

## IMPORTANT NOTICE AND DISCLAIMER

#### **Important Notice**

This presentation has been prepared by Pacific Edge Limited (PEL) solely to provide interested parties with further information about PEL and its activities at the date of this presentation.

#### Information of a general nature

The information in this presentation is of a general nature and does not purport to be complete nor does it contain all the information which a prospective investor may require in evaluating a possible investment in PEL or that would be required in a product disclosure statement, prospectus or other disclosure document for the purposes of the New Zealand Financial Markets Conduct Act 2013 (FMCA) or the Australian Corporations Act. PEL is subject to a disclosure obligation that requires it to notify certain material information to NZX Limited (NZX) and ASX Limited (ASX) for the purpose of that information being made available to participants in the market and that information can be found by visiting www.nzx.com/companies/PEB and www2.asx.com.au/markets/company/PEB. This presentation should be read in conjunction with PEL's other periodic and continuous disclosure announcements released to NZX and ASX.

#### Not an offer

This presentation is for information purposes only and is not an invitation or offer of securities for subscription, purchase or sale in any jurisdiction where such offer purchase or sale would not be permitted.

#### Not financial product advice

This presentation does not constitute legal, financial, tax, financial product advice or investment advice or a recommendation to acquire PEL securities, and has been prepared without taking into account the objectives, financial situation or needs of investors. Before making an investment decision, prospective investors should consider the appropriateness of the information having regard to their own objectives, financial situation and needs and consult an NZX Firm, solicitor, accountant or other professional advisor if necessary.

#### Forward-looking statements

This presentation contains forward-looking statements that reflect PEL's current views with respect to future events. Forward-looking statements,

by their very nature, involve inherent risks and uncertainties. Many of those risks and uncertainties are matters which are beyond PEL's control and could cause actual results to differ from those predicted. Variations could either be materially positive or materially negative. The information is stated only as at the date of this presentation. Except as required by law or regulation (including the NZX Listing Rules and ASX Listing Rules), PEL undertakes no obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise. To the maximum extent permitted by law, the directors of PEL, PEL and any of its related bodies corporate and affiliates, and their respective officers, partners, employees, agents, associates and advisers do not make any representation or warranty, express or implied, as to the accuracy, reliability or completeness of such information, or the likelihood of fulfilment of any forward-looking statement or any event or results expressed or implied in any forwardlooking statement, and disclaim all responsibility and liability for these forward-looking statements (including, without limitation, liability for negligence).

#### Financial data

All dollar values are in New Zealand dollars unless otherwise stated. This presentation should be read in conjunction with, and subject to, the explanations and views of future outlook on market conditions, earnings and activities given in the announcements relating to the results, and report, for the twelve months ended 31 March 2022.

#### Effect of rounding

A number of figures, amounts, percentages, estimates, calculations of value and fractions in this presentation are subject to the effect of rounding. Accordingly, the actual calculation of these figures may differ from the figures set out in this presentation.

#### Past performance

Investors should note that past performance, including past share price performance, cannot be relied upon as an indicator of (and provides no guidance as to) future PEL performance, including future financial position or share price performance.

#### Investment risk

An investment in securities of PEL is subject to investment risk and other known and unknown risks, some of which are beyond the control of PEL. PEL does not guarantee any particular return or the performance of PEL.

#### Disclaimer

None of PEL or PEL's advisers or any of their respective affiliates, related bodies corporate, directors, officers, partners, employees and agents, have authorised, permitted or caused the issue, submission, dispatch or provision of this presentation and, except to the extent referred to in this presentation, none of them makes or purports to make any statement in this presentation and there is no statement in this presentation which is based on any statement by any of them.

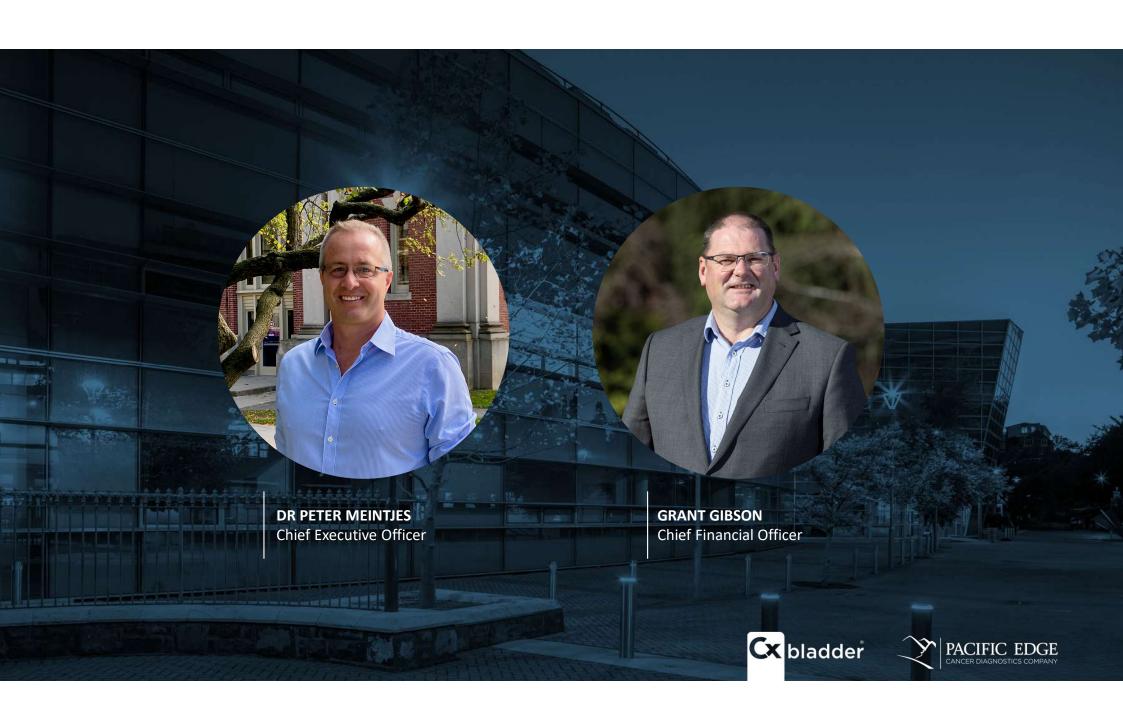
To the maximum extent permitted by law, none of PEL and its advisers, affiliates, related bodies corporate, nor their respective directors, officers, partners, employees and agents makes any representation or warranty, express or implied, as to the currency, accuracy, reliability or completeness of information in this presentation; and none of them shall have any liability (including for negligence) for:

