities to previously priced tests:
  - Existing CMS price for Cxbladder ($760) is the best reference for RNA components of Detect+
  - A highly-similar match for the DNA/ddPCR component has been identified at $1,800
- Based on this approach we are seeking a Crosswalk price of US$2,560 with CMS
- If CMS disagree with the Crosswalk candidate and prefer Gapfill, we will seek a 'provisional local price' for Detect+ from Novitas and follow the Gapfill process
- Gapfill requires all MACs to recommend a price and takes 12 months to finalize

Anticipated timeframe for Detect+ pricing - dates may change

STRENGTHENING OUR CUSTOMER EXPERIENCE

DRIVING 'STICKINESS' AND LONG-TERM MARKET SHARE

ADOPTION, RETENTION AND REVENUE GENERATION

THE BEST AND MOST CUSTOMER-FRIENDLY TEST

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

KAISER PERMANENTE®

Awanui

LUMEA

INTEGRATED HEALTHCARE – THE POTENTIAL LONG-TERM OPPORTUNITY

PATIENT JOURNEY	PRE-APPOINTMENT	PHYSICIAN EVALUATION	TEST ORDERING [1]	INSURANCE COVERAGE	APPOINTMENT SCHEDULING	RECEIVING RESULTS[1]	ONGOING SURVEILLANCE
PATIENT BENEFIT	Pre-visit screening questionnaire	Facilitates communication of treatment options	Real time information on test ordering and sample collection	Informed on medical coverage, deductibles and copays	Scheduling of sample collection in home or in lab	Results notified	Scheduling future recurring appointments
HEALTH PROVIDER BENEFIT	Identify testing eligibility for patients New result/info incorporated into EMR automatically	Physician prompts (e.g. smoking history)	No additional data entry for paperless test ordering	Informed on medical coverage, deductibles and copays	Scheduling, compliance and follow up	Results notified. Next steps identified	Appointments, compliance and follow up

1 – Current areas of functionality where Pacific Edge provides a digital experience to physicians and patients

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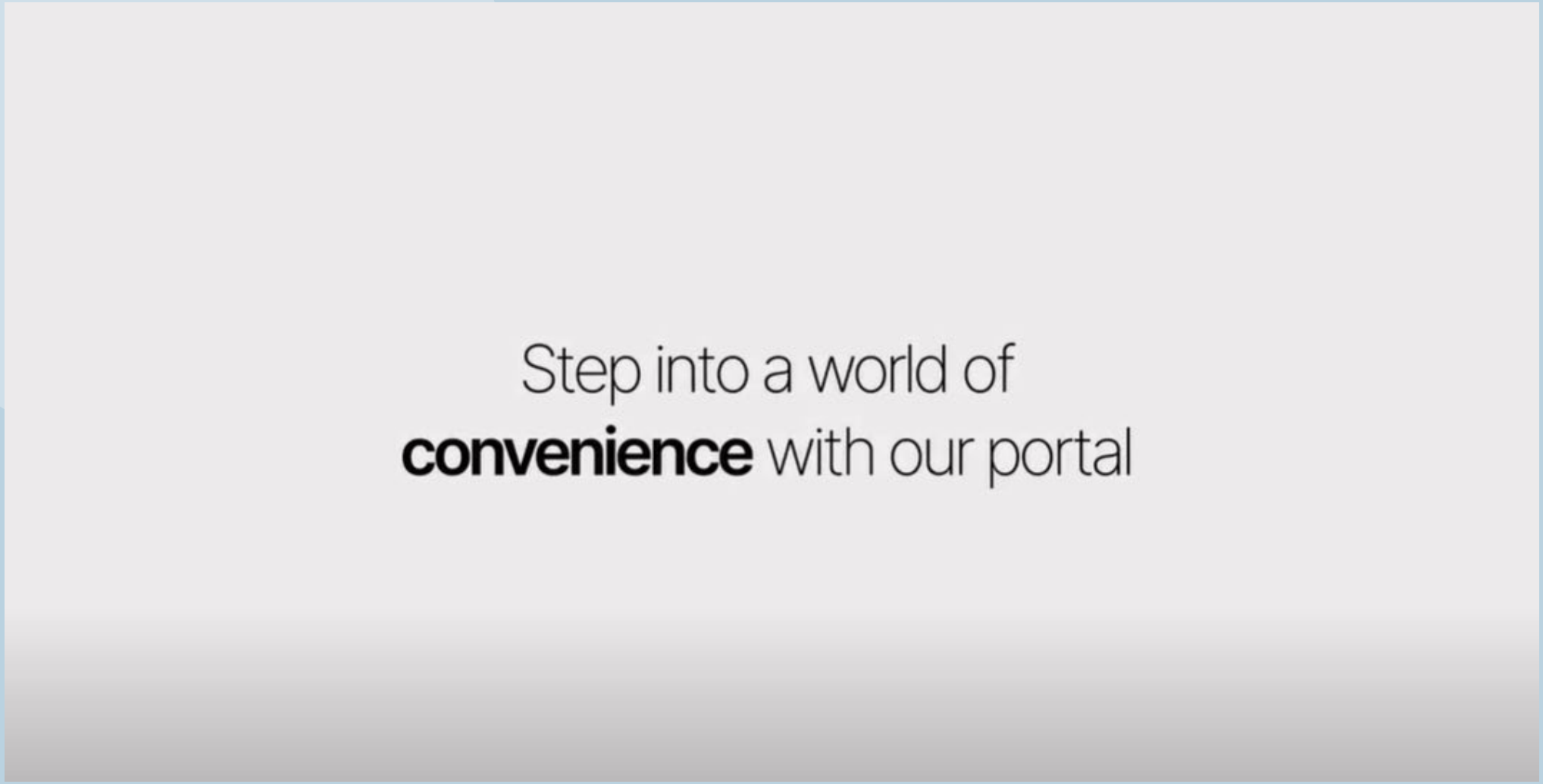
OUR CUSTOMER PORTAL – STREAMLINING THE CUSTOMER EXPERIENCE

