19 October 2026

PACIFIC EDGE ADVANCES US COMMERCIAL RECOVERY

DUNEDIN, New Zealand – Cancer diagnostics company Pacific Edge (NZX/ASX: PEB) today reports increased momentum towards its US commercial recovery.

The company's Q2 27 Investor Update, released today, also provides updates on:

- **Proposed Medicare price increases of approximately 35% for Cxbladder Monitor and 39% for Cxbladder Triage**, lifting the 2027 prices from the current US$760 to US$1,026 and US$1,058 respectively, subject to CMS finalization on 1 January 2027
- **Cxbladder gained in-network coverage at Blue Cross plans in North and South Carolina from 1 November 2026**. Pacific Edge has established policy and in-network contracting with these plans, which cover nearly 8 million lives
- **Triage Plus received funding allocation within the Veteran's Administration**, Pacific Edge's first facility-level Blanket Purchase Agreement within the US Veterans Administration system
- **US commercial volumes** declined 13.0% to 2,867 tests as Pacific Edge maintained lower commercial spending and repositioned towards reimbursable intermediate risk microhematuria patients, partly offset by a 3.7% increase in APAC commercial volumes to 1,201 tests
- **Triage Plus continued to gain traction**, representing 5.6% of US tests in Q2 27 and 10.8% of tests in September 2026, up from 0.8% in Q1 27. Enrolment target of ~2000 patients achieved for the Triage Plus concordance study at KP SoCal
- **Two new peer-reviewed clinical studies published strengthening the evidence base**, with the Canterbury New Zealand study demonstrating faster access to specialist assessment and treatment, fewer avoidable referrals and improved equity for Māori, and the AUSSIE study validating Triage Plus in an Australian population

Pacific Edge Chief Executive Dr Peter Meintjes said: "The proposed pricing increases for Triage and Monitor, in-network contracting with Blue Cross plans and continued progress with Triage Plus are encouraging signs that the building blocks for US commercial recovery are falling into place. Final Medicare coverage remains the critical near-term milestone. We continue to expect the policy to be finalized by the end of this calendar year. In the meantime, US volumes continue to reflect our disciplined approach to spending and the transition towards reimbursable patients."

Released for and on behalf of Pacific Edge by Grant Gibson Chief Financial Officer

For more information:

Investors:
Dr Peter Meintjes
Chief Executive
Pacific Edge
P: +64 22 032 1263

Media:
Richard Inder
The Project
P: +64 21 645 643

OVERVIEW

Pacific Edge: www.pacificedgedx.com

Pacific Edge Limited (NZX/ ASX: PEB) is a global cancer diagnostics company leading the way in the development and commercialization of bladder cancer diagnostic and prognostic tests for patients presenting with hematuria or surveillance of recurrent disease. Headquartered in Dunedin, New Zealand, the company provides its suite of Cxbladder tests globally through its wholly owned, and CLIA certified, laboratories in New Zealand and the USA.

Cxbladder: www.cxbladder.com

Cxbladder is a suite of non-invasive genomic urine tests optimized for the risk stratification of urothelial cancer in patients presenting with hematuria and those being monitored for recurrent disease. The tests help improve the overall patient experience, while prioritizing time and clinical resources to optimize practice workflow and improve efficiency.

Supported by over 20 years of research, Cxbladder's evidence portfolio extends to more than twenty-five peer reviewed publications, and Cxbladder Triage is now included in the American Urological Association's Microhematuria Guideline. To drive increased adoption and improved patient health outcomes, Cxbladder is the focal point of numerous ongoing and planned studies designed to generate further clinical utility evidence.

Cxbladder is available in the US, Australasia, and Israel and in markets throughout Asia and South America. In the US, the test has been used by over 5,000 urologists who have ordered more than 130,000 tests. In New Zealand, Cxbladder is accessible to around 70% of the population via public healthcare and all residents have the option of buying the test online.

PacificEdge

INVESTOR UPDATE

OCTOBER 2026

INSIDE

Letter from the CEO	2
Q2 27 test volumes	4
PAMA adjustments for 2027	6
BCBS payer contract finalized	6
NZ Hematuria study published	7
AUSSIE study published	8
Willy Iglesias, CDO	8
Clinical evidence	9

LETTER FROM THE CEO

Advancing our US commercialization strategy

Dear Shareholders,

Pacific Edge starts the second half of FY27 with momentum and clarity. The US reimbursement environment remains demanding, but with draft coverage for Triage and Triage Plus proposed, the building blocks of recovery are now in place.