- any errors or omissions in this presentation; or
- any failure to correct or update this presentation, or any other written or oral communications provided in relation to this presentation; or
- any claim, loss or damage (whether foreseeable or not) arising from the use of any information in this presentation or otherwise arising in connection with this presentation or the information contained in it.

By receiving this presentation, you agree to the above terms and conditions.









## FY 22 HIGHLIGHTS: TEST VOLUMES ACCELERATE IN THE PIVOTAL US MARKET

**▲ 46% GLOBAL TESTING** 

**VOLUMES** (TLT\*)

Global TLT of 23,086 tests Commercial Tests increase 48% to 19,196 tests

**▲ 59%** 

**US TESTING** VOLUMES (TLT\*)

US TLT of 18,864 tests **US Commercial Tests rise** 62% to 15,572 tests

**49%** 

**GROWTH IN OPERATING REVENUE** 

Operating revenue \$11.4M Total revenue \$13.9M

\$19.8M

**NET LOSS AFTER** TAX

Increase from \$14.2M in FY21 amid investment for future growth

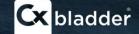
\$105.4M

CASH, CASH **EQUIVALENTS &** SHORT-TERM **DEPOSITS** 

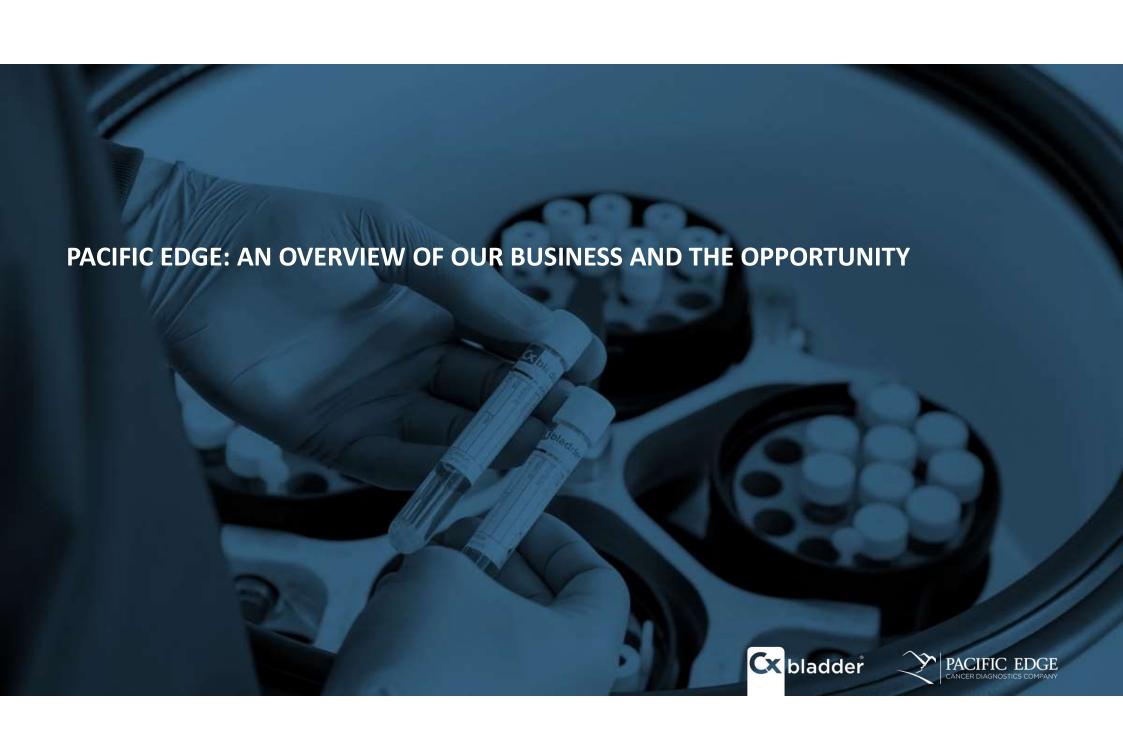
Strong balance sheet following \$103.5M capital raising in 2021