ADOPTION, RETENTION AND REVENUE GENERATION

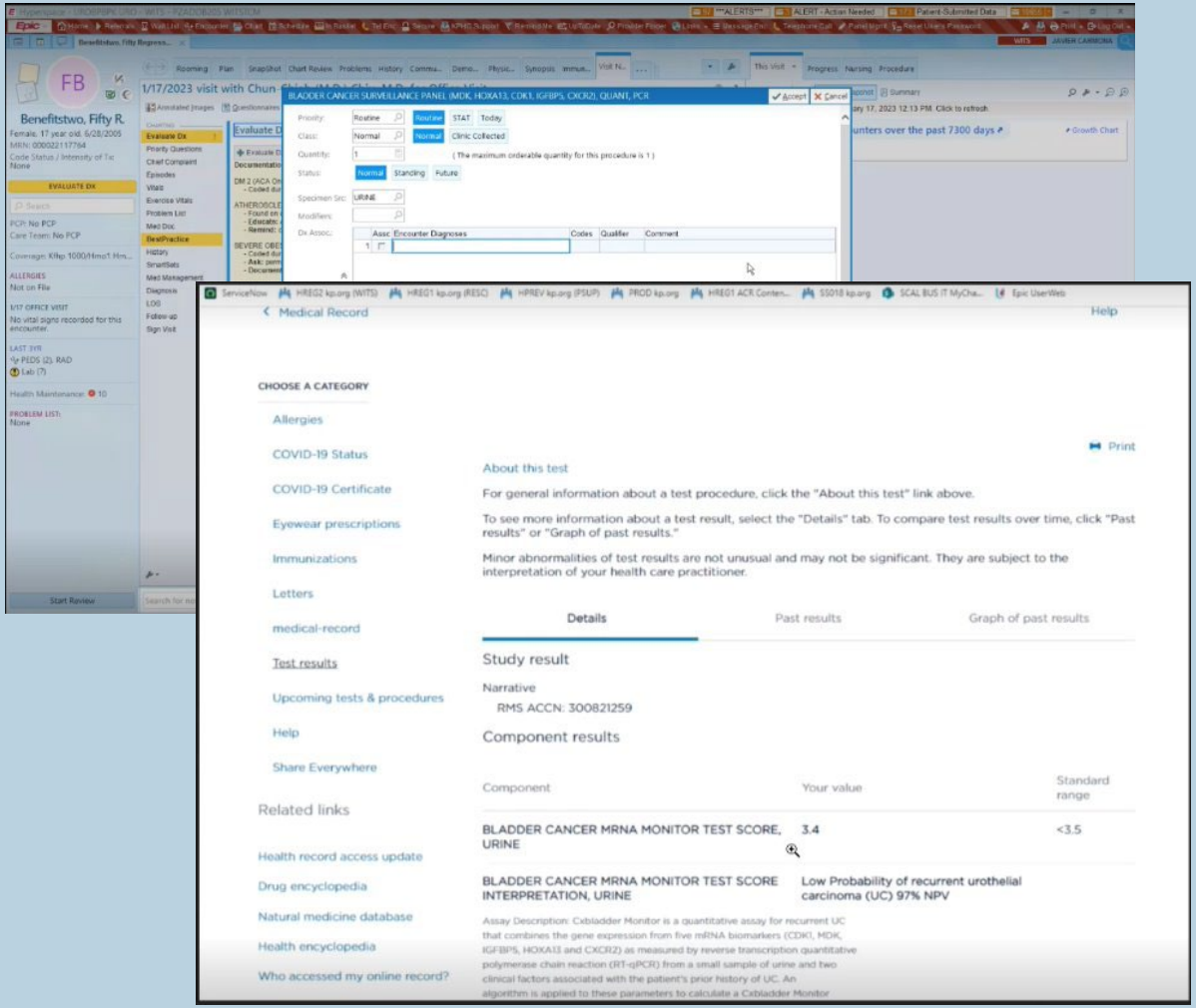


Please click the image above to launch the customer portal video

EMR SUPPORTING ADOPTION AT KAISER PERMANENTE

ADOPTION, RETENTION AND REVENUE GENERATION

KAISER PERMANENTE®



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

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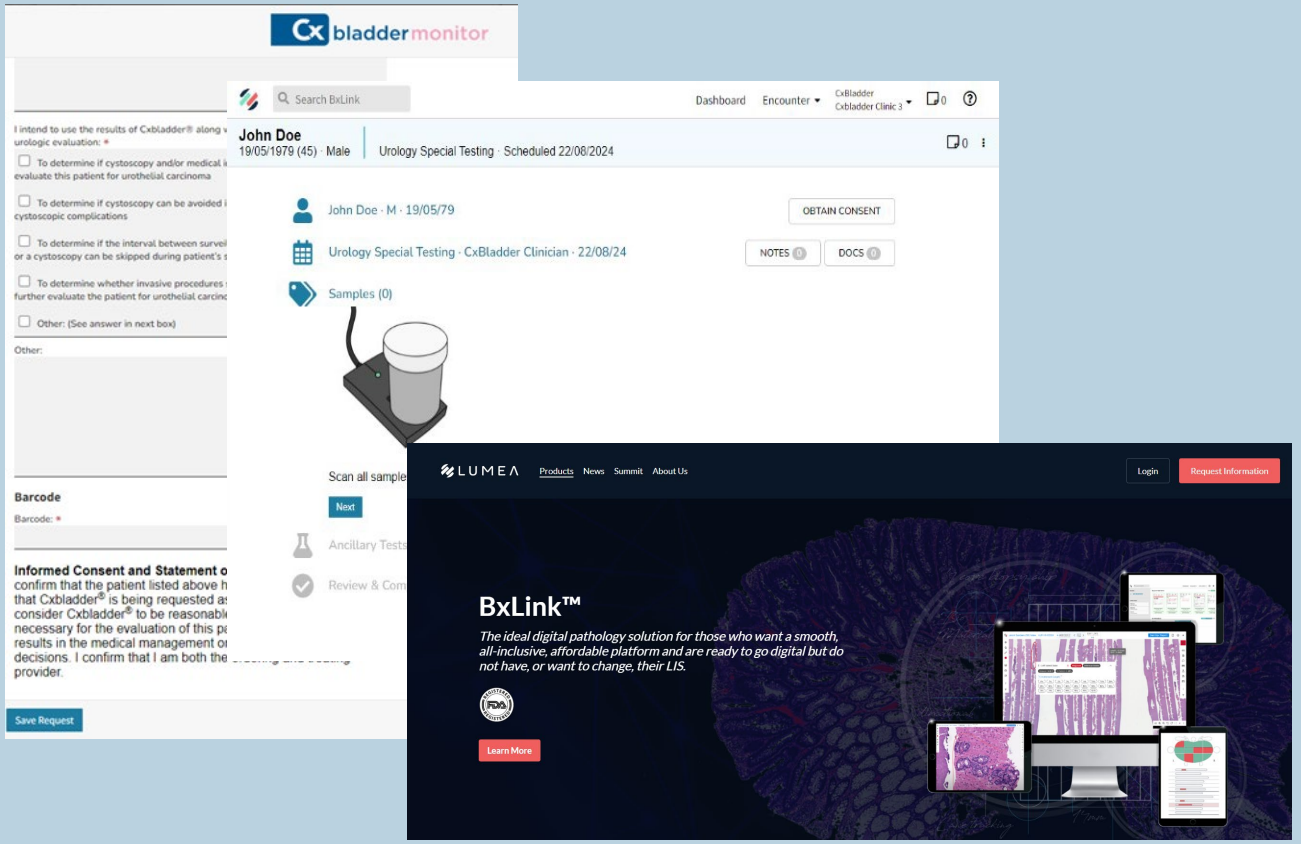
LUMEA – ESTABLISHING DIGITAL LINKS WITH 450 CLINICS

ALIGNING OUR SYSTEMS WITH PRE-EXISTING EMRS AND CUSTOMER PORTALS

ADOPTION, RETENTION AND REVENUE GENERATION

- Lumea BxLink is a Digital Pathology Lab Information System for pathology labs that is integrated with approximately 450 clinics (not all of which are urology)
- Approximately 200 of these clinics have previously ordered a Cxbladder test
- BxLink is a Digital Pathology solution for those who do not want to change their LIS[1]
- By integrating with BxLink, Pathology Labs can offer their customers the option to order a Cxbladder test from their EMR or from BxLink
- The integration went live on 12 September US time and is following a phased rollout plan
- The integration gives clinics the ability to electronically order the Cxbladder tests and have the results returned as part of the patient record in the EMR
- We expect the integration to result in a greater market adoption and greater ordering stickiness by improving customer experience and reducing barriers to adopt



