24 NOVEMBER 2026

UNAUDITED FINANCIAL RESULTS FOR THE HALF YEAR TO 30 SEPTEMBER 2026

FOUNDATIONS FOR A RETURN TO GROWTH IN PLACE

DUNEDIN, New Zealand – Cancer diagnostics company Pacific Edge (NZX, ASX: PEB) today reports its results for the six months to 30 September 2026 (1H 27), showing a period of continued cost discipline and execution of strategic milestones, including confirmation that Medicare will resume coverage of Cxbladder Triage and Triage Plus.

With Medicare coverage effective from 20 December 2026 and higher Medicare prices expected from 1 January 2027, Pacific Edge enters the second half of FY 27 with the reimbursement foundations for a return to growth in place and is now focused on disciplined execution.

1H 27 FINANCIAL PERFORMANCE

(ALL FIGURES NZ$ UNLESS STATED)

- Operating revenue of $5.9 million decreased 1.4% from $5.9 million in 1H 26. Total revenue of $7.0 million (1H 26: $7.1 million) supported by growth in APAC
- Total laboratory throughput[2] (TLT) of 10,378 tests, down 21.2% on 1H 26 on fewer commercial tests (down 17.8% to 8,528) and clinical study samples (down 34.4%)
- Triage Plus reached 10.8% of US tests in September, up from 0.8% in Q1 27
- Operating expenses of $21.7 million, down 17.3% on 1H 26 ($26.2 million)
- Net loss after tax of $14.7 million, lower than the $19.1 million in 1H 26
- Net operating cash outflow of $12.3 million (1H 26: $19.0 million)
- Average monthly cash burn of $2.2 million, held below the company's targeted $2.5 million
- Cash, cash equivalents and short-term deposits of $29.4 million at 30 September 2026 (31 March 2026: $7.8 million) following the $36.1 million June 2026 capital raise

1H 27 STRATEGIC HIGHLIGHTS

- **Medicare Coverage:** Triage and Triage Plus covered by Local Coverage Determination (LCD) *'Urine-based Biomarkers in Patients with Microhematuria'* (L40378) with effect from December 20, 2026
- **Medicare Pricing:** Triage Plus priced at US$1,328 per test (75% above the US$760 legacy price), and Triage and Monitor re-priced under Protecting Access to Medicare Act (PAMA) at US$1,057 and US$1,026 from 1 January 2027
- **Commercial Payers:** In-network contracts established with BCBS North Carolina and South Carolina; additional favorable medical policies established from Geisinger, Sentara, BCBS Hawaii and MVP Healthcare
- **Asia Pacific Expansion:** Clinical pathways for Triage Plus at Singapore General Hospital and Townsville University Hospital
- **Clinical Evidence:** DRIVE[i] and AUSSIE[ii] studies published, strengthening Pacific Edge's evidence advantage and moat

Chairman Simon Flood said: "It was gratifying to see after years of investment in research and development that Pacific Edge has secured a final LCD from Medicare. It's a fantastic result

for our Team, the clinicians who played a vital role in supporting our progress, and for our patients who will benefit from the ease and convenience that our products bring to their care. Pacific Edge's Triage and Triage Plus are the only tests covered by the LCD, which gives the company a clinically validated commercial advantage over its competitors on which we will be building. Our management team has continued operate with a close attention to the cost base, with the company's cash burn showing a material improvement in the period under review. With a stronger balance sheet following our $36.1 million June 2026 capital raising, we are now well positioned to capitalize on the commercial opportunities in front of us."

Chief Executive Dr Peter Meintjes said: "The company has been actively preparing for Medicare coverage since the announcement of the draft LCD, in particular, focusing our sales team on the predominantly female intermediate risk microhematuria patients and transitioning customers to Triage Plus, both of which are tracking nicely.

"In parallel, we've been improving our digital systems and billing processes to turn coverage policy into reimbursement dollars from day one of effective coverage. We expect Q4 FY27 will look materially different for Pacific Edge in the US with more tailwinds than headwinds, and we are focused on delivering multiple successive quarters of consistent growth in the hematuria market."

FINANCIAL PERFORMANCE

Disciplined cost management and a conservative approach to capital remained central to the half, with operating expenses falling to $21.7 million (1H 26: $26.2 million) and average monthly cash burn of $2.2 million (1H 26: $3.3 million).

Operating revenue of $5.9 million was 1.4% down from 1H 26 ($5.9 million). Higher APAC volumes and pricing and a growing contribution from Triage Plus offset a 26% fall in US commercial volumes to 6,168 tests, as payers awaited a final Medicare decision and clinicians transitioned to ordering for intermediate-risk patients and the company operated with a reduced front line sales force.

Costs fell as Pacific Edge limited backfilling of US sales territories ahead of the final LCD, as the company balanced cash preservation while maintaining a commercial presence. The net loss after tax narrowed to $14.7 million (1H 26: $19.1 million).

Supported by the $36.1 million capital raise completed in June 2026, Pacific Edge ended the period with cash, cash equivalents and short-term deposits of $29.4 million.

STRATEGIC ACHIEVEMENTS AND PRIORITIES

Medicare coverage from 20 December 2026, in-network contracts with the Blue Cross Blue Shield plans in North Carolina and South Carolina from 1 November 2026, and the first facility-level Veterans Association (VA) blanket purchase agreement, secured in Q2 27, give Pacific Edge a clear path to reimbursement across roughly 78 million contracted lives, over a quarter of US covered lives. Other healthcare payers including Geisinger, Sentara, BCBS Hawaii and MVP Healthcare have also adopted favorable medical policy but are yet to contract with us.

Medicare pricing is also improving. Triage and Monitor have been re-priced under PAMA at US$1,057 and US$1,026 per test respectively from 1 January 2027, up from US$760, and Triage Plus is priced at US$1,328 per test.

Our task now is to convert this market into test orders. We are concentrating our commercial effort where coverage, clinical evidence and pricing align — intermediate-risk microhematuria patients in the US, reached mainly through integrated delivery networks (IDNs), female-specific call points and Advanced Practice Provider call points.

We expect adoption to be supported by recently published studies. DRIVE demonstrated the clinical validity of Triage Plus across US Veterans Administration sites, and AUSSIE reproduced that performance in an Australian population, showing consistent results across populations and health systems.

When completed, the Triage Plus Comparison Study at Kaiser Permanente, microDRIVE and microhematuria & gross hematuria Pooled Analyses, are expected to further enhance our evidence. Together, these studies will help expand the indications and eligible patient population ahead of the American Urological Association's next literature review of its microhematuria guideline in 2027[iii].

Surveillance Plus is the next opportunity. The LOBSTER validation study for the test has completed enrolment, with database lock targeted for May 2027, and planning for the OCTOPUS clinical utility study is under way.

OUTLOOK

Dr Meintjes said with a large contracted market in the US, Pacific Edge is now focused firmly on driving test adoption and revenue growth in the US and building commercial momentum in the Asia Pacific.

"With Medicare coverage secured for Triage and Triage Plus, stronger pricing and growing payer policy, we are confident in our ability to execute. We will continue to invest selectively to convert these strategic milestones into testing volume and revenue.

"Higher prices will materially improve the unit economics of our sales force. We expect Medicare Advantage plans to reimburse in-line with Medicare policy and will use coverage to drive further commercial payer policy and contracts.

"A pipeline of further evidence, including the microDRIVE publication, a pooled Triage Plus analysis and a second STRATA publication[iv], together with the planned coding submission for Cxbladder Surveillance Plus will add momentum.

"With these foundations in place, Pacific Edge is confident of driving towards its goal of breakeven, which management estimates at around 55,000 tests a year across all products as we drive our blended average selling price across all geographies above NZ$1,450 per test."

CONFERENCE CALL

Pacific Edge is today holding an Investor and Analyst conference call at 11.00am (NZST).

This briefing is being held webcast by the following link: www.virtualmeeting.co.nz/pebir26 or by phone on the following toll-free numbers:

- New Zealand – 0800 450 012
- Australia – 1800 571 226
- USA & Canada – 800 715 9871
- Conference ID: 2639914

Questions can be submitted online in writing via the Webcast platform or verbally via the audio call system when prompted.

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

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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.

[i] Savage et al (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. Accepted October 6, 2025.

[ii] 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. BJU International; 2026.

[iii] The AUA determines the timeline for re-opening the updated literature review, but Pacific Edge management understand this can be no earlier than June 2027. Updated literature reviews prioritize emerging fields where there is advancement to consider in the published literature.