PACIFIC EDGE IS NOW SET TO BUILD ON THIS SUCCESS WITH AN INVESTMENT PROGRAM FRAMED BY THREE PILLARS

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









### **Mission**

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



### Vision

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

"Nobody should die of cancer"







## PACIFIC EDGE AT A GLANCE



#### FROM IP DEVELOPMENT TO PATIENT

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



- 1. Company data \*As at 31 March 2022
- 2. Figures are cumulative across company history and represent unique patients





## **UROTHELIAL CANCER**

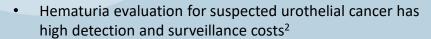
## IS A SIGNIFICANT GLOBAL HEALTHCARE CHALLENGE



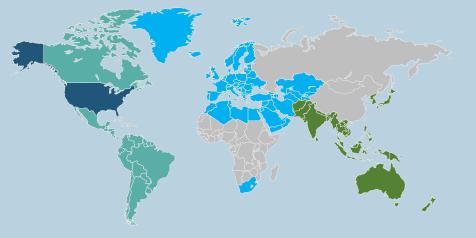
**~200K**Annual deaths<sup>1</sup>

6TH
Most common cancer in men<sup>1</sup>

**~70%**Recurrence



- Current American Urological Association guideline leads to recommendation for >90% cystoscopy of patients presenting with hematuria<sup>3</sup>
- Under guidelines in the US, 3.4 million patients should be worked up for cystoscopy, but only 1 million undergo the procedure<sup>4</sup>
- Only 40% of patients comply with existing standards of care due to invasive and high-cost diagnostic procedures<sup>5</sup>



- USA 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

TAM is the Total Addressable Market based on Pacific Edge estimates.





<sup>1.</sup> Bray et al. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 3 cancers in 185 countries. Ca Cancer J Clin. 2018;68:394-424

<sup>2.</sup> Botterman et al. The health economics of bladder cancer: a comprehensive review of the published literature. Pharmacoeconomics 2003;21(18):1315-30.

<sup>3.</sup> Woldu SL et al. (2021b) Urinary-based tumor markers enhance microhematuria risk stratification according to baseline bladder cancer prevalence." Urol Oncol.

<sup>4.</sup> Kenigsberg, A, et al. The Economics of Cystoscopy: A Microcost Analysis, Urology 157: 29–34, 2021.

<sup>5.</sup> Schrag, D et al. Adherence to Surveillance Among Patients With Superficial Bladder Cancer JNIC, Volume 95, Issue 8, 16 April 2003.

## **MOLECULAR DIAGNOSTICS VALUE CHAIN: PATIENT JOURNEY**









**GENOMIC SCREENING** (PERSONALIZED GENETIC RISK)

ASYMPTOMATIC SCREENING
(EARLY DETECTION)

PATIENT/DISEASE MANAGEMENT
(CLINICAL DECISION MAKING)

SURVEILLANCE (RDM<sup>1</sup>, TRM<sup>2</sup>, RECURRENCE)



INTENSIFY/DE-INTENSIFY WORKUPS
ADJUDICATE DIAGNOSTIC DILEMMAS
MONITOR FOR RECURRENCE





## CXBLADDER IN THE PATIENT CARE PATHWAY

**Typical** standard of care on the patient care pathway

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

#### **Urologist**

Current guidelines for hematuria evaluation recommend >90% get cystoscopy<sup>1</sup> ahead of diagnosis & treatment

#### **Urologist**

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







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

**SPECIALISTS** to detect

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

#### **VALUE PROPOSITION**

Cxbladder TRIAGE (CxbT)

Cxbladder **DETECT** (CxbD)

Cxbladder **MONITOR** (CxbM)



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

Sensitivity 82% / Specificity 85% / NPV 97%

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

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





## **UROTHELIAL CANCER (UC) IN THE US MARKET**

4TH

Most common cancer in men in the US<sup>1</sup>

US\$220,000

Average lifetime cost<sup>2</sup> per patient US\$4.9B

Forecast direct costs associated with urothelial cancer in 2020<sup>2</sup>

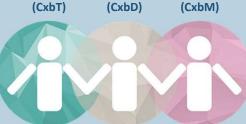
#### **VALUE PROPOSITION**

Cxbladder **DETECT** (CxbD)

Cxbladder

**TRIAGE** 

Cxbladder **MONITOR** (CxbM)



**Patient care** pathway

**Primary Care Physician** 

Urologist

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

~7m present with Hematuria<sup>2</sup>

~3.4m

require clinical workup<sup>2</sup>

>1.0m patients receive a cystoscopy<sup>3</sup>

~83k Annual cases of bladder cancer4

~800k monitored for recurrence Avg1.5 CxbM/yr<sup>5</sup>

US\$3.5B opportunity<sup>6</sup> (hematuria, surveillance)



**MORE THAN 4.6M TEST OPPORTUNITIES** 





<sup>&</sup>lt;sup>1</sup> American Cancer Society, 2019 29

<sup>&</sup>lt;sup>2</sup> Presentation from Dr Sia Daneshmand (Director of Urologic Oncology and Clinical Research, USC) July 2019 2. NIH National Cancer Institute, 2021 4. Bladder Cancer Advocacy Network, 2017

<sup>&</sup>lt;sup>3</sup> Kenigsberg, A, et al. The Economics of Cystoscopy: A Microcost Analysis, Urology 157: 29–34, 2021.