1 – LIS: Lab Information System

STRENGTHENING OUR FOUNDATIONS – OPERATIONAL EXCELLENCE

ADOPTION, RETENTION AND REVENUE GENERATION

DIGITALIZATION, AUTOMATION & CUSTOMER EXPERIENCE

Readying our operations to scale

- Improve Lab Operations and Customer Service with focus on increasing automation and reducing turn around time
- An operational plan to scale to more than 250k samples after gaining Medicare certainty and guidelines inclusion:
  - Investing in people with more recruiting, training and professional development
  - Optimizing equipment utilization with swing shifts, second shifts and extra lab operating days
  - Product development to accommodate increase in throughput/FTE
  - Supply Chain review to drive down COGS, reduce wastage and shorten lead times

Data Management and Digital Information infrastructure

- Organization-wide data warehouse for storage, access and reporting of all commercial data
- Customer Relationship Management (CRM) rollout expanded beyond sales to all commercial teams

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OUR CLINICAL RESEARCH PROGRAM

Dr TAMER ABOUSHWAREB
Chief Medical Officer
Pacific Edge Diagnostics USA

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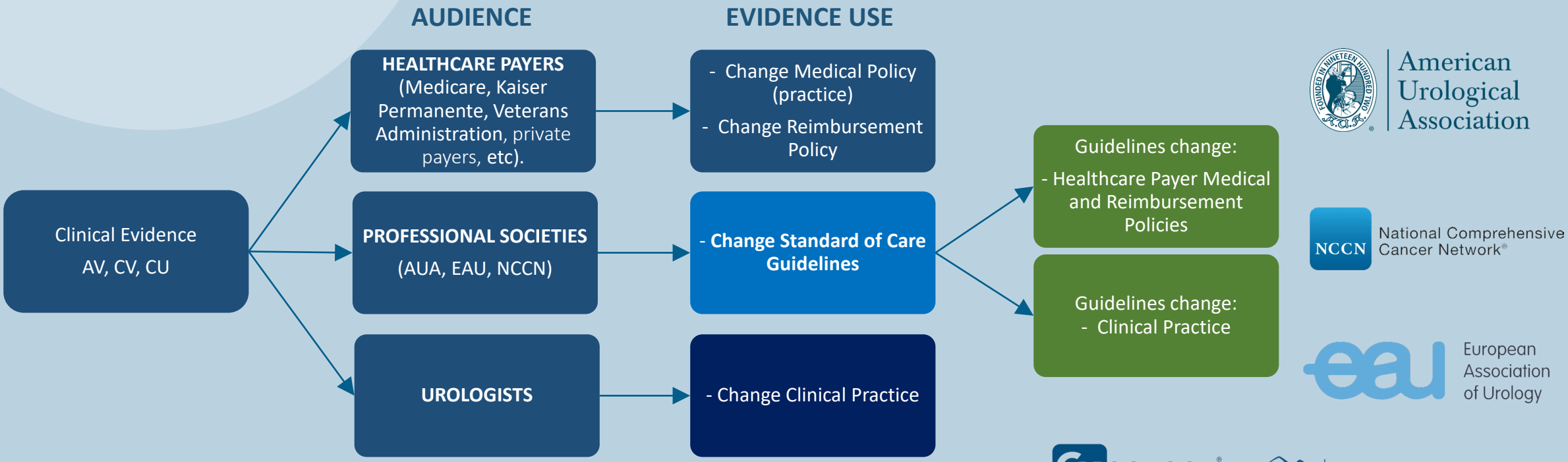
PACIFIC EDGE'S EVIDENCE PROGRAM SEEKS TO CHANGE CLINICAL PRACTICE

EVIDENCE COVERAGE AND GUIDELINES

STRUCTURED CLINICAL EVIDENCE DEVELOPMENT

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



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FOCUSED ON CLINICAL EVIDENCE FOR DETECT+ AND MONITOR+

DELIVERING CLINICAL EVIDENCE THAT DRIVES BEHAVIOR CHANGE AND GUIDELINES INCLUSION

EVIDENCE STANDARD DEMONSTRATED[1]			
TEST	**ANALYTICAL VALIDITY**	**CLINICAL VALIDITY**	**CLINICAL UTILITY**
Cxb Triage	√	√	√
Cxb Detect	√	√	√
Cxb Monitor	√	√	√
Cxb Detect+			
Cxb Monitor+			

NOTE: *The evidence standard may have been demonstrated in one or multiple publications*

PROGRAM TARGETS CU AND CV OF DETECT+

- Cxb Triage, Detect and Monitor are already well established in clinical practice
- Our Clinical Dossier becomes increasingly impactful with higher grades of evidence, e.g. CU evidence from randomized control trials like STRATA
- The evidence generation program is now weighted to demonstrating the CV and CU of Detect+ for the risk stratification of hematuria patients
- CV evidence for Detect+ will be established with DRIVE, AUSSIE & microDRIVE
- Concordant CU for Detect+ can be demonstrated by comparison with Triage:
  - Concordance study (direct comparison of performance characteristics in identical clinical conditions)
  - Shared clinical pathway
  - Superior performance characteristics
  - Targeting completion in Q2 2025
- CREDIBLE to deliver 'level 1' CU evidence of Detect+ as a gold-standard, standalone, randomized control trial to strengthen the evidence to support guideline inclusion
- Monitor+ (surveillance) is in the early stages of development and requires more time to generate the requisite evidence for adoption and guidelines