PacificEdge®
CANCER DIAGNOSTICS

1H 27 FINANCIAL RESULTS

Dr Peter Meintjes
Chief Executive Officer

Grant Gibson
Chief Financial Officer

November 24, 2026

PRESENTING TODAY



DR PETER MEINTJES
Chief Executive Officer



GRANT GIBSON
Chief Financial Officer

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- www.nzx.com/companies/PEB; and
- https://www.asx.com.au/markets/company/PEB

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1H 27 HIGHLIGHTS: FOUNDATIONS FOR A RETURN TO GROWTH IN PLACE

MINIMIZING CASH BURN; MAKING SELECTIVE INVESTMENTS FOR GROWTH WITH MEDICARE COVERAGE

TOTAL REVENUE[1]

$7.0m

-2% vs 1H 26

OPERATING REVENUE

$5.9m

-1% vs 1H 26

NET LOSS AFTER TAX

$14.7m

Improved 23% vs 1H 26

AVERAGE MONTHLY CASH BURN[2]

$2.2m

Improved 35% vs 1H 26

CASH[3]

$29.4m

vs $7.8m 2H 26

STRATEGIC HIGHLIGHTS

Medicare

Triage and Triage Plus are the **only urine biomarker tests covered** by new LCD; coverage effective Dec 20, 2026

Policy

Commercial payers adopting Triage, **81.3m** US lives with favorable policy; **78.6m** contracted

Pricing

Triage Plus priced at **US$1,328**; Triage and Monitor re-priced to US$1,057 and US$1,026 from 1 Jan 2027

Discipline

Selective investment in commercial and digital initiatives to grow top line revenue & improve cash flow

PacificEdge® CANCER DIAGNOSTICS

1. All figures NZ$ unless otherwise stated
2. Excluding capital raise and foreign exchange movements
3. Cash, cash equivalents and short-term deposits

STRATEGY AND PROGRESS

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MEDICARE: FINAL LCD COVERS TRIAGE AND TRIAGE PLUS

ACCESS TO ~71M LIVES SUBJECT TO LCD ELIGIBILITY CRITERIA

EVIDENCE COVERAGE AND GUIDELINES

FINAL LCD (L40378): EFFECTIVE 20 DEC 2026

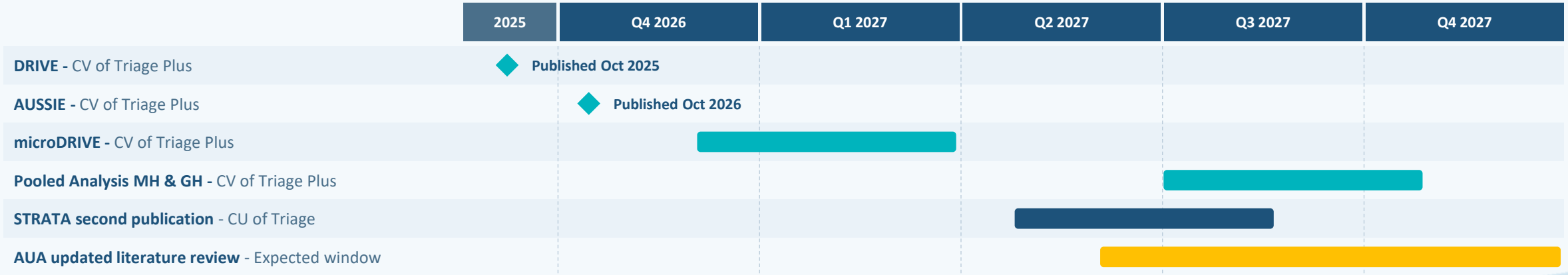
- **Sole Coverage:** only Triage and Triage Plus covered, creating a moat for commercial advantage
- **Higher Prices[2]:** US$1,057 (Triage) and US$1,328 (Triage Plus)
- **Improved Ordering:** LCD removes reimbursement and logistical objections from ordering clinicians
- **Medicare Advantage:** Follows LCD for payment and pricing
- **Commercial Payers:** LCD offers a template for establishing policies and contracts

~71m
Medicare lives

~2.8m
Microhematuria opportunities / yr[1]

US$1,328
Triage Plus price per test

EXPANDING MEDICARE COVERAGE: NEW EVIDENCE TO EXPAND COVERAGE AT THE AUA'S NEXT LITERATURE REVIEW



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1. Management estimate, see Slide 29.
2. Legacy tests had a Medicare approved price of US$760 and will be adjusted by PAMA effective January 1, 2027

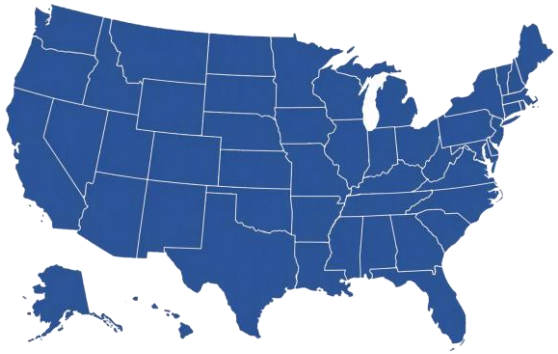
CU = clinical utility; CV = clinical validity; MH = microhematuria; GH = gross hematuria

US PAYER CONVERSION: FROM POLICY TO CONTRACT

FINAL MEDICARE COVERAGE EXPECTED TO UNLOCK COMMERCIAL POLICY AND CONTRACTING

EVIDENCE COVERAGE AND GUIDELINES

US MARKET



223m	US private insured lives Source: US Census
1,200	US private health insurance payers Source: NAIC
71m	Medicare insured lives Source: CMS
9.18m	VA covered lives Source: VA

MEDICARE AND FAVOURABLE MEDICAL POLICY

Cxbladder Triage

81.3m

Policy lives[1]

Kaiser Permanente · BlueCross BlueShield · Sentara · Geisinger · Medicare

Cxbladder Monitor

8.4m

Policy lives[1]

Kaiser Permanente · Highmark

MEDICARE AND IN-NETWORK CONTRACTS SECURED

Cxbladder Triage

78.6m

Contracted lives[1]

Kaiser Permanente · BlueCross BlueShield · Medicare

Cxbladder Monitor

4.9m

Contracted lives[1]

Kaiser Permanente

PacificEdge® CANCER DIAGNOSTICS

1. Policy Reporter, see slide 44

CONVERTING POLICY AND CONTRACTING INTO REVENUE

INTEGRATED DELIVERY NETWORKS ARE OUR PRIORITY

ADOPTION, RETENTION AND REVENUE GENERATION

US SERVICEABLE MARKET

2.8m[1]

Medicare coverage is for 1.14m Intermediate Risk

INTEGRATED DELIVERY NETWORKS

1.68m

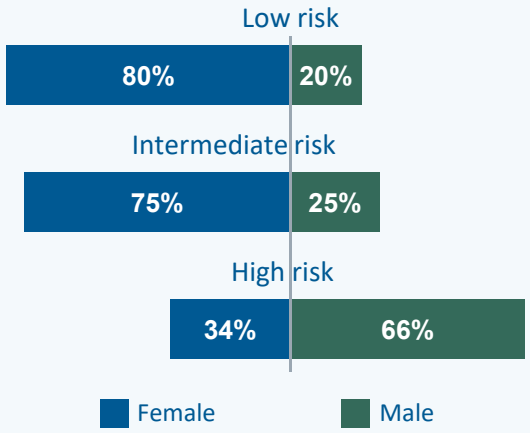
60% of patient volume

PRIVATE PRACTICE

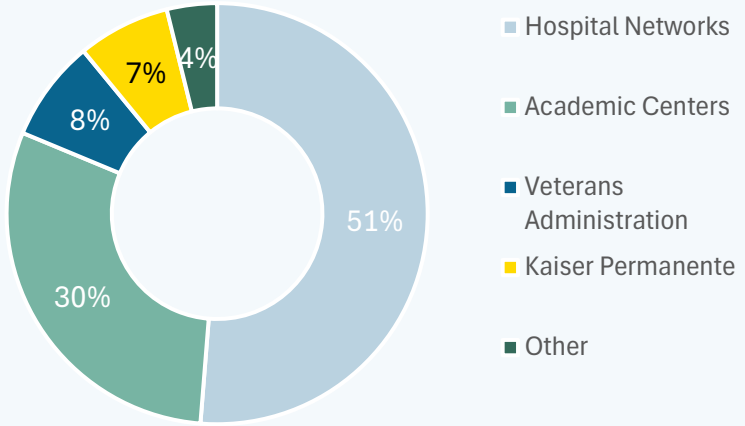
1.12m

40% of patient volume

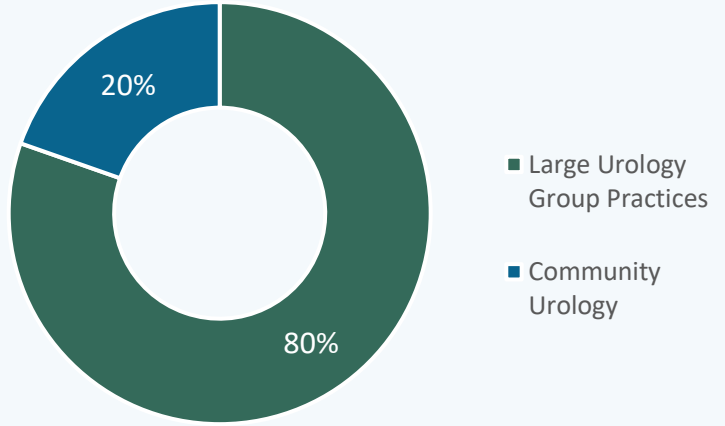
AUA RISK CATEGORY BY SEX (AT BIRTH)