In the last quarter, we gained in-network status by contracting with the Blue Cross Blue Shield plans in North and South Carolina, which cover 8 million lives. Two new peer-reviewed publications have extended our evidence portfolio, and we have made selective investments in a sharper, more disciplined US commercialization strategy.

Our most important near-term milestone remains the finalization of the Novitas LCD confirming Medicare coverage of Cxbladder. While Novitas controls the timing, we continue to expect a final policy before the end of calendar 2026, and our focus now is on the billing, documentation and commercial processes that will let us convert that coverage into reimbursed volume from the day it becomes effective.

"We now have a clear policy pathway, two new publications, a sharper commercial model and the digital leadership to scale it."

With the draft LCD explicitly distinguishing microhematuria patients from cancer patients in the non-coverage LCD, we are working with Novitas on case-by-case payments for eligible Cxbladder tests delivered to Medicare patients ahead of finalizing the LCD.

Among commercial payers the Blue Cross Blue Shield plans in North and South Carolina have adopted a positive medical policy for Cxbladder Triage (see page 6). They will reimburse the test as an in-network service at contracted rates from 1 November 2026, giving their nearly 8 million members access to the test under their existing health insurance plans.

In our last quarterly update, we highlighted the importance of targeting intermediate risk microhematuria patients, who are generally younger, have commercial payer insurance and are predominantly women. These patients are frequently triaged by Advanced Practice Providers[1] within the urology office, or seen by gynecologists. This creates a targeted opportunity for Pacific Edge. Unlike urologists, APPs and gynecologists do not perform cystoscopy and have a strong incentive to manage patients within their own practice where clinically appropriate, reducing unnecessary referrals to the general urologist.

This opportunity is particularly relevant for the clinical outcomes for women, where hematuria is more likely to be attributed to conditions such as urinary tract infection, potentially delaying evaluation for bladder cancer. This diagnostic disparity is known to contribute to poorer outcomes for women, including a lower five-year survival rate than men (50% versus 60%), and represents an important unmet need that Triage Plus is well positioned to address through non-invasive risk stratification. We have focused on identifying these patients and clinicians across integrated delivery and private practice networks, and on proving the model in priority territories before committing capital to broader expansion.

The Southern California Permanente Medical Group (KP SoCal) remains the clearest demonstration of what happens when Cxbladder is integrated in a clinical pathway rather than being sold test by test. During the quarter we completed enrolment of the ~2000 patients in our Triage Plus concordance study with KP SoCal to demonstrate the superior performance of Triage Plus on patients currently receiving Triage in routine clinical practice. KP SoCal's transition to Triage Plus will take some time, but the new test improves both the clinical offering and the economics of every test we run in that system. We expect the data to be analyzed in due course and to form the basis of another peer-reviewed publication bolstering the evidence supporting Triage Plus.

[1] APPs include nurse practitioners and physician assistants/associates

During the quarter we secured our first facility-level Blanket Purchase Agreement (BPA) within the Veterans Administration (VA) system, a five-year BPA allocating ~US$1.3m for Cxbladder testing with the Marion, Illinois VA for Triage Plus and Monitor. BPAs are not required for VA facilities to order Cxbladder, but they remove one of the principal administrative roadblocks regarding funding for new tests raised by the pathology laboratories within the VA. This is an important practical step that reduces the operating friction associated with ordering our tests. Furthermore, given the predominantly high-risk VA patient population, this BPA demonstrates demand and a pathway to payment for Triage Plus in high-risk microhematuria patients, while generating additional real-world clinical evidence in this population to complement the core evidence established through the DRIVE[2] Study.

Also, during the quarter CMS[3] published its proposed re-pricing of tests in the CLFS[4] after the 2026 PAMA[5] reporting cycle. If finalized as proposed, Cxbladder Monitor and Cxbladder Triage would increase in price to $1,026 and $1,058 respectively from 1 January 2027, a meaningful increase from the current Medicare pricing of $760. The rates remain preliminary and subject to CMS finalization, but they are directionally positive for revenue, margin and the benchmark we use in commercial payer discussions. We have provided an explanation of PAMA reporting and more information on this pricing result later in this update (see page 6).