1. For detail of the studies and timelines to completion please see the appendix to this presentation

PACIFIC EDGE'S PROGRAM SUPPLEMENTED BY INDEPENDENT RESEARCH

INDEPENDENT STUDIES UNDERWAY

STUDY	INSTITUTION/LOCATION	TEST AND EVIDENCE STANDARD	EXPECTED PUBLICATION
Patient preference and satisfaction of "bio-markers vs cystoscopy"	Mayo Clinic, US	Monitor – CU	2025
Review of the Canterbury experience of Cxbladder Triage in the primary care setting	Canterbury DHB, New Zealand	Triage – CU (RWE)	2025
Can biomarkers (Detect$^+$) be used to screen patients at risk for bladder cancer	UT Southwestern, US	Detect$^+$ – CU	2027
Can biomarkers (Monitor) be used to report on therapy success in a reduced chemotherapy protocol for the management of upper tract tumors	Israel Institute of Technology, Israel	Monitor – CU Monitor$^+$ – CU	2027
Can Cxbladder monitor be used to assess response to BCG in high grade UC patients	University of Miami, US	Monitor – CU Monitor$^+$ – CU	2027
Can Cxbladder be used for surveillance of muscle invasive bladder cancer patients treated with bladder sparing methods. (PRESERVE Trial)	Cleveland Clinic, US	Monitor – CU Monitor$^+$ – CU	2028
A Randomized Trial of Apalutamide in Non-Muscle Invasive Bladder Cancer	National Institutes of Health, US	Monitor – CU Monitor$^+$ – CU	2029

INVESTIGATOR INITIATED TRIALS (IITS)

- IITs extend the Cxbladder clinical dossier with evidence for new indications of existing tests that may inform new 'core' clinical trials
- IITs are independent but we offer support from study conception through to publication. We may provide free testing and some other support for the basic needs of the study
- IITs are a part of KOL engagement and lead to publications or podium presentations that give profile to Cxbladder and Pacific Edge
- The costs to Pacific Edge are low - typically no more than the cost of running the tests in our lab

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ENGAGING KEY OPINION LEADERS FOR CLINICAL EXCELLENCE AND ADVOCACY

EVIDENCE COVERAGE AND GUIDELINES

- Managing Key Opinion Leaders is a core responsibility of the Medical Affairs Team
  - All members of the team are non-practicing physicians, or have similar qualifications like PhDs in biology or a Pharm D
- We engage our KOLs to:
  - Review protocols of our clinical trials
  - Advocate for our product's inclusion into guidelines based on the published clinical evidence
  - Provide guidance informally as part of routine business
  - Provide guidance formally as part of our Clinical Advisory Board (CAB)
  - Speak to other physicians on our behalf as speakers in our Speakers Bureau
  - Lead a clinical trial site (core evidence generation, ITTs, registries)
  - Author research publications on basic science or health economics

KEY CLINICAL ADVISORS AND CONSULTANTS

EVIDENCE COVERAGE AND GUIDELINES

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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Dr PETER MEINTJES
Chief Executive Officer

SUMMARY AND OUTLOOK: READY FOR ALL OUTCOMES

- We continue to manage our cash prudently while we establish coverage certainty
- We will continue to:
  - Preserve reimbursement of our existing portfolio of tests
  - Focus on the clinical development of Detect+ and Monitor+ for guidelines inclusion and increased coverage certainty
  - Focus our commercial operations on profitable territories, non-Medicare revenue streams and cash collections
  - Emphasize the clinical and economic value of Cxbladder in our sales messaging

HEADWINDS:

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

CATALYSTS:

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

APPENDIX

BLADDER CANCER

A SIGNIFICANT GLOBAL HEALTHCARE CHALLENGE

10th
Most common cancer world-wide[1]

6th
Most common cancer in men[1]