PROVIDER MIX WITHIN CHANNEL[2]



PROVIDER MIX WITHIN CHANNEL[2]



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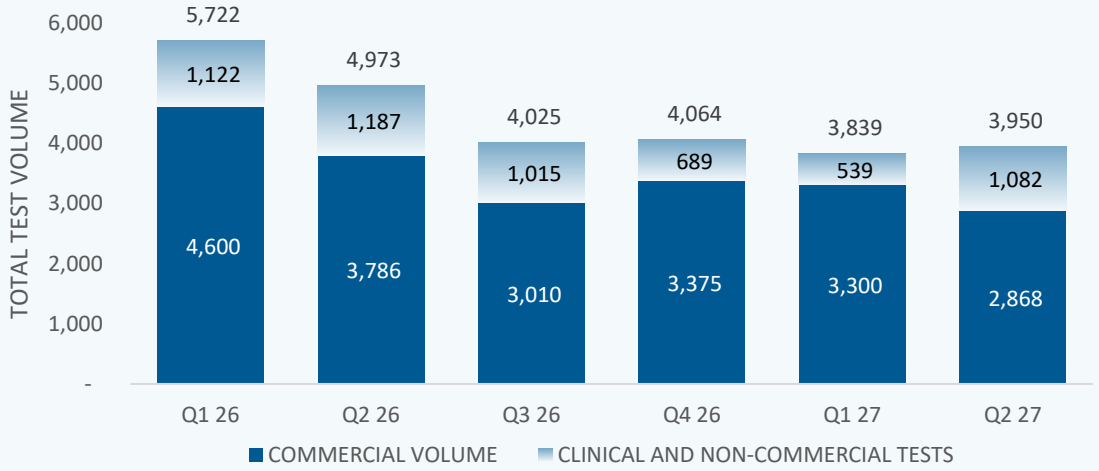
1. Management estimates derived from referred hematuria data in Woldu et al (2021). See slides 30-32 for details.
2. Share of patient volume figures are management estimates

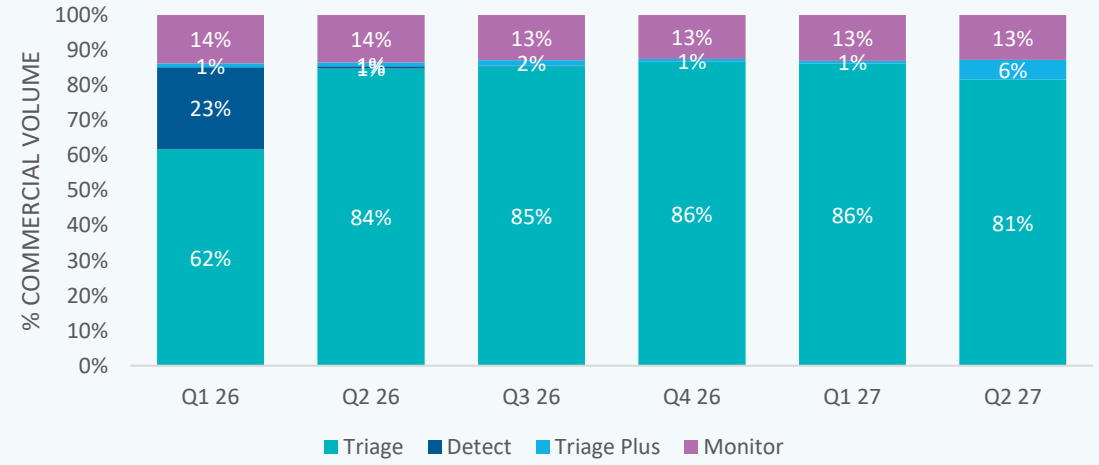
US POSITIONED FOR VOLUME AND REVENUE GROWTH

ADOPTION, RETENTION AND REVENUE GENERATION

US TOTAL TEST VOLUME[1]



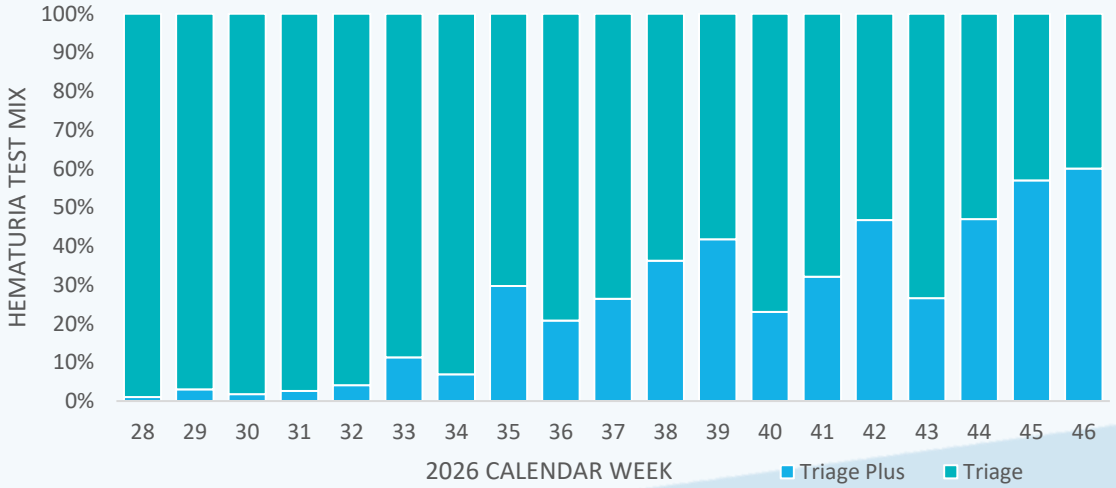
US COMMERCIAL PRODUCT MIX



COMMERCIAL AND TOTAL THROUGHPUT

- Volume steady – preserving cash, awaiting final Medicare coverage
- Triage Plus study at Kaiser Permanente drives the increase in non-commercial volumes
- "Week-by-week" test mix analysis shows >60% of hematuria testing is now Triage Plus
- Medicare coverage impact:
  - Chief Commercial Officer to be added in Q4 FY27
  - 4x new front-line sales to be added in Q4 FY27
  - Total tests and tests per front line sales expected to grow from Q4 FY27
  - Average Sales Price expected to increase further as Triage Plus begins to dominate the product mix (post-balance date week-by-week analysis below)

WEEK-BY-WEEK TRANSITION TO TRIAGE PLUS[2]