<sup>&</sup>lt;sup>4</sup> National Cancer Institute 2021 forecast

<sup>&</sup>lt;sup>5</sup> Pacific Edge Estimate

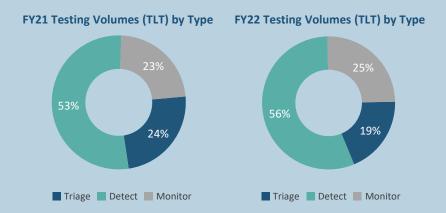
<sup>&</sup>lt;sup>6</sup> Pacific Edge estimates at US\$760/Per test



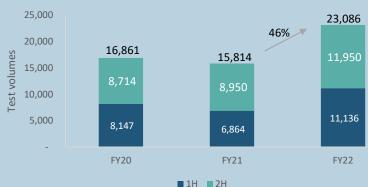
## GLOBAL: COMMERCIAL TESTS GROWING STRONGLY AS US ACCELERATES

Total Lab Throughput (TLT) has increased 46% to 23,086 tests in FY22

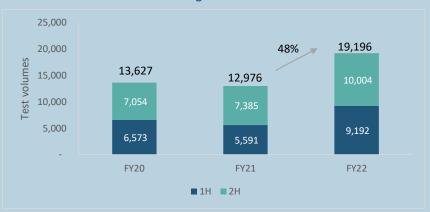
- Stronger US growth despite COVID continuing to impact sales efforts throughout the financial year
- Account Executives hired in in the US during FY22 are moving to tenured and improving contribution
- Growth in Cxbladder Detect in test mix reflects growing US test volumes



#### PEL: Global Testing Volumes (TLT\*)



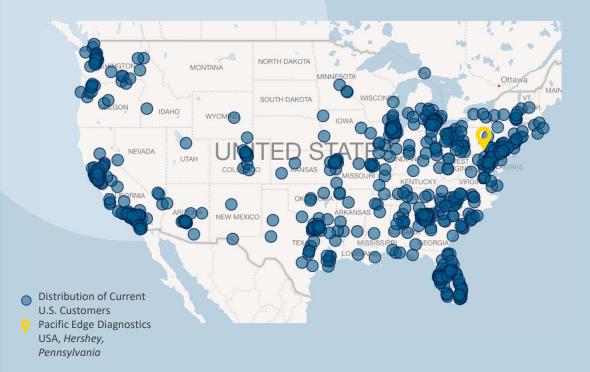
#### **PEL: Global Commercial Testing Volumes**







## **AMERICAS: SALES ACTIVITY AND INDICATORS**



- Stronger US growth (59%) despite COVID continuing to affect sales efforts throughout the financial year
- Sales activity is clustered predominantly in urban population centres
- Continued to increase the number of US Account Executives during FY22, with 23 at the end of March 2022, up from 18 at the end March 2021<sup>1</sup>

### <sup>1</sup>These Account Executives were supported by three Regional Sales Directors, who have been in place over the entire financial year.

#### **Americas' Testing Volume (TLT)**

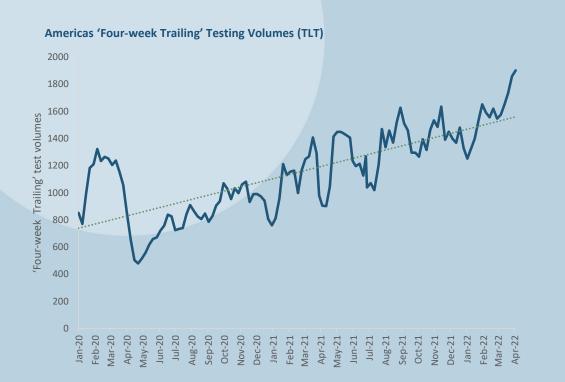


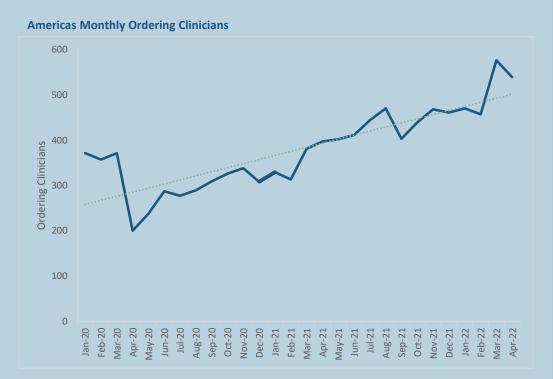
Americas' Commercial Testing represent 84% of FY22 volumes