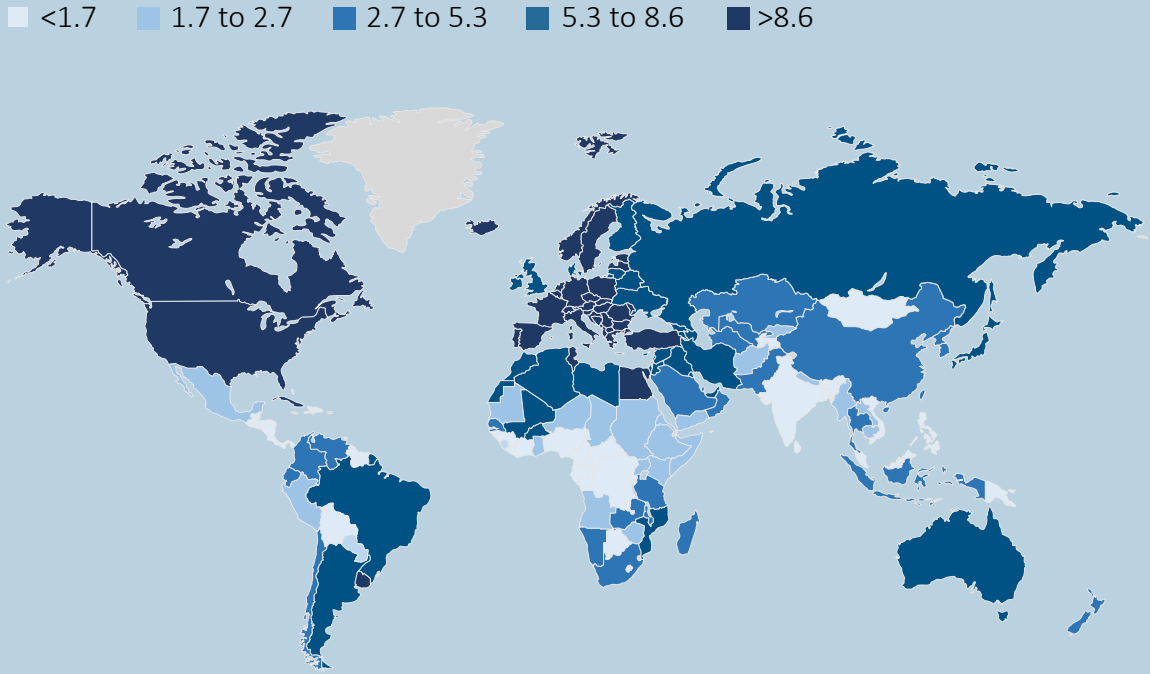
17th
Most common cancer in women[1]

>212K
Annual deaths[2]

~573K
Annual cases and growing[1]

~70%
Recurrence[3]

INCIDENCE PER 100,000 OF THE POPULATION[4]



1. World Cancer Research Fund Annual case figure is 2020.
2. American Society of Clinical Oncology Annual death figure is 2020.
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. International Agency for Research on Cancer

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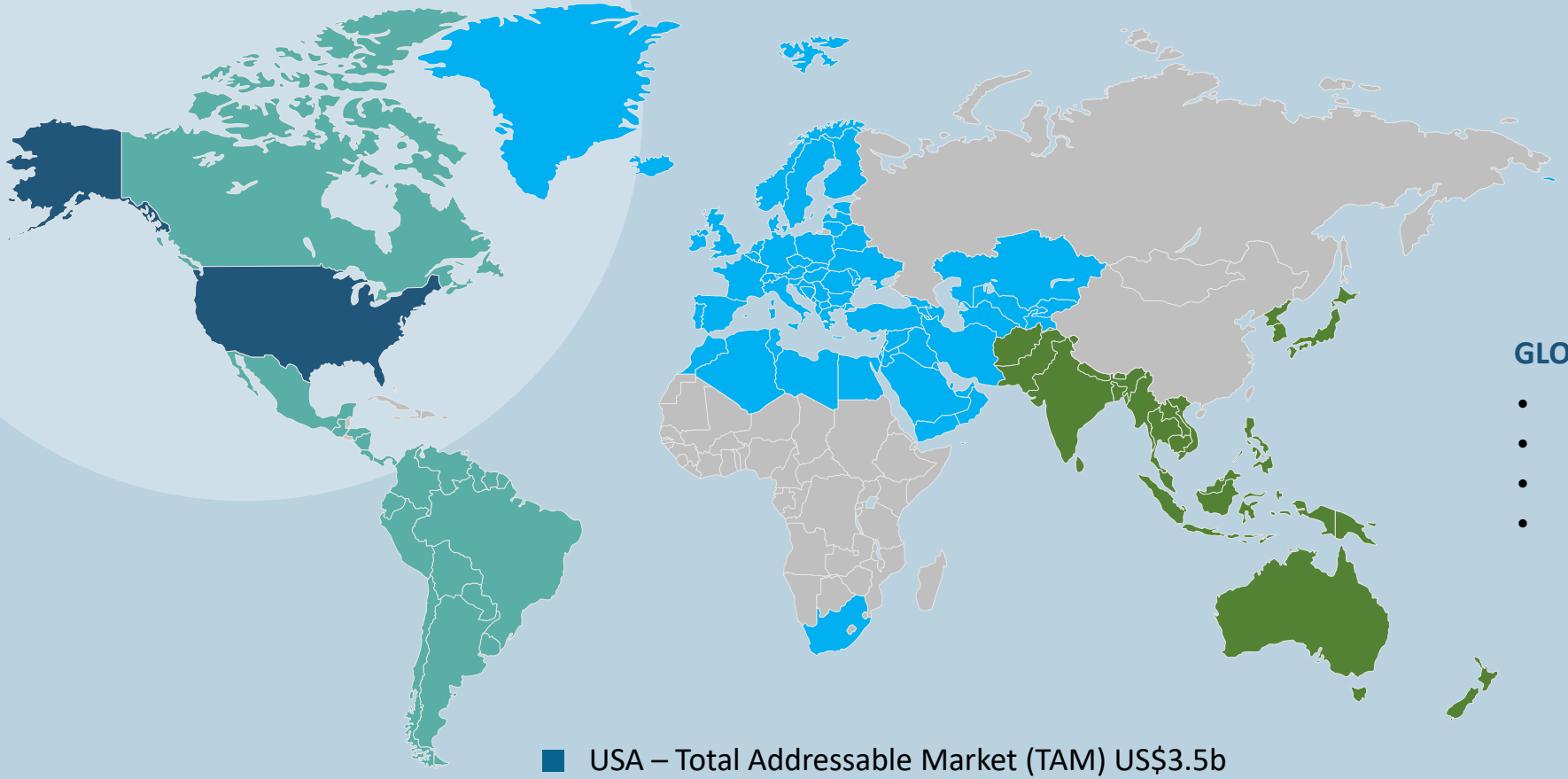
CXBLADDER IS A GLOBAL OPPORTUNITY