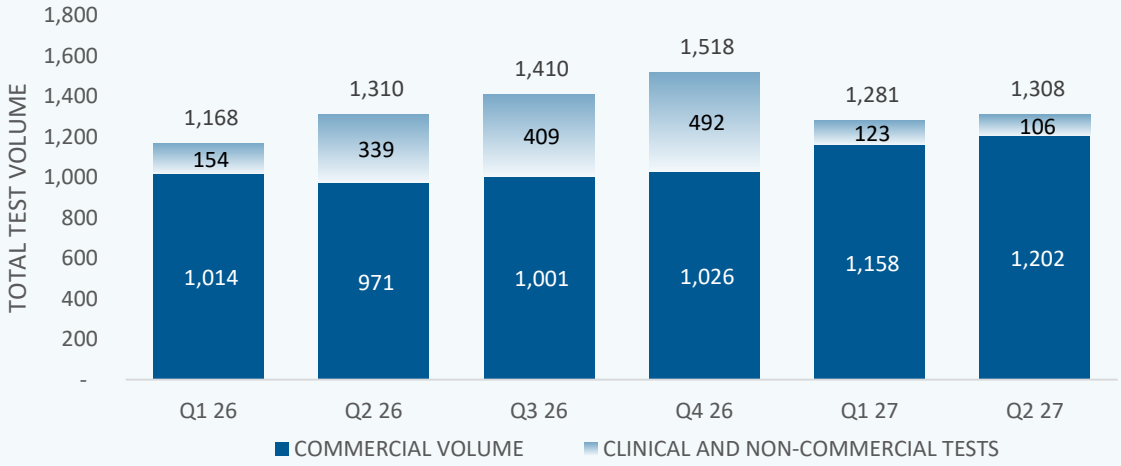


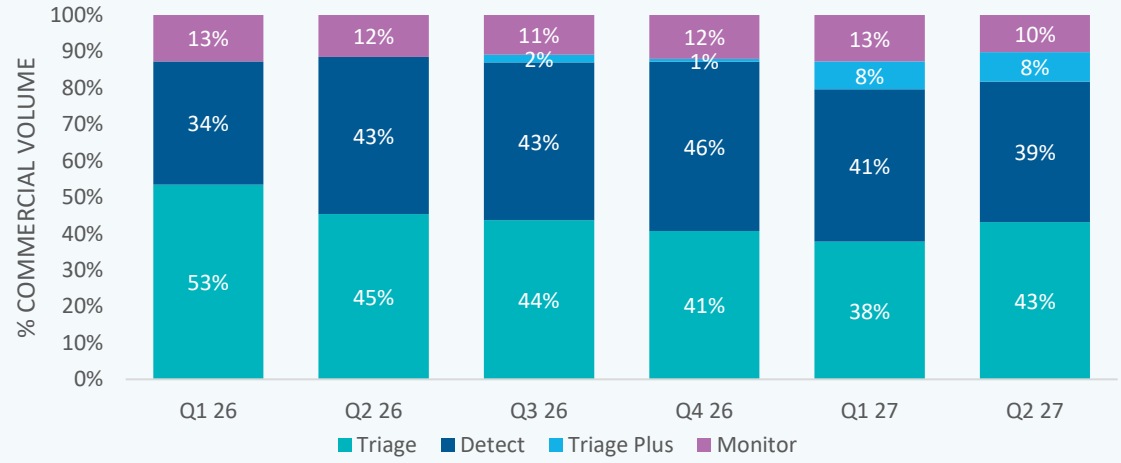
1. Total Laboratory Throughput including commercial, pre-commercial and clinical studies testing
2. Graph shows the weekly composition of test type for resulted hematuria tests in the US excluding Kaiser Permanente who continue to utilize Triage and will migrate to Triage Plus on a separate timeline. Week 40 represents the start of Q3 27.

APAC CHARTING A PATH TO PROFITABILITY

ADOPTION, RETENTION AND REVENUE GENERATION

APAC TOTAL TEST VOLUME[1] AND COMMERCIAL PRODUCT MIX

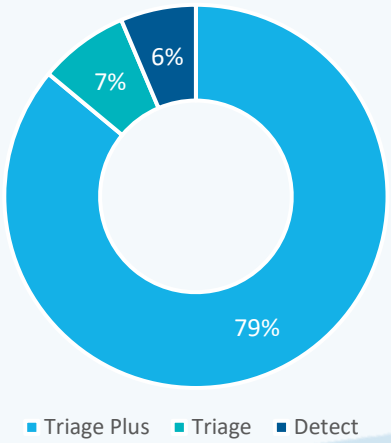




TRIAGE PLUS AND EX-NZ TESTING IMPROVES UNIT ECONOMICS

- Commercial testing volumes have grown for four consecutive quarters
- Clinical trials testing reduced as various studies reach completion
- Commercial testing volumes in Australia and Southeast Asia grew 51% and 60% respectively from 1H 26 to 1H 27
- Triage Plus already dominates hematuria evaluation in Australia and Southeast Asia with 79% of all resulted commercial tests from these regions in the last six months being Triage Plus

AUSTRALIA AND SOUTH EAST ASIA HEMATURIA MIX[3]



1. Total Laboratory Throughput in Asia and Pacific including commercial, pre-commercial and clinical studies testing
2. APAC Commercial and Clinical Operations cash burn figure is calculated on a direct cost basis and excludes R&D costs
3. Hematuria mix is for the six weeks prior to 20 November 2026

NEXT GENERATION PRODUCTS ALREADY DELIVERING STRATEGIC VALUE

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

RESEARCH & INNOVATION

Cxbladder® Triage Plus

Cxbladder® Surveillance Plus

ADVANCING IVD DEVELOPMENT FOR INTERNATIONAL MARKETS

- Triage Plus and Surveillance Plus will be offered as CAP/CLIA-approved LDTs[1] providing service to the entire USA
- International markets require a different approach in which Pacific Edge seeks to create a 'kitted' IVD medical device
- Pacific Edge is simplifying its tests to advance development of Triage Plus IVD for decentralized lab deployment and international market expansion.
- Key objectives:
  - Establishing IVD regulatory framework for our next generation tests that includes IVD-R (Europe), FDA (USA) and ISO-13485[2] (International)
  - Prototype development plans are in place and ready to be implemented subject to budget approval

Pacific Edge® CANCER DIAGNOSTICS

1. CAP is the College of American Pathologists, CLIA is the Clinical Laboratory Improvement Amendments and LDT is a laboratory developed test
2. IVD-R is a European In Vitro Diagnostic Regulation; FDA, US Food and Drug Administration; ISO International Organization for Standardization

FINANCIAL RESULTS

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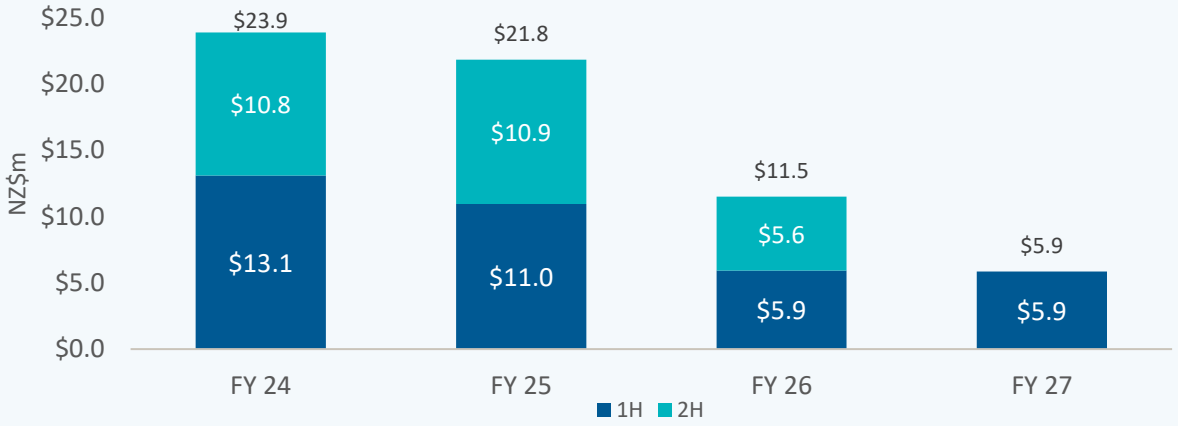
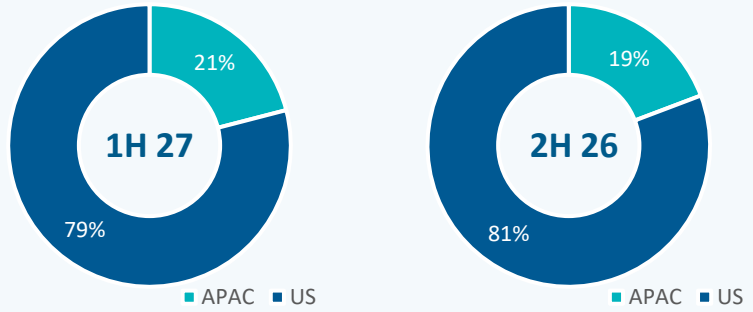
COST DISCIPLINE IS REDUCING CASH BURN AND EXTENDING OUR RUNWAY