We are also doing more to showcase Pacific Edge's future to our long-standing investors and prospective investors with a greater presence at relevant investor conferences. Our corporate presentation has been updated, including information on our operating assumptions on test volumes, average revenue per test and gross margin to achieve breakeven. Our aim is to allow shareholders to track progress against the longer-term milestones we are working towards.

Evidence remains the foundation of future commercial success. Two peer-reviewed publications during the quarter – a retrospective audit of the hematuria pathway in Canterbury from 2013-2021[6] and the AUSSIE[7] study (see pages 7 and 8) – further strengthened our evidence base. Together with STRATA[8], DRIVE, and the upcoming microDRIVE study, as well as the microhematuria and gross hematuria pooled analyses, Pacific Edge will have the world's strongest clinical evidence in urine-based biomarkers for hematuria evaluation, to support clinical change, guideline adoption and reimbursement.

In internal news, we were pleased to welcome Willy Iglesias as Chief Digital Officer during the quarter. His mandate is commercial: to put in place the systems, integrations and data discipline that allow a small team to serve a very large market (see page 8). Willy's experience across healthcare technology, cybersecurity and digital transformation is expected to help Pacific Edge scale more efficiently, improve the customer experience for clinicians and health systems, and ensure that increases in test volume translate more effectively into revenue and margin.

We remain focused on capital discipline. We are awaiting finalization of the draft LCD, and the US operating environment remains hard work. But we now have a clear policy pathway, two new publications, a sharper commercial model and the digital leadership to scale it. We are optimistic about what is in front of us and realistic about the work required to get there.

My thanks to the Pacific Edge team for their perseverance, and to our shareholders for their continued support through a demanding but important period for the company. We look forward to updating you as the final LCD process advances and as our commercial, reimbursement and clinical evidence milestones are delivered.

With my warm regards,

Dr Peter Meintjes
Chief Executive

[2] Savage et al (2025) Accepted October 6, 2025. Diagnostic Performance of Cxbladder® Triage Plus for the Identification and Stratification of Patients at Risk for Urothelial Carcinoma: The Multicenter, Prospective, Observational DRIVE Study
[3] Center for Medicare and Medicaid Services
[4] Clinical Lab Fee Schedule
[5] Protecting Access to Medicare Act
[6] Eaton, D., Kerdemelidis, M., Losco, G., Mark, S., Patu, M., Elliot, N., & Frampton, C. (2026). Cxbladder triage in haematuria assessment reduces time from referral to specialist assessment and bladder cancer treatment and improves equity for Māori. ANZ Journal of Surgery.
[7] Buhariwalla V, Sethi K, Vela I, Hayne D, Atchia Z, de Lange M, Lough T, White A, Ranasinghe W. Validation of Cxbladder Triage Plus in Australian Patients with Haematuria: The AUSSIE Study. Accepted for publication in the BJU International; 2026.
[8] 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.

TEST VOLUMES

Volumes reflect strategic shift to intermediate risk patients

Commercial test volumes in Q2 27 reflected our continued execution of a strategic shift toward intermediate-risk patients in line with the draft Medicare policy and the shift to our next generation test for hematuria evaluation, Cxbladder Triage Plus.

We have deliberately reduced commercial spend while awaiting Novitas to finalize Medicare coverage for Triage and Triage Plus. Rather than backfilling all territories, we continue to concentrate resources on our most productive accounts, initiate strategic selling to integrated delivery networks and focus on female-specific call points. While this discipline constrains near-term volume, it is sharpening our understanding of the accounts and patient populations that can support long-term profitable growth, positioning us to deploy commercial investment more effectively when coverage is finalized.

US commercial volumes were 2,867 tests compared with 3,296 in Q1 27 with the 13.0% fall partially offset by a 3.7% increase in Asia Pacific commercial volumes to 1,201 tests from 1,158 in Q1 27. The US reduction also reflects payers waiting for a positive Medicare signal and the steps implemented to transition clinicians to order for intermediate risk microhaematuria patients.

Total laboratory throughput (TLT) was 5,258 for Q2 27, up 2.7% from 5,120 in Q1 27 as increased clinical study samples were processed in Q2 27.

We are seeing an uptick in volumes of Triage Plus, a higher margin test that is moving to improve the unit economics of our front-line sales team and accelerate our journey towards profitability. In the US, Triage Plus represented 5.6% of total tests in Q2 27, up from 0.8% in Q1 27. Triage Plus represented 11% of US tests in September. In APAC Triage Plus represented 8.1% of total tests up from 7.6% in Q1 27.