## **AMERICAS: COVID IMPACT AND RECOVERY**





- Number of reported tests/week has tracked COVID waves, and is showing promising increasing signs
- Number of unique ordering clinicians has tracked COVID waves, and is showing promising increasing signs





## **AMERICAS: KEY PAYORS ALREADY ACTIVATED**



- Centers for Medicare and Medicaid Services (CMS) covers more than 61.5m US citizens over 65 and people on low incomes
- Average age of patients presenting with hematuria is over 70 years old. Consequently, the payor landscape skews towards Medicare with more than two thirds of our patient population covered by Medicare
- Focus is on selling to urologists, who order Cxbladder tests based on medical necessity



- The Kaiser Health Plan covers over 12.5m members, with >85% of those members in California
- Following internal utility evaluation, clinic-by-clinic rollout continues starting in Southern California where the test was evaluated
- Volume growth is steady, and is expected to increase after Electronic Medical Record (EMR)
  integration. This is viewed as a marathon, not a sprint
- Cxbladder Triage adoption at Kaiser enhances the case for reimbursement by CMS



- The Veterans Health Administration (VHA) within the Department of Veterans Affairs (VA) is the second largest integrated healthcare system in the US serving >9m veterans each year
- The DRIVE clinical study is an important engagement with VA urologists to determine utility in a cohort of VA patients
- As the study nears completion, Pacific Edge expects to slowly migrate the study sites and other VA sites to commercial adoption as part of a site-by-site rollout
- Cxbladder Triage adoption at the VA enhances the case for reimbursement by CMS

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

- More than 70% of New Zealand's population are already covered by individual DHB agreements. Further market adoption in New Zealand is expected to be slower that other regions with APAC
- COVID restrictions impacted our sales efforts leading to a slower rate of growth in New Zealand during FY22
- The upcoming consolidation of the District Health Boards in New Zealand provides an opportunity for greater coverage and more consistent usage of Cxbladder
- Promoting additional hospitals to utilize Cxbladder in Primary Care (aka the "Canterbury Model") provides an opportunity for additional growth in New Zealand
- Early commercial testing volume received from Northern Health in Melbourne with nine other Australian hospitals trialling Cxbladder
- Singapore clinical studies completed enrolment; business case underway to determine go-to-market approach

#### **APAC Test Volumes (TLT)**



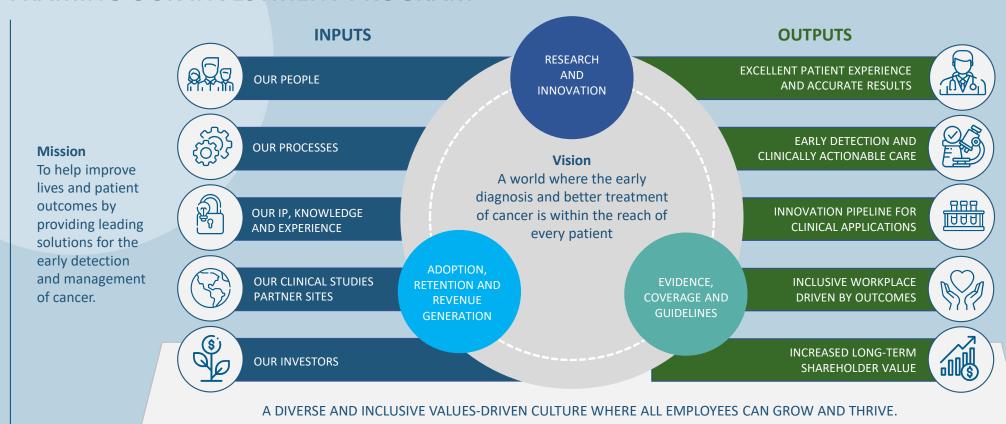
Commercial tests represent 82% of FY22 volumes







## FRAMING OUR INVESTMENT PROGRAM









## 1) RESEARCH AND INNOVATION:

## UNDERSTANDING THE ENTIRE COMMERCIALISATION PATHWAY



### **FOCUS AREAS:**

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





## **RESEARCH AND INNOVATION: DRIVING IP TO TECHNOLOGY**

### \$190M

Accumulated investment in Cxbladder over 10+ years

4

Patent families spanning RNA and analysis algorithms

#### **KEY IP**

Ability to stabilise RNA/DNA and determine gene expression signatures in urine

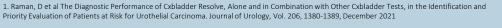
#### **FY22 ACHIEVEMENTS**

- Publication of TDR study covering CxbR, alone and in combination<sup>1</sup>
  - Important insights on distinguishing High Impact Tumours
  - More R&D needed to develop CxbR as a clinically actionable test
- Singapore Observational Study patient enrolment complete despite COVID disruption

#### **FY23 FOCUS**

- Singapore Observational Study
  - Data analysis complete. Publication pending
- Explore market potential of various product concepts including:
  - Prognostics or companion diagnostics in urology
  - Adjacent disease (with molecular signal in the urine)
- Enhance Pacific Edge's information infrastructure