REVENUE HAS STABILIZED AS WE POSITION FOR MEDICARE-DRIVEN VOLUME GROWTH

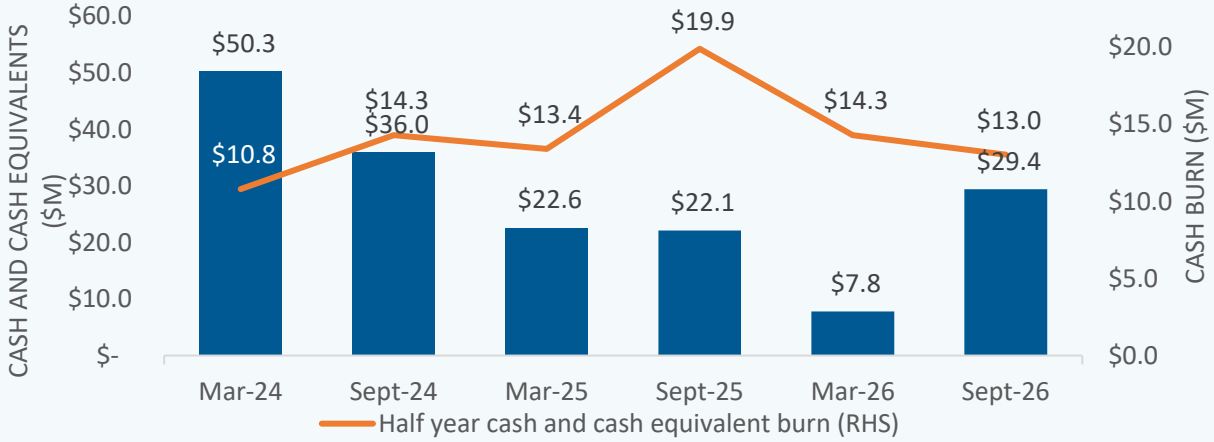
TOTAL REVENUE



GEOGRAPHIC REVENUE SPLIT



CASH AND CASH BURN



USA COMMENTARY

- US volumes and revenue stable from 1H 26 to 1H 27 (three consecutive halves) balancing market presence and cash preservation
- US revenue concentration decreased from 81% 2H 26 to 79% 1H 27 as APAC revenue continues to increase

APAC COMMENTARY

- Average Sales Price in 1H 27 increased by 22% over 1H 26; driven by Triage Plus adoption and Ex-NZ testing volumes
- APAC contributed 21% of operating revenue[1] in 1H 27 with $1.2m in revenue, approaching break even Q2 27

PacificEdge® CANCER DIAGNOSTICS

1. APAC Commercial and Clinical Operations cash burn figure is calculated on a direct cost basis and excludes R&D costs

1H 27 FINANCIAL PERFORMANCE: POSITIONING FOR MEDICARE RE-COVERAGE

COST SAVINGS MINIMIZE CASH BURN; $36.1m CAPITAL RAISE IN MAY 2026 STRENGTHENS BALANCE SHEET

Financial Period (NZ$000)	1H 27 (Unaudited)	2H 26 (Unaudited)	1H 26 (Unaudited)	FY 26 (Audited)	1H 27 vs 1H 26	1H 27 vs 2H 26
Operating Revenue	$5,856	$5,560	$5,939	$11,499	-1.4%	5.3%
Total Revenue	$6,977	$6,457	$7,123	$13,580	-2.0%	8.1%
Operating Expenses	$21,707	$23,119	$26,239	$49,358	-17.3%	-6.1%
Net Loss After Tax	**($14,730)**	**($16,662)**	**($19,116)**	**($35,778)**	**-22.9%**	**-11.6%**
Cash Receipts from Customers	$6,024	$5,245	$7,985	$13,230	-24.6%	14.9%
Net Cash Flows to Operating Activities	($12,330)	($12,912)	($19,026)	($31,938)	-35.2%	-4.5%
Cash[1]	**$29,370**	**$7,776**	**$22,121**	**$7,776**	**32.8%**	**277.7%**
Monthly Cash Burn (NZ$M)	$2.2	$2.4	$3.3	$2.9	-34.7%	-8.2%

- Operating revenue remained steady while we maintained our US market presence, positioning the company to leverage Medicare coverage
- Operating expenses continued to fall, down 17.3% on 1H 26 and 6.1% on 2H 26 as the company continued expense discipline to extend cash runway
- Cash[1] of $29.4m aided by the capital raise commenced in May 2026
- Monthly cash burn down 34.7% on 1H 26

1. Cash, cash equivalents and short-term deposits

FINANCIAL PERFORMANCE OPERATING EXPENSES

ALL COSTS REDUCED WITH LARGEST REDUCTION IN SALES AND MARKETING

Financial Period (NZ$000)	1H 27 (Unaudited)	2H 26 (Unaudited)	1H 26 (Unaudited)	FY 26 (Audited)	1H 27 vs 1H 26	1H 27 vs 2H 26
Laboratory Operations	$5,866	$5,722	$5,884	$11,606	-0.3%	2.5%
Research	$6,762	$6,366	$7,065	$13,431	-4.3%	6.2%
Sales and Marketing	$5,371	$6,765	$8,453	$15,218	-36.5%	-20.6%
General and Administration	$3,708	$4,266	$4,837	$9,103	-23.3%	-13.1%
Total Operating Expenses	**$21,707**	**$23,119**	**$26,239**	**$49,358**	**-17.3%**	**-6.1%**

- Laboratory Operational costs remain flat in line with revenue, despite freight related cost increases
- Research costs decreased 4.3% on 1H 26 as clinical studies reach conclusion
- Sales and Marketing expenses down 36.5% on 1H 26 as the focus continued to profitable sales while maintaining US presence
- General and Administration costs down 23.3% on 1H 26 reflecting the focus to extend cash runway

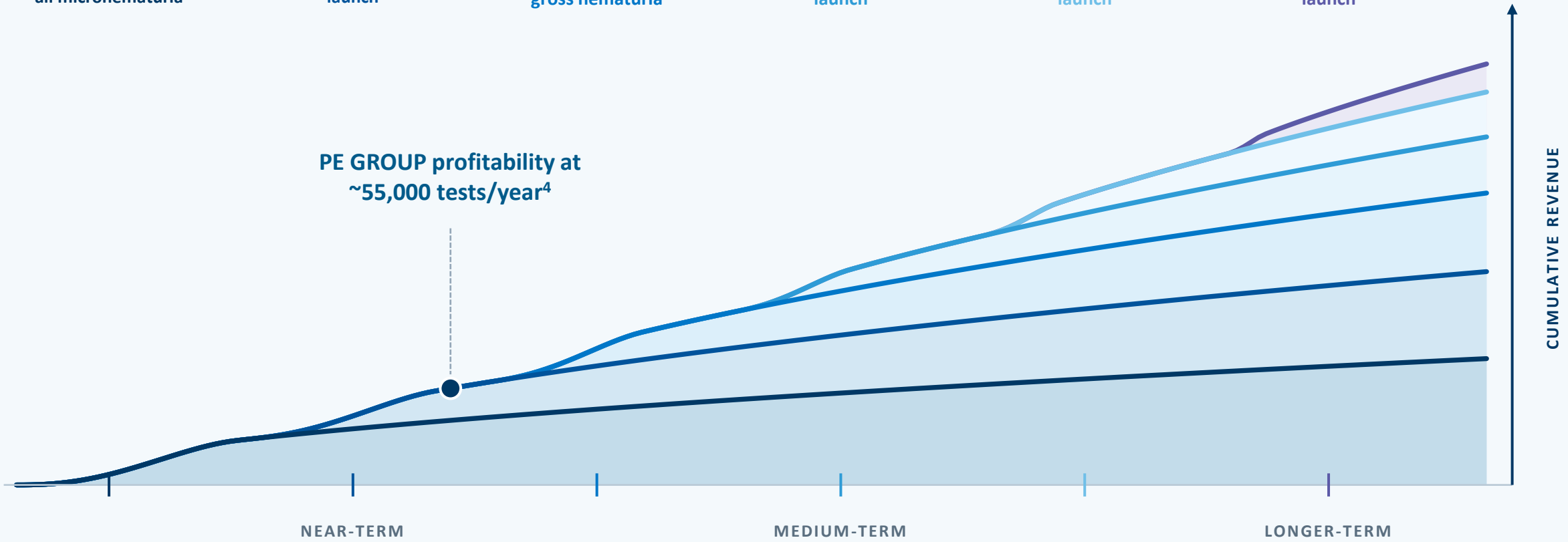
OUTLOOK

PacificEdge®
CANCER DIAGNOSTICS

PACIFIC EDGE CATALYSTS FOR LONG-TERM SUSTAINABLE GROWTH[1]

AN EXPANDING SERVICEABLE MARKET AND REVENUE

1. **Expand Medicare coverage to all microhematuria**
2. **Surveillance Plus launch**
3. **Expand indications to cover gross hematuria**
4. **Kitted RUO[2] launch**
5. **Kitted IVD[3] launch**
6. **New product launch**