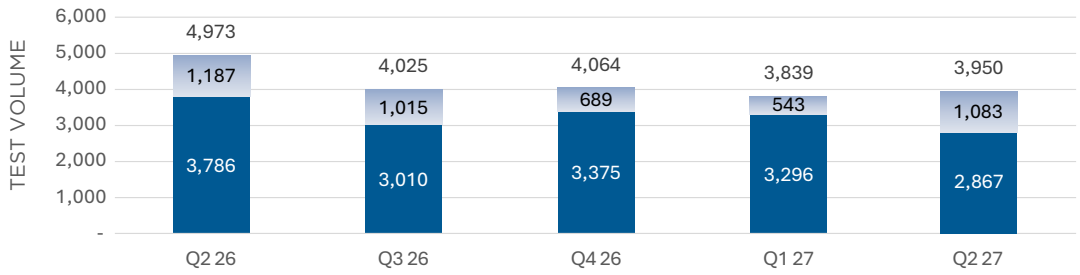
Our sales force efficiency metric of commercial tests per sales FTE was 573, compared with 659 in Q1 27, reflecting the lower commercial volumes as we maintain a more focused sales footprint. The number of unique ordering clinicians was 704, against 814 in Q1 27, while tests per ordering clinician increased slightly to 4.1 from 4.0, indicating stable utilization among active customers. As we rebuild around intermediate-risk microhematuria patients, we are tracking payer mix, medical necessity documentation, and claims success alongside these volume measures, because together they determine whether a test ordered becomes a test paid.

Kaiser Permanente remains our largest single contributor to US volume and our best evidence that adoption accelerates when Cxbladder is embedded in a clinical pathway. Enrolment of the Triage Plus comparison study completed with ~2000 patients and progresses to the data analysis phase on a path to future publication. When published, this provides the basis for a transition from Triage to Triage Plus a move that would expand the patient indication, improve clinical performance, save Kaiser Permanente more money and drive more revenue to Pacific Edge.

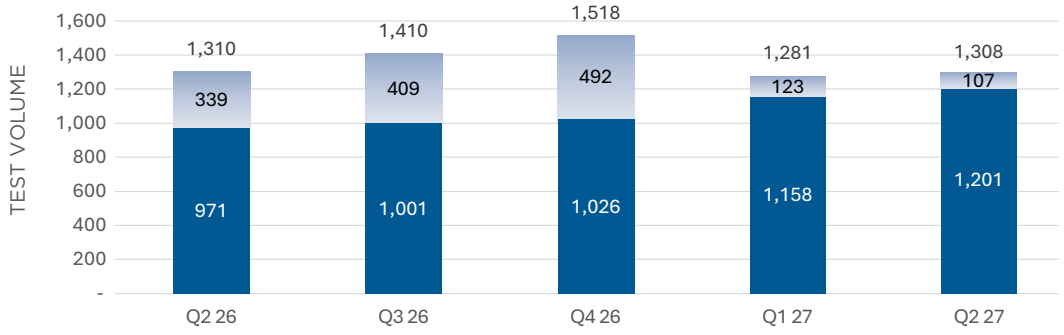
In APAC we are continuing to see the region's progress towards profitability on a direct-cost basis. Improved pricing and the continuing shift in mix towards Triage Plus and intermediate risk female patients are lifting revenue per test, while our engagement with public health systems, hospitals and distribution partners across New Zealand, Australia and Asia continues to widen access.