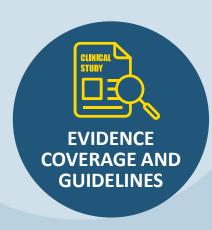








## 2) EVIDENCE, COVERAGE AND GUIDELINES: CHANGE CLINICAL PRACTICE



#### **FOCUS AREAS:**

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

Use Clinical Utility evidence to:

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







## GLOBAL GUIDELINES PIVOTAL TO THE WIDESPREAD ADOPTION OF CXBLADDER

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



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



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

www.uroweb.org



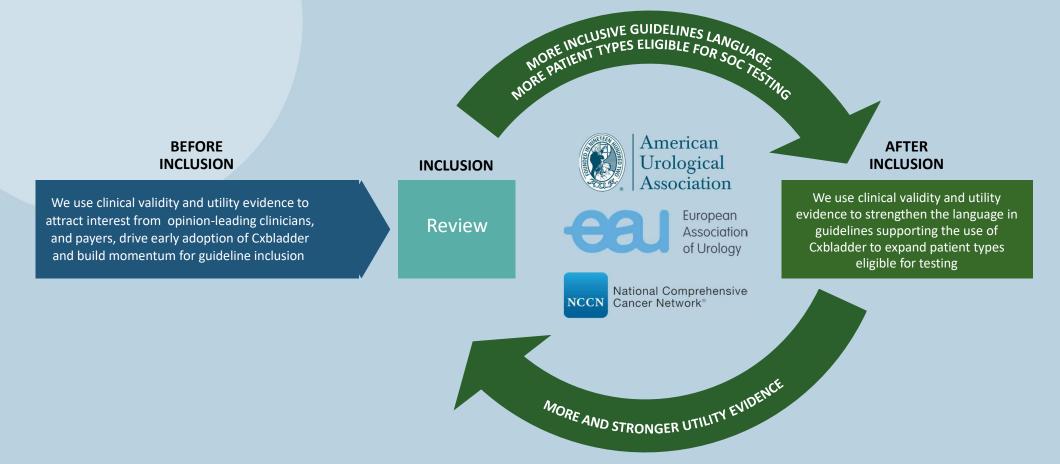
- US-based not-for-profit alliance of 32 leading US cancer centres
- Bladder cancer standard suggests biomarkers may be considered during surveillance of high-risk non-muscleinvasive bladder cancer
- · Guidelines reviewed annually

www.nccn.org





## STRENGTHENING THE CASE FOR CXBLADDER IN KEY GUIDELINES







# CLINICAL EVIDENCE GENERATION TOWARDS GUIDELINE INCLUSION (1/2)

STUDY	AIM	LOCATIONS	ENROLLED SITES*	STATUS**
US Primary study	Prospective, single-arm, observational study to develop clinical evidence for Cxbladder tests in facilitating early detection, intensifying or de-intensify hematuria evaluation and assistance in adjudicating equivocal cystoscopy	USA	12/12	Enrolment complete Analysis complete Publication pending
Singapore Study	Prospective, single-arm, observational study to develop clinical evidence for Cxbladder tests in facilitating early detection, intensifying or de-intensify hematuria evaluation and assistance in adjudicating equivocal cystoscopy	Singapore	4 / 4	Enrolment complete Analysis complete Publication pending
STRATIFY (formerly RCT)	<ul> <li>Safe Testing of Risk for AsymptomaTIc Microhematuria, Females &amp; Younger patients</li> <li>Demonstrate the clinical utility of Cxbladder using a prospective, two-arm randomized design to safely risk-stratify patients and rule out from further hematuria evaluation</li> <li>Safely risk stratifying patients in order to rule out from cystoscopy</li> <li>Demonstrate the clinical utility of Cxbladder against the AUA guidelines</li> </ul>	USA Canada	10 / 11	Recruitment re-started after COVID-related delays Full data collected 2023 Q4
DRIVE (formerly VA Study)	<ul> <li>Detection and RIsk Stratification in VEterans Presenting with Hematuria</li> <li>Prospective, single-arm, observational study to demonstrate the performance and utility of Cxbladder tests in risk stratifying Veterans presenting with hematuria</li> <li>Demonstrate performance with Veterans and contribute to commercial adoption of Cxbladder for use with Veterans</li> <li>Pivotal for the adoption of Cxbladder by Veterans Affairs but relevant to the AUA</li> <li>Recruitment re-started after COVID-related delays</li> <li>Targeting inclusion of all veterans presenting for evaluation of hematuria</li> </ul>	VA Sites (USA)	7/11	Study expanded to get more data on low-risk patients Full data collected mid 2025