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

US$7.6b
Total Addressable Market[1]

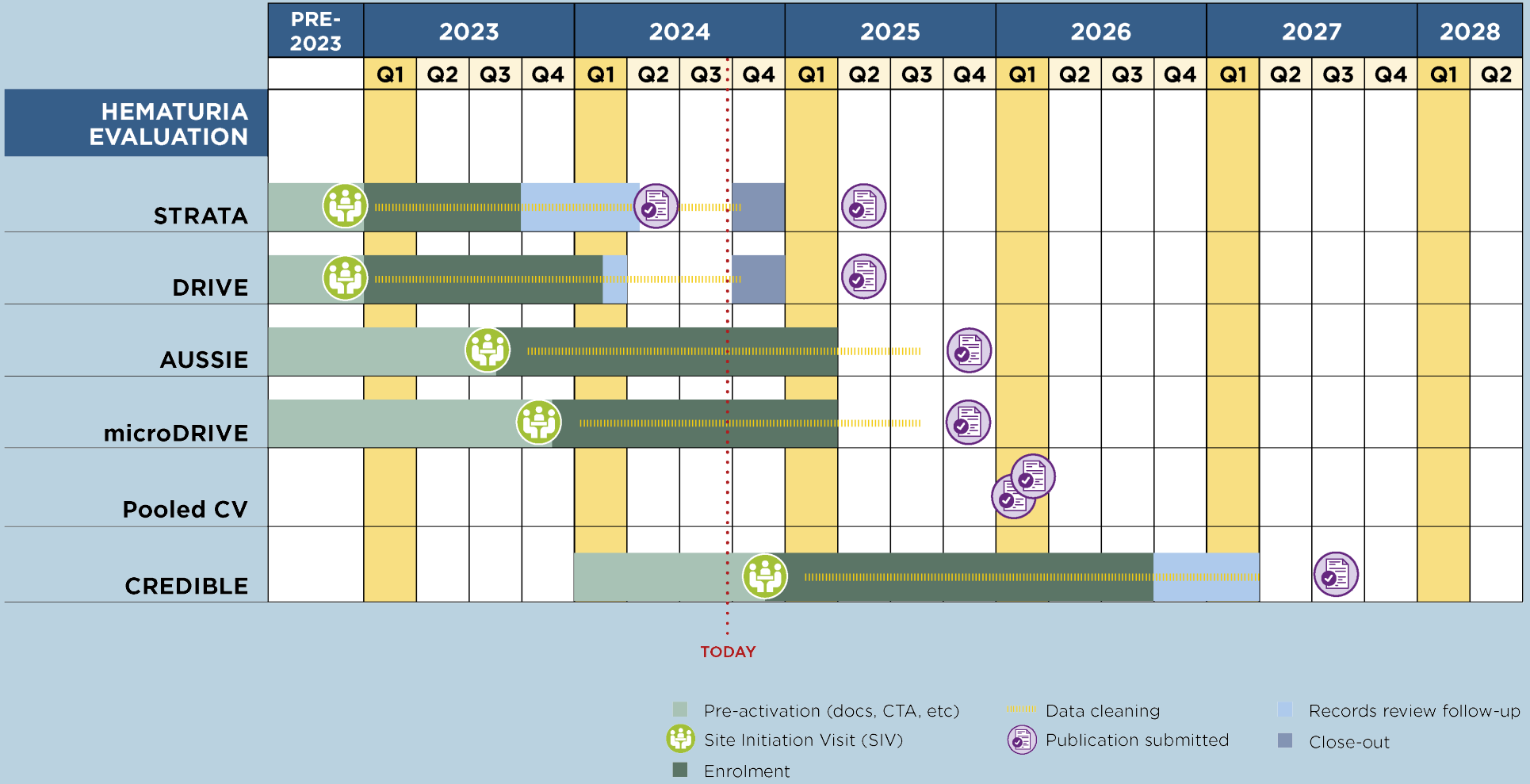
GLOBAL COMMERCIALIZATION

- US is the focus of our growth efforts
- New Zealand is a mature market
- APAC in business development
- Distribution considered in other markets on a case-by-case basis