TEST VOLUMES CONTINUED

US TOTAL THROUGHPUT

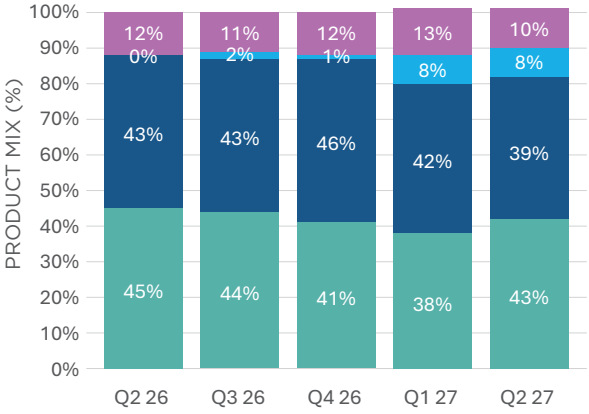


APAC TOTAL THROUGHPUT

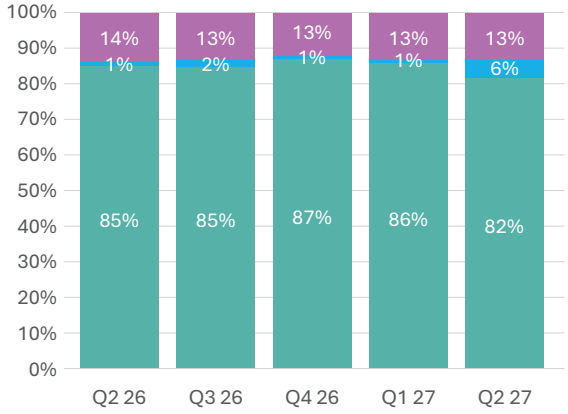


Light shade: Clinical study and evaluation tests **Dark Shade:** Commercial tests

APAC COMMERCIAL PRODUCT MIX

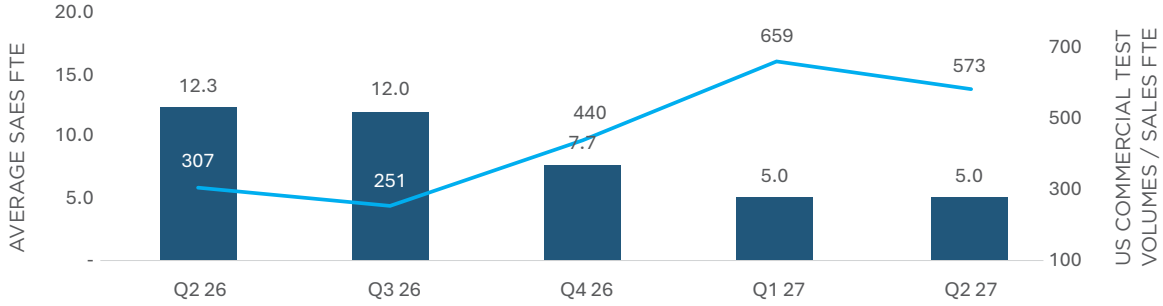


US COMMERCIAL PRODUCT MIX



Triage Detect Triage Plus Monitor

US SALES FORCE EFFICIENCY



Bar graph: US Average Sales FTE (LHS) **Line graph:** US Commercial Test Volume / Sales FTE (RHS)

PAMA ADJUSTMENTS FOR 2027

Medicare proposes price increases for Triage and Monitor

The Centers for Medicare & Medicaid Services (CMS) has released preliminary 2027 Clinical Laboratory Fee Schedule rates under the Protecting Access to Medicare Act (PAMA) proposing increases for Cxbladder Monitor to US$1,026 and Cxbladder Triage to US$1,058, significant increases over the current CMS price of US$760.

These increases are expected to become final and effective on January 1, 2027, increasing revenue per test, improving gross margins, and establishing a stronger reimbursement benchmark for commercial payer contracting. It is further evidence of a commercial recovery being built through evidence generation for coverage, a disciplined pricing strategy and dedication to revenue cycle management as a core discipline at Pacific Edge.

PAMA is the law that determines how Medicare adjusts pricing for most clinical laboratory tests in the US. In simple terms, PAMA is designed to align Medicare payment with what the private market has been paying.

Rather than relying solely on administratively determined Medicare pricing, laboratories periodically report the rates they receive from commercial payers, which CMS uses to adjust the price every three years to the volume-weighted median of the commercial payers.

The proposed increases are particularly notable given the role PAMA typically plays to reduce reimbursement for many laboratory tests. That both Cxbladder tests are instead proposed to receive price increases is a positive validation of Pacific Edge's deliberate work on a pricing strategy applied to establishing and sustaining the value of our tests with commercial payers.

The proposed rates do not, by themselves, determine whether a test is covered; coverage and payment remain separate decisions.

COMMERCIAL STRATEGY

Avalon policy converts into Blue Cross policy and contract

The Blue Cross Blue Shield plans in North and South Carolina adopted positive medical policy for Cxbladder Triage in Q4 FY26. This quarter, these insurers have agreed contracting terms to reimburse the test as an in-network service from 1 November 2026, giving their nearly 8 million members access under their existing health insurance plans.