1. Illustrative only. The curves indicate the sequence and relative scale of expected market expansion, not forecast revenue
2. RUO is for "research use only" and limits the clinical claims that can be made and the payment options
3. IVD is an in vitro diagnostic and subject to country-specific product registrations, regulations and reimbursement processes
4. Profitability threshold determined on an annualized basis across all products with a blended ASP >$NZD 1,450. Actual breakeven will vary with payer mix, collection rates, product mix and operating investment

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OUTLOOK: POSITIONED TO UNLOCK VALUE

FIRST MOVER; LARGE MARKET; BACKED BY EVIDENCE; KEY COMMERCIAL CATALYSTS

1st

First mover & market leader

Urine-based, non-invasive bladder cancer tests

US$10.6b[1]

Global market opportunity

Driven by ~7m hematuria patients a year in the US

Grade A

AUA[2] evidence rating

Cxbladder Triage: the only urine biomarker rated 'Grade A'

Medicare LCD

Triage and Triage Plus - the only tests covered by CMS in L40378

Coverage effective from 20 December 2026 for **71m** US lives

Pricing

Improving sales force unit economics

Triage Plus US$1,328; Triage US$1,057; Monitor US$1,026[3]

Global commercial traction

Commercial payer and Medicare policy wins bring 78.6m US lives under contract for hematuria evaluation; volume growth and favorable prices drive APAC towards profitability on a direct cost basis

1. US$10.6b is a Pacific Edge estimate; see appendix for assumptions.
2. AUA: American Urological Association.
3. New Triage and Monitor prices provisional and subject to finalization; expected effective on 1 Jan 2027

PacificEdge® CANCER DIAGNOSTICS

APPENDIX

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INTRODUCTION TO PACIFIC EDGE

PACIFIC EDGE IS FOUNDED ON DELIVERING POSITIVE OUTCOMES FOR SOCIETY

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

Our Mission

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

Our Vision

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

WE PUT PATIENTS FIRST IN EVERYTHING WE DO

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



PACIFIC EDGE – THE FIRST MOVER AND LEADER IN BLADDER CANCER DIAGNOSTICS

A GLOBAL COMPANY WITH A GLOBAL OPPORTUNITY

US$10.6b[1]

Global Market Opportunity





1. See slides 30 - 32 for assumptions

PacificEdge® CANCER DIAGNOSTICS

TIMELINE: COMPANY MILESTONES









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

Guideline Panel

Daniel A. Barocas, MD, MPH; Stephen Boorjian, MD;* Ronald Alvarez, MD, MBA; Tracy M. Downs, MD; Cary P. Gross, MD; Blake Hamilton, MD; Kathleen Kobashi, MD; Robert Lipman; Yair Lotan, MD; Casey Ng, MD; Matthew Nielsen, MD, MS; Andrew Peterson, MD; Jay Raman, MD; Rebecca Smith-Bindman, MD*

2011

2011
Pacific Edge Diagnostics New Zealand (PEDNZ) established

2012

Dec 2012
Launch of Pacific Edge Diagnostics USA

2014

Dec 2014
Launch of Cxbladder Triage

2015

Dec 2015
Launch of Cxbladder Monitor

2018

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

2020

Jun 2020
Kaiser Permanente, approves commercial use of Cxbladder

Jul 2020
Medicare reimbursement of Cxbladder at US$760/test

2024

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

2025

Feb 2025
Triage included in AUA Microhematuria Guideline

Apr 2025
Medicare non-coverage effective

Nov 2025
Triage Plus gets CMS draft price of US$1,328

2026

Jan 2026
Kaiser RWE published supporting Triage. Largest ever UBB[1] hematuria study

May 2026
Novitas publishes Draft LCD DL40378 with coverage for Triage Plus and Triage

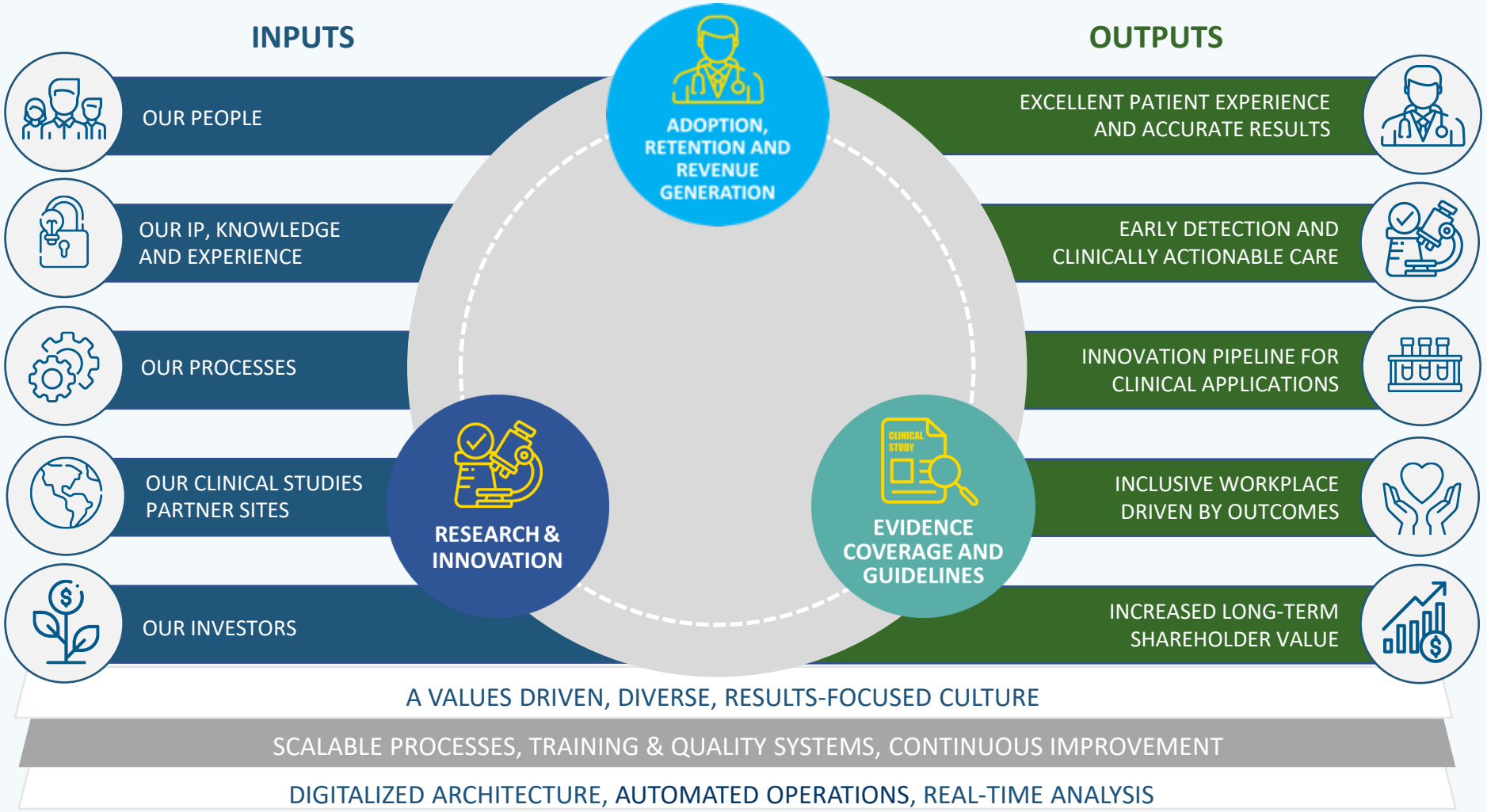
Oct 2026
Triage and Monitor prices adjusted to US$1,057 and US$1,026

Nov 2026
Novitas Final LCD; effective 20 Dec 2026

Timeline not to scale:

1. UBBs are urine-based biomarkers – a term adopted by AUA in their guidelines

VALUE CREATION THROUGH THREE PILLARS



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BLADDER CANCER AND MARKET OPPORTUNITY

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BLADDER CANCER – A SIGNIFICANT GLOBAL HEALTHCARE CHALLENGE

THE STANDARD OF CARE – CYSTOSCOPY – IS HIGHLY INVASIVE, UNCOMFORTABLE AND COSTLY

BLADDER CANCER: A COSTLY, RECURRING DISEASE

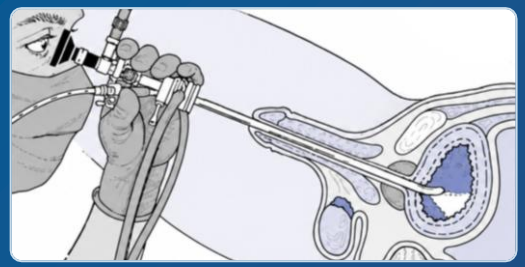
1st Costliest cancer to treat on a per-patient basis[1]