1. Pacific Edge estimates

PACIFIC EDGE FIVE YEAR CLINICAL STUDY ROAD MAP

EVIDENCE COVERAGE AND GUIDELINES



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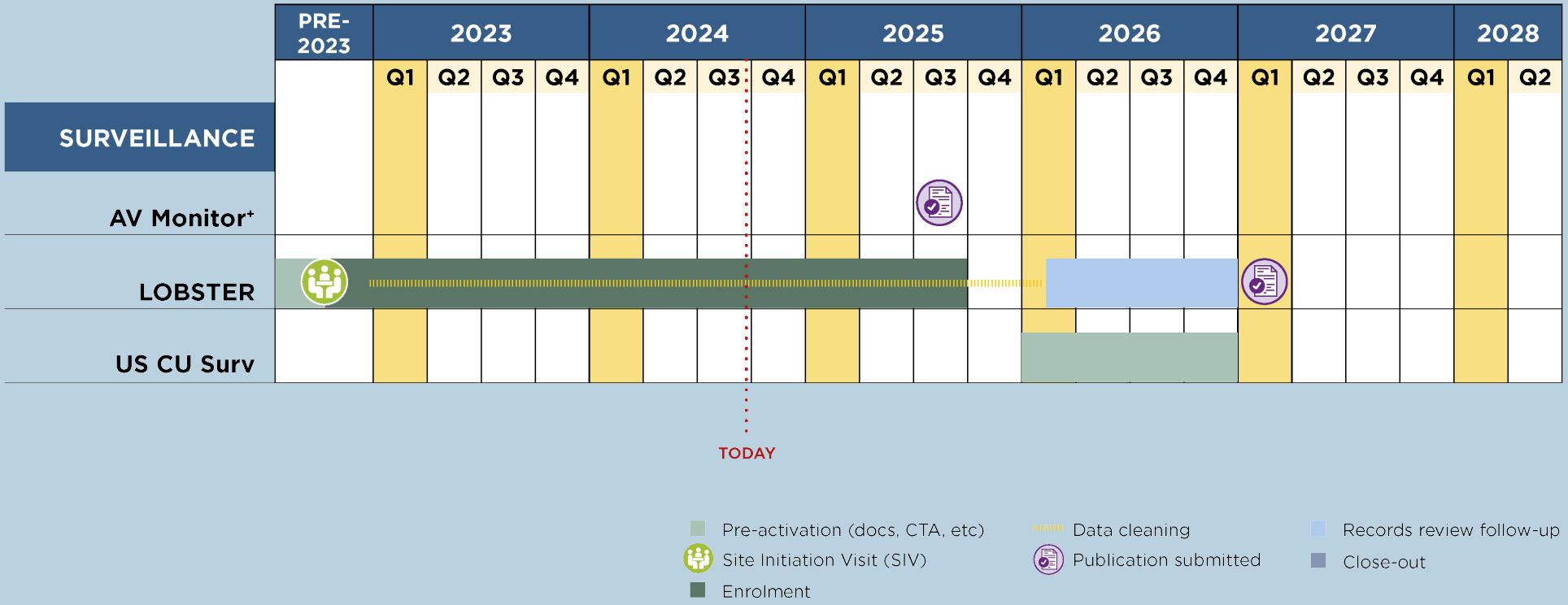
PACIFIC EDGE FIVE YEAR CLINICAL STUDY ROADMAP (continued…)

EVIDENCE COVERAGE AND GUIDELINES



FY 24: REVENUE GROWS WITH INCREASED ADOPTION OF CXBLADDER

GROWTH MODERATES IN 2H 24 WITH REORGANIZATION CRIMPING SALES

FINANCIAL PERIOD	2H 24	1H 24	FY24	FY 23	FY 24 vs. FY 23	2H 24 vs. 1H 24
	$000	$000	$000	$000	△ %	△ %
Operating revenue	$10,812	$13,095	$23,907	$19,616	22%	-17%
Total revenue	$12,713	$16,580	$29,293	$26,124	12%	-23%
Operating expenses	$26,996	$31,832	$58,828	$53,089	11%	-15%
Net Loss Before Tax	**-$14,283**	**-$15,252**	**-$29,535**	**-$26,965**	**10%**	**-6%**
Cash receipts from customers	$10,561	$13,576	$24,137	$18,468	31%	-22%
Net operating cash burn	$10,758	$14,992	$25,750	$25,575	1%	-28%
Net cash, cash equivalents and short-term deposits	**$50,261**	**$62,174**	**$50,261**	**$77,791**	**-35%**	**-19%**

- Operating revenue increased 22% in FY 24 vs FY 23 with increased volumes and an increase in average receipts.
- Operating revenue in 2H 24 drops vs 1H 24 due to the restructuring to focus on profitable territories.
- Total revenue includes FX gains of $0.6m in FY 24, lower than the $2.3m in FY 23.
- Operating expenses are up 11% FY 24 vs FY 23, however are down 15% in 2H 24 vs 1H 24 due to the impact of the restructuring late Q2 24.
- Balance sheet remains strong and expected to be sufficient to regain coverage in the event of a non-coverage decision.

SUMMARY OF CLINICAL EVIDENCE

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

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

FOOTNOTES FOR CLINICAL EVIDENCE SUMMARY

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

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

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

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

REFERENCES SUMMARY OF CLINICAL EVIDENCE

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