These contracts represent the first time that a commercial payer in the US has established favorable medical policy and in-network contracting status with Pacific Edge – the first major milestone in growing the number of lives covered by commercial payers.

Avalon Healthcare Solutions is a lab benefit manager (LBM) that performs evidence assessments and develops medical policies on behalf of commercial payers. It established favorable policy language for Cxbladder Triage in December 2025 that mirrored the AUA guidelines. That favorable policy has now evolved into an in-network contract.

Positive medical policy increases the percentage of favorable adjudications of our claims, while contracting establishes the pricing and payment dynamics that determine how much Pacific Edge receives for each test. The details of any contract will remain confidential, but contracts typically have a substantial impact on our revenue cycle management. For example, contracts are expected to increase the percentage of tests paid without appeal, reduce the time to payment on claims, reduce patient deductibles and increase the revenue per test to Pacific Edge.

Going forward, Pacific Edge expects positive policy with Avalon to continue to drive additional commercial payers to adopt policy and to contract with us. It will also support our work with other LBMs to translate their assessments into commercial payer policy and contracts and our direct engagement with commercial payers. We expect to report progress to investors through the number of lives that are covered by policy and contracts, and to observe progress in our financial performance through increasing ASP and ultimately provide greater certainty and predictability to revenue generated from tests covered by commercial payers.

Median waiting time from primary care referral to urological specialist appointment reduced by 14.8 days

Canterbury pathway evidence shows faster care and fewer referrals

A new real world experience study from the Canterbury Health System was published in the *ANZ Journal of Surgery*[1] this quarter with an emphasis beyond the clinical utility already established by Davidson et al (2019 and 2020)[2].

The publication describes the key benefits of clinical use in a real public health system, following the 2018 decision in Canterbury to replace urine cytology with Cxbladder Triage and upper tract imaging as the first-line primary care work-up for hematuria. The key outcomes for patients, physicians and health systems are clear: faster access to specialist care, faster time to first operative treatment for bladder cancer, fewer avoidable referrals and improved equity for Māori patients.

Eaton and colleagues audited 4,512 hematuria referrals to Christchurch Hospital between March 2013 and December 2021, comparing the period before and after Cxbladder Triage was added to the Canterbury pathway. Under that pathway, patients with a negative Cxbladder Triage result and normal upper tract imaging were considered at very low probability of bladder cancer and did not require referral for specialist assessment and cystoscopy, unless symptoms persisted and repeat investigation was required.

The results were clinically impactful, because median waiting time from primary care referral to urological specialist appointment reduced by 14.8 days, from 57.8 days to 43.0 days, and median waiting time from referral to first operative treatment for bladder cancer reduced by 15.0 days, from 78.0 days to 63.0 days. Lastly, monthly hematuria referrals to specialist urology also fell from 45.7 to 38.8, a reduction of 6.9 referrals per month, or approximately 83 fewer referrals per year, driving economic savings for hospitals.

The study also supports the health equity case for pathway-based use of Cxbladder. Māori patients experienced a greater reduction in waiting time to first operative treatment than NZ European patients, at 20.0 days compared with 16.0 days. The authors note that Māori patients with hematuria were, on average, younger than NZ European patients and that Māori with bladder cancer have experienced approximately 37% higher mortality than non-Māori. Cxbladder Triage did not eliminate these inequities, but the pathway narrowed elements of the access gap while improving overall system performance.

These published data continue to support our work with Te Whatu Ora on more consistent access across New Zealand, and it is directly relevant to other capitated systems like the integrated delivery networks (IDNs) in the US and payers that ask whether Cxbladder can increase the patient load that can be maintained by a urologist, reduce unnecessary procedures and free urologist capacity without compromising cancer detection.

[1] Eaton, D., Kerdemelidis, M., Losco, G., Mark, S., Patu, M., Elliot, N., & Frampton, C. (2026). Cxbladder triage in haematuria assessment reduces time from referral to specialist assessment and bladder cancer treatment and improves equity for Māori. ANZ Journal of Surgery.
[2] Davidson, PJ, McGeoch, G, Shand, B. Inclusion of a molecular marker of bladder cancer in a clinical pathway for investigation of haematuria may reduce the need for cystoscopy. NZ Med J 2019; 132:1497; Davidson P, McGeoch G, Shand B. Assessment of a clinical pathway for investigation of haematuria that reduces the need for cystoscopy. NZ Med J 2020. 133:1527

AUSSIE STUDY PUBLISHED

Australian validation for Triage Plus

Our AUSSIE study has been accepted for publication in the respected BJUI[1] providing important new evidence that Triage Plus performs consistently across different patient populations and health systems, while strengthening the clinical case for adoption in Australia.