<sup>\*</sup>Estimated number of enrolled sites

<sup>\*\*</sup>All dates are best-case estimates and subject to change

# CLINICAL EVIDENCE GENERATION TOWARDS GUIDELINE INCLUSION (2/2)

STUDY	AIM	LOCATIONS	ENROLLED SITES*	STATUS**
DEDUCT	<ul> <li><u>DE</u>tection of <u>D</u>isease in the <u>U</u>pper tra<u>CT</u></li> <li>Prospective, single-arm, observational study to validate performance of Cxbladder for the detection of urothelial carcinoma (UC) in the upper tract (UTUC)</li> <li>Evaluate Cxbladder to safely avoid ureteroscopy</li> <li>Safely risk stratify patients suspected to have UTUC and avoid unnecessary ureteroscopy and radiation exposure through imaging</li> <li>Targeting inclusion of Cxbladder utility for UTUC in AUA guidelines</li> </ul>	USA	0/4	Pilot data analysed in early 2024 – decision point to expand the study
LOBSTER	<ul> <li>LOngitudinal Bladder Cancer Study for Tumor REcurRence</li> <li>Prospective, single-arm, observational study to evaluate the performance characteristics and clinical utility of CxbM in a new surveillance protocol vs standard of care over four visits</li> <li>Safely risk stratify patients under surveillance for recurrence of UC</li> <li>Safely alternate CxbM with cystoscopy for intermediate and high-risk patients under surveillance for recurrence of UC</li> <li>Targeting AUA guidelines inclusion for biomarkers as an alternative to cystoscopy in a surveillance setting</li> </ul>	USA (including some VA sites) Australia	2/10	First patient expected in 2022 Q2
MONSTER	<ul> <li>MONitoring Study of post-Treatment Effectiveness for Residual Disease</li> <li>Single-arm, observational study to validate the performance characteristics of Cxbladder against white light cystoscopy during surveillance of UC</li> <li>Christchurch District Health Board study to measure tumor burden</li> <li>To safely risk stratify patients for residual disease prior to the 6-week re-resection for high grade patients or the 3-month flexible cystoscopy check for all patients</li> </ul>	NZ	0/1	In planning, once pilot analysed then consider expansion to USA

<sup>\*</sup>Estimated number of enrolled sites





<sup>\*\*</sup>All dates are best-case estimates and subject to change

## 3) ADOPTION, RETENTION AND REVENUE GENERATION



### **FOCUS AREAS:**

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







## CAPITALIZING ON EARLY MOMENTUM (1/2)

#### **TARGET US RELATIONSHIPS**

**13,790**Practicing urologists<sup>1</sup>

1,900

Large urology
group practice
sites<sup>2</sup>

>2,000
Clinicians that
used Cxbladder
in FY22<sup>3</sup>

#### **AMERICAS INITIATIVES**

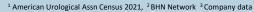
#### Direct Sales Force:

- Up to 9 additional Account Executives and 1
  Regional Sales Director to be added to the sales
  team taking the total to up to 40\*
- New Marketing & Sales Support Managers (+2 FTE)\*
- New Virtual Sales Team (up to +5 FTE)\* to enhance the customer experience and streamline test ordering and results delivery
- Strategic Accounts Sales personnel (up to +2 FTE)

#### Medical Affairs Team:

- VP Medical Affairs, leading a team of Medical Science Liaison (MSL) (3-5 FTE)\*
- MSLs are educators and experts on clinical, scientific and medical matters relevant to products and urology in general
- Drive Key Opinion Leader (KOL) engagement with speakers' bureaus, advisory boards and similar
- Targeting podium presentations of our clinical evidence at major conferences





<sup>\*</sup>All planned hires subject to achievement of business milestones.





## **CAPITALIZING ON EARLY MOMENTUM** (2/2)

# ENGAGING WITH CLINICIANS AND CUSTOMERS

Urology conferences across the US and APAC

4 + 36
Planned total
Sales Execs\*

5 New virtual sales team members\*

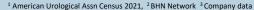
#### **AMERICAS INITIATIVES**

- Marketing Activities:
  - Conference podiums, presentations, posters
  - Conference advertising/sponsorship
  - Increased and targeted marcom activities
- Customer Experience:
  - Electronic Medical Records (EMR) integration streamlining customer ordering and reporting.
  - PIHSS continued promotion of our patient in-home sampling system
  - Managed Care focus on simplifying EOB, billing and claims processing

#### **APAC INITIATIVES**

- Adding remaining New Zealand DHBs, driving Cxbladder to primary care.
- Market development through clinical studies in Australia, Singapore
- Commencement of commercial revenue in Australia
- New APAC business development manager (+ 1FTE)





<sup>\*36</sup> Account Execs and 4 Regional Sales Directors. Executives All planned hires subject to achievement of business milestones.





## **PATIENTS:** BUILDING THE CX BRAND AND ADVOCACY

#### **UNITED STATES OF AMERICA**

The Bladder Cancer Advocacy Network (BCAN) represents the voice of the patient in the USA:

- Dedicated to advancing research and supporting those impacted by the disease
- Large and growing community of patients, caregivers, survivors, advocates, medical and research professionals
- Coordinate networking, knowledge sharing, and fundraising events throughout year
- Provide a range of educational resources and support services for patients and caregivers

### Planned partnership activity:

- Sponsorship of Walk to End Bladder Cancer events around the country and thought leadership and networking events
- Co-development of leading patient resources

### **Evolution of Cxbladder.com as a resource hub for patients and caregivers:**

 Growing library of clinical and care-focused articles designed to design to address topics of interest and common questions