6th Most common cancer in men[2]

>50% Recurrence, driving years of repeat surveillance[3]

TODAY'S STANDARD OF CARE

Cystoscopy: a scope into the bladder



A camera on the end of a scope is inserted up the urethra to visually inspect the lining of the bladder wall[4]

Why it falls short

- Invasive and uncomfortable – patients defer or drop out of surveillance
- Costly, and consumes scarce urologist capacity
- Low yield – most patients scoped do not have cancer
- Have high variability between urologists, and only 81% sensitivity[5]

IMPROVED: NON-INVASIVE STANDARD OF CARE

Cxbladder: just pee in a cup



A simple urine test that detects and rules out bladder cancer – no invasive cystoscopy required

99.4%[6]
NPV: a negative result confidently rules out cancer

Grade A Rating[7]
AUA evidence rating in the 2025 Microhematuria Guideline

Why it solves the problem

- Collected at clinic or at home – no procedure, no discomfort
- Rules out cancer, reserving cystoscopy for those who need it
- Lower cost for payers and frees urologist capacity

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1. Sievert et al (2009) Economic aspects of bladder cancer: what are the benefits and costs? World J Urol. 2009 Mar 7;27(3):295–300. doi: 10.1007/s00345-009-0395-z
2. World Cancer Research Fund. Statistics are from 2022. Growth due to aging population.
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. Source: Nursing Skills
5. Guldhammer et al (2024), "Cystoscopy Accuracy in Detecting Bladder Tumors: A Prospective Video-Confirmed Study." Cancers. 2024;16(1):160. DOI: 10.3390/cancers16010160
6. Cxbladder Triage Plus Test Report, 07-QMS-091-US Rev A: NPV for scores below 0.15.
7. American Urological Association (AUA) 2025 Microhematuria Guideline.

ONE URINE SAMPLE, A CLEAR ANSWER AT EVERY STAGE OF CARE

CXBLADDER RULES OUT CANCER OR PRIORITIZES PATIENTS FOR CYSTOSCOPY

THE PATIENT JOURNEY

Symptoms

Hematuria (blood in urine)
The primary symptom of bladder cancer, ~7m US patients a year

Disease management

Cxbladder Triage Plus testing
Rule out cancer or prioritize patients for cystoscopy

Surgical intervention

TURBT – surgical resection
Tumor resected via cystoscope; pathology confirms stage and grade

Surveillance

Cxbladder Monitor · Surveillance Plus
Monitor NMIBC patients for recurrence

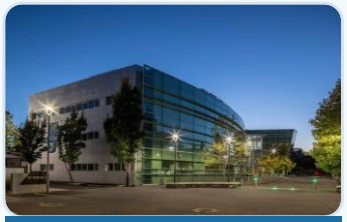
THE PATIENT EXPERIENCE

1 Collect



Pee in a cup, at clinic or home

2 Analyze



Pacific Edge labs
Dunedin, NZ · Hershey, PA

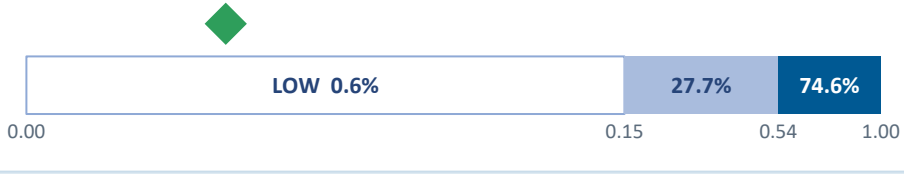
RNA + DNA biomarkers, one sample, Pacific Edge labs

3 Report

Cxbladder Triage Plus TEST REPORT

0.05

LOW PROBABILITY
of urothelial carcinoma: 0.6%
95% CI (0.02 – 0.10)



Sample result shown on the current Cxbladder Triage Plus report format. Not patient data.

4 Interpret

LOW <0.15
De-intensify patient work-up
84.1% of patients; 0.6% risk of UC

INTERMEDIATE 0.15–0.54
Further clinical evaluation
9.5% of patients; 27.7% risk of UC

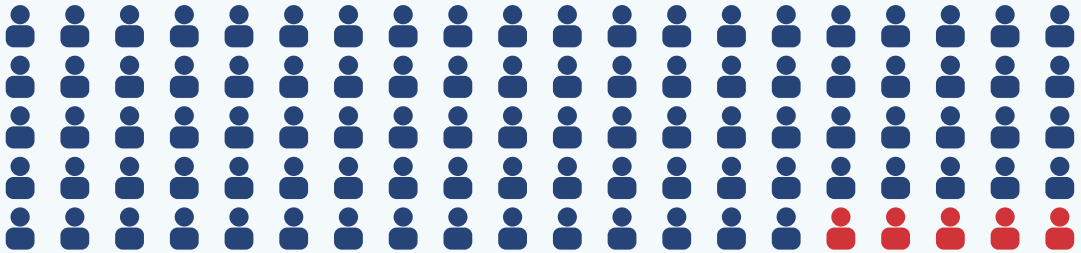
HIGH ≥0.54
Prioritize for cystoscopy
6.4% of patients; 74.6% risk of UC

TURBT: transurethral resection of a bladder tumor. NMIBC: non-muscle invasive bladder cancer. UC: Urothelial Carcinoma

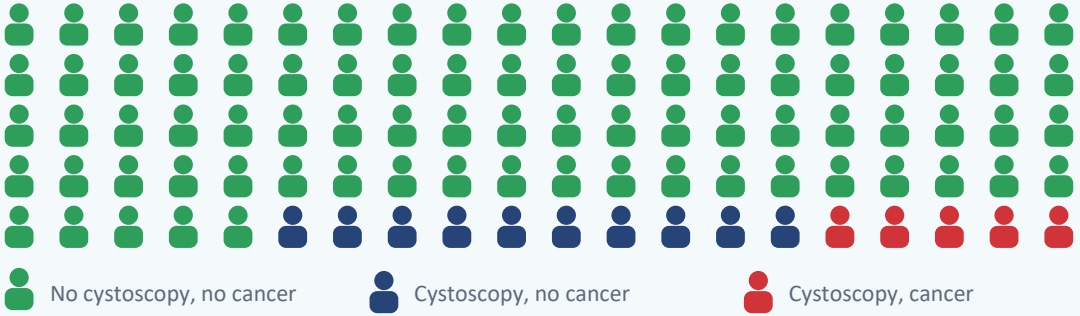
DRIVING ECONOMIC VALUE FOR PATIENTS, CLINICIANS, HOSPITALS AND PAYERS

CXBLADDER DELIVERS CLINICAL UTILITY, PATIENT SATISFACTION, IMPROVED ACCESS AND ECONOMIC VALUE

TODAY: 100 microhematuria patients, all receive a cystoscopy



WITH CXBLADDER TRIAGE PLUS: 85 avoid cystoscopy[1]



No cystoscopy, no cancer Cystoscopy, no cancer Cystoscopy, cancer

15% receive cystoscopy to find the same 5 cancer patients. Illustration assumes bladder cancer incidence in microhematuria populations of 5%[2]

85%
of cystoscopies safely avoided

62%
of US counties don't have a registered urologist[4]

13%
of high-risk patients receive a cystoscopy[5]

Patients	Low risk avoid an invasive, uncomfortable procedures, high risk are prioritized for diagnostic cystoscopy
Clinicians	Confident rule-out (99.4% NPV) focuses cystoscopy on patients most likely to have cancer
Hospitals	Urologists per person over 65 are falling[6], potentially delaying diagnosis. Cxbladder frees scarce capacity
Payers	Save >US$500 per patient[3], as Medicare reimbursement for cystoscopy declines[7]