The study – the second peer reviewed clinical validation of Triage Plus and the first in an Australian population – reproduces the performance seen in DRIVE[2], contributes to planned pooled analyses with DRIVE and microDRIVE, and gives Australian clinicians and hospitals local peer-reviewed evidence to support adoption and contracting discussions.

The study enrolled 691 evaluable patients presenting with visible (gross) or non-visible (micro) hematuria across four Australian hospital urology clinics between September 2023 and August 2025. Importantly, the test-negative rate (anticipated rule-out rate) was 74%. This is a key driver of the potential economic value of Triage Plus, as a higher test negative rate creates greater opportunity for health systems to avoid unnecessary cystoscopies and their associated costs.

The study analyzed microhematuria and gross hematuria patients separately, with test-negative rates of 81% in microhematuria (NPV 100%) and 70% in gross hematuria (NPV 98%). Within the microhematuria population, test-negative rates were 100% in low-risk patients (NPV 100%), 89% in intermediate-risk patients (NPV 100%), and 76% in high-risk patients (NPV 99%). These results provide a clear demonstration of the utility of Triage Plus across the spectrum of hematuria risk. NPV remained at or above 99% across all microhematuria risk categories, while the proportion of patients testing negative appropriately declined as underlying disease risk increased.

The AUSSIE findings are further strengthened when considered alongside the DRIVE and microDRIVE validation studies. Collectively, these data reinforce our confidence that the AUA will further refine its microhematuria guidelines during its next literature review cycle (anticipated no earlier than June 2027). Our objective is to secure an evidence-based expansion of the patient populations eligible for risk stratification using Triage Plus. The AUSSIE study provides an important opportunity to accelerate adoption of Triage Plus in Australia by giving clinicians locally generated evidence of its performance within the Australian healthcare setting.

[1] Buhariwalla V, Sethi K, Vela I, Hayne D, Atchia Z, de Lange M, Lough T, White A, Ranasinghe W. Validation of Cxbladder Triage Plus in Australian Patients with Haematuria: The AUSSIE Study. Accepted for publication in the BJU International; 2026.
[2] Savage et al (2025) Accepted October 6, 2025. Diagnostic Performance of Cxbladder® Triage Plus for the Identification and Stratification of Patients at Risk for Urothelial Carcinoma: The Multicenter, Prospective, Observational DRIVE Study.

WILLY IGLESIAS, CHIEF DIGITAL OFFICER

Building the digital backbone for growth

We appointed Willy Iglesias as Chief Digital Officer during the quarter. Willy brings extensive experience in healthcare technology, cybersecurity, information governance and digital transformation, gained across healthcare, government and multinational technology organizations.

His brief is commercial: to make a small company capable of serving a very large market driving efficiencies in which increases in revenue will outpace increases in cost. As Medicare coverage is finalized and US volumes grow, our ability to integrate with hospital electronic medical records, to capture the documentation that supports a clean claim, and to give our sales team reliable data on account performance will determine how quickly we can scale, and how much of that growth reaches the bottom line.

Willy is charged with delivery of these systems and integrations. He says: "I see a clear role for digital and artificial intelligence to drive scalable growth by making Cxbladder easier to adopt, integrate and use within clinical workflows. Done well, that improves the customer experience, supports more efficient commercial execution and embeds Cxbladder more deeply into everyday clinical practice."

His immediate priorities are integration across our CRM, ERP and laboratory information systems, stronger information security and data governance, better reporting for our commercial and revenue cycle teams, and the foundations required to apply artificial intelligence to our data assets and commercial operations.

"I see a clear role for digital and AI to drive scalable growth by making Cxbladder easier to adopt, integrate and use within clinical workflows."

Evidence to drive clinical practice change

Our clinical study program is a key pillar of how Pacific Edge drives value. We are focused on generating the compelling clinical evidence required to drive behavior change in physicians, founded on the frameworks of Analytical Validity (AV), Clinical Validity (CV) and Clinical Utility (CU), with the endpoints and sample sizes required for coverage decisions and guideline inclusion.