## **PATIENTS:** BUILDING THE CX BRAND AND ADVOCACY

### **APAC**

### **Cancer Society New Zealand:**

- New Zealand's leading organisation dedicated to reducing cancer incidence, and care
- Work closely with communities and decision makers to provide leadership around cancer control

### Planned partnership activity:

 Collaboration on patient resources. Starting In May 2022 (Bladder Cancer Awareness Month) this will focus on educational video to promote awareness of bladder cancer symptoms and risk factors among high-risk groups

# Evolution of Cxbladder.com as a resource hub for patients and caregivers:

 Growing library of clinical and care-focused articles designed to design to address topics of interest and common questions









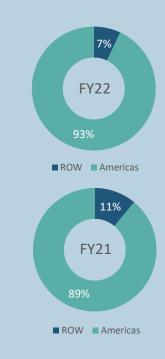


## THE US AND TEST VOLUME GROWTH DRIVING REVENUES



- Operating revenue for FY22 49% up on the prior year to \$11.4m
- Seeing an acceleration in test volumes with new hires and easing of COVID restrictions (strong growth from March '22 to May '22)
- US continuing to contribute an increasing share of revenue

#### **Regional Revenue Split**







## **ACCELERATING INVESTMENT TO CAPTURE THE US OPPORTUNITY**

Year to 31 March	2022 \$000	2021 \$000	Variance \$000	Change %
Operating revenue	11,445	7,701	3,744	49%
Total revenue	13,878	10,439	3,439	33%
Operating expenses	(33,666)	(24,662)	(9,004)	37%
Total comprehensive loss	(19,674)	(14,177)	(5,497)	39%
Cash receipts from customers	10,942	6,747	4,195	62%
Net operating cash outflow	(17,552)	(13,570)	(3,982)	29%
Net cash, cash equivalents and short-term deposits	105,412	23,129	82,283	356%

- Operating revenue growth of 49%
- Operating expenses up 37%, with sales and marketing making up 56% of this growth as we invest in future growth
- Cash receipts rise strongly year on year (up 62%), as reimbursement rates continue to increase
- Strong balance sheet following the \$103.5m capital raise in September / October 2021





## OPERATING COSTS RISING IN LINE WITH CAPITAL RAISING PROGRAM

Operating Expenses Year to 31 March	2022 \$000	2021 \$000	Variance \$000	Change %
Laboratory Operations	6,498	5,466	1,032	19%
Research	5,135	4,584	551	12%
Sales and marketing	14,277	9,202	5,075	55%
General and administration	7,756	5,410	2,346	43%
Total operating expenses	33,666	24,662	9,004	37%

#### **INVESTING IN FY23 TO DELIVER IN FY24**

- Operating expenses increase 37% to \$33.7m
- Majority of expansion (56%) is in sales and marketing as we increase Account executives in the US, and COVID restrictions ease and face to face meetings recommence
- Laboratory operating expenses have increased in line with volumes
- R&D expenditure rising with clinical trial expansion and investment for long-term growth
- G&A up by \$2.3m with capital raising and ASX listing adding \$0.8m
- Expect increase in the coming year as investment for growth continues









- Pacific Edge expects its investment in innovation, evidence, people, and brand to drive growth in test volumes and revenue
- We also expect that the selling environment, including international travel will improve with COVID restrictions easing as the disease becomes endemic
- Consequently, Pacific Edge is excited and optimistic that the investment priorities outlined here are well aligned with longterm shareholder value, and we remain well-positioned to deliver that over the coming years





#### PACIFIC EDGE: A HISTORY OF RESEARCH-LED INNOVATION AND GROWTH Aug 2021 Cxbladder reaches 70% public healthcare coverage in NZ 2012 2001 O'Sullivan et al: Pacific Edge Oct 2021 **Cxbladder Detect** established Aug 2019 PEB raises \$103.5m performance validation Journal of Urology Konety et al: Clinical (~US\$72.5m) 2001-2006 2008 Utility of CxbD in The era of the Holyoake et al: Urine-Dec 2012 Nov 2016 adjudicating atypical Dec 2021 Microarray. Cancer based RNA detection Clinical trials cytology and First commercial Launch of Pacific Edge Dec 2014 biomarker panel sale of Cxbladder in of urothelial cancer Diagnostics USA and Launch of Cxbladder commence in equivocal cystoscopy exploration **European Urology** Australia Clin Cancer Res CxbD Singapore Triage 2007 2011 2013 2015 2018 2020 2001 2008 2012 2014 2016 2019 2021 2007 2011 Mar 2013 Mar 2015 Feb 2018 Apr 2020 PEDUSA receives Commercial Pacific Edge Kavalieris et al: CxbT adopted into Patient in-home sampling pivot to focus Diagnostics CLIA CxbT performance Canterbury initiated in the US on urothelial **New Zealand** accreditation validation BMC Community Health cancer (PEDNZ) Urology Pathways with Jun 2020 primary care diagnostics established May 2013 Kaiser Permanente. referral First commercial Dec 2015 approves commercial use sale (CxbD) for Launch of of Cxbladder PEDNZ **Cxbladder Monitor** Jul 2020 CMS confirms Mar 2013 reimbursement of First commercial Cxbladder at \$760/test sale (CxbD) for **PEDUSA**