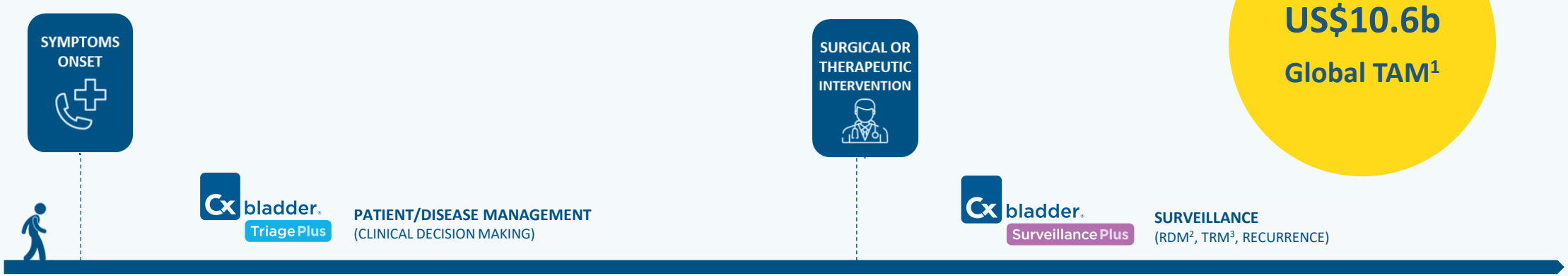
One urine test: better access, capacity and economics

1. Illustrative application of the observed risk distribution. Actual outcomes will vary, and no diagnostic test identifies every cancer
2. AUA Guidelines cite incidence of bladder cancer in microhematuria risk categories from 0.4-6%. 5% is an example
3. Tyson et al (2024) Budgetary Impact of Including the Urinary Genomic Marker Cxbladder Detect in the Evaluation of Microhematuria Patients - PubMed (PMID: 37914255)
4. https://www.auanet.org/research-and-data/aua-census/census-results
5. https://acsjournals.onlinelibrary.wiley.com/doi/full/10.1002/cncr.25048
6. Nam et al. (2021) Projected US Urology Workforce per Capita, 2020-2060 JAMA Network Open Published Online: November 16, 2021
7. https://www.cms.gov/medicare/physician-fee-schedule/search

CXBLADDER MARKET OPPORTUNITY

CXBLADDER OFFERS A SIGNIFICANT ADDRESSABLE GLOBAL MARKET ANNUALLY

US$10.6b
Global TAM[1]



	Population	All hematuria	Microhematuria[4] Low | Intermediate | High	Gross[4] Hematuria	Annual cases of bladder cancer	Living with bladder cancer	TAM	
	340m	~7m	0.20m | 1.14m | 1.46m	0.7m	~90k	~750k	US$6.7b	*Primary growth focus due to higher CMS pricing*
APAC	830m	~17m	0.47m | 2.71m | 3.46m	1.7m	~58k	~300k	US$2.0b	*NZ market mature. Australia and SEA in business development*
	600m	~12m	0.34m | 1.96m | 2.5m	1.7m	~180k	~1m	US$1.9b	*New market accessed via IVD / kitted tests*

1. Pacific Edge estimate combining US, APAC and Europe. See slides 30-32 for assumptions regarding eligible populations, testing frequency and pricing.
2. RDM: Residual Disease Monitoring
3. TRM: Therapeutic Response Monitoring
4. Management estimates derived from referred hematuria data in Woldu et al (2021), so do not add to ~7m figure for total incidence. See slides 30-32 for details.

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SOURCES AND ASSUMPTIONS - TOTAL ADDRESSABLE MARKET (US)

REGION	STATISTIC		SOURCE
UNITED STATES	Population	341,762,685	https://www.census.gov/popclock/
	Incidence of hematuria	7,000,000	Presentation from Dr Sia Daneshmand (Director of Urologic Oncology and Clinical Research, USC) July 2019
	Referred for clinical workup	3,500,000	Presentation from Dr Sia Daneshmand (Director of Urologic Oncology and Clinical Research, USC) July 2019
	Proportion of gross hematuria amongst those referred for clinical workup	700,000	Pacific Edge estimate
	Proportion of microhematuria amongst those referred for clinical workup	2,800,000	Pacific Edge estimate
	Proportion of low-risk microhematuria	200,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Proportion of intermediate-risk microhematuria	1,140,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Proportion of high-risk microhematuria	1,460,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Annual cases of bladder cancer	84,870	National Cancer Institute
	Patients living with bladder cancer	744,044	National Cancer Institute
	Test opportunities	4,616,066	Pacific Edge estimate
	Price of Cxbladder (US$)	$1,328 for Cxbladder Triage Plus, $1,800 for Cxbladder Surveillance Plus	Surveillance Plus is a target price sought by crosswalk and has not yet been established or covered
	TAM (US$billion)	$6.7	

SOURCES AND ASSUMPTIONS - TOTAL ADDRESSABLE MARKET (EUROPE)

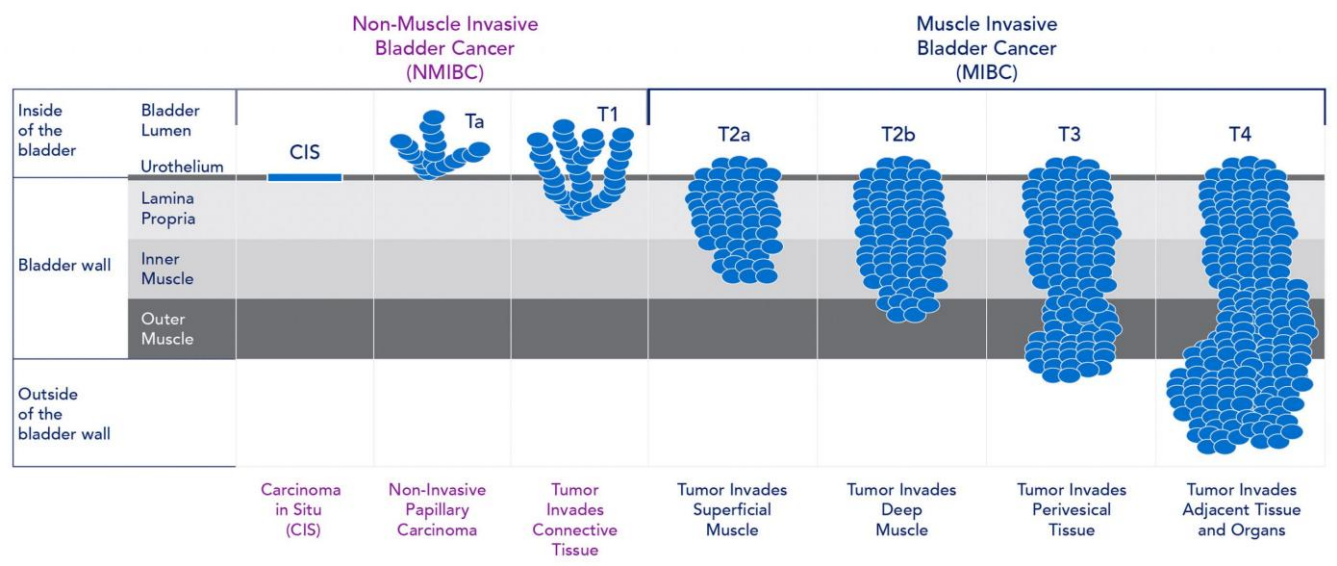
REGION	STATISTIC		SOURCE
EUROPE (EXCLUDING RUSSIA)	Population	600,000,000	World-population - Europe World-population - Russia
	Incidence of hematuria	12,000,000	Science Direct
	Referred for clinical workup	6,000,000	Presentation from Dr Sia Daneshmand (Director of Urologic Oncology and Clinical Research, USC) July 2019
	Proportion of gross hematuria amongst those referred for clinical workup	1,200,000	Pacific Edge estimate
	Proportion of microhematuria amongst those referred for clinical workup	4,800,000	Pacific Edge estimate
	Proportion of low-risk microhematuria	340,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Proportion of intermediate-risk microhematuria	1,960,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Proportion of high-risk microhematuria	2,500,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; Pacific Edge estimates to account for AUA 2025 guidelines
	Annual cases of bladder cancer	180,000	Uroweb
	Patients living with bladder cancer	900,000	Pacific Edge estimate - 5 years of annual cases
	Test opportunities	7,350,000	Pacific Edge estimate
	Price of Cxbladder EURO	€245	Pacific Edge estimate
	TAM (US$billion)	$2.0	

SOURCES AND ASSUMPTIONS - TOTAL ADDRESSABLE MARKET (APAC)

REGION	STATISTIC		SOURCE
APAC (EXCLUDING INDIA AND CHINA)	Population	830,000,000	World population - Southeast Asia Population Pyramid - Japan Population Pyramid - Hong Kong
	Incidence of hematuria	16,600,000	Science Direct
	Referred for clinical workup	8,300,000	Presentation from Dr Sia Daneshmand (Director of Urologic Oncology