STUDY	GOAL	POPULATION AND USE	STATUS
STRATA **S**afe **T**esting of **R**isk for **A**symptoma**T**ic Microhematuri**A**	• CU Triage (lower risk MH) and CU Triage Plus (retrospective)	• MH • Risk stratification	• Recruitment closed with 555 patients including 223 low risk patients (test and control) • Interim analysis results published leading to AUA Guidelines inclusion in 2025 update • Final analysis publication is being developed, will confirm published findings and is expected in 2027
DRIVE **D**etection and **R**isk stratification **I**n **VE**terans presenting with hematuria	• CV of Triage Plus (MH or GH) • Data for MH & GH pooled analyses	• MH and GH • Risk stratification	• Enrolment closed with 710 patients including 48 tumour confirmed patients from 10 US VA sites • Database lock completed and manuscript published
microDRIVE **D**etection and **R**isk stratification **I**n **VE**terans presenting with microhematuria	• CV of Triage Plus (MH or GH) • Data for MH & GH pooled analyses	• MH • Risk stratification	• Final monitoring is complete for 667 consented patients including 36 confirmed with urothelial carcinoma • Database lock was achieved Sep-2026 with data analysis to follow in Oct • Publication is targeted for Q1-2027
AUSSIE **A**ustralian **U**rologic risk **S**tratification of patient**S** w**I**th h**E**maturia	• CV Triage Plus (MH or GH) • Data for MH & GH pooled analyses	• MH and GH • Risk stratification	• There are 691 evaluable subjects enrolled including 54 confirmed bladder tumor patients (10 MH UC; 43 GH UC; 1 adenocarcinoma) • Accepted for publication
POOLED ANALYSES	• CV Triage Plus (MH & GH) pooled analysis	• MH and GH • Risk stratification	• MH patient data from DRIVE, AUSSIE & microDRIVE from 1053 patients will be analysed with publication expected Q2-2027 • Separately GH patient data from 762 patients will be analysed with publication expected Q2-2027
CREDIBLE **C**ystoscopic **RED**uction **I**n **BL**adder **E**valuations for microhematuria	• CU Triage Plus	• MH • Risk stratification	• Currently 335 patients are enrolled of 1000 targeted • Enrollment phase expected to continue until Q2 to Q3-2027
LOBSTER **LO**ngitudinal **B**ladder cancer **S**tudy for **T**umor **R**ecurrence	• CV Cxbladder Surveillance (low-, int.- and high-risk)	• Surveillance • Risk stratification	• Currently there are 448 subjects enrolled with approximately 1336 samples • Enrolment was completed Q4-25 having achieved our enrolment target of 75 confirmed urothelial carcinoma recurrences (99 patients had at least one recurrence) • Data monitoring is expected to continue until April-2027 with full database lock targeted for May-2027 • Sample collection will continue with <50 expected, at scheduled surveillance visits through to Dec-26
OCTOPUS **O**ngoing **C**xbladder **T**esting for **O**ptimized **P**atient Experience in **U**rothelial **S**urveillance	• CU Cxbladder Surveillance (low-, int.- and high-risk)	• Surveillance • Risk stratification	• Currently at the planning stage. Advisory Board completed Dec-2025 and protocol synopsis developed

• Microhematuria (MH), Gross hematuria (GH), Urothelial Cancer (UC)
• Cxbladder Monitor Plus is now called Cxbladder Surveillance Plus
• Quarterly dates are calendar year not financial year

ABOUT US

Pacific Edge Limited (NZX/ASX: PEB) is a global cancer diagnostics company leading the way in the development and commercialization of bladder cancer diagnostic and prognostic tests for patients presenting with hematuria or surveillance of recurrent disease. Headquartered in Dunedin, New Zealand, the company provides its suite of Cxbladder tests globally through its wholly owned, and CLIA certified, laboratories in New Zealand and the USA.

VISIT US ONLINE:

www.pacificedgedx.com
www.cxbladder.com

FOLLOW US ON SOCIAL MEDIA:

www.facebook.com/PacificEdgeLtd
www.facebook.com/Cxbladder

www.twitter.com/PacificEdgeLtd
www.twitter.com/Cxbladder

www.linkedin.com/company/pacific-edge-ltd

CONTACT US:

Centre for Innovation
87 St David Street
PO Box 56
Dunedin 9016, New Zealand
T: 0800 555 563 (NZ)
+64 3 577 6733 (Overseas)
E: investors@pacificedge.co.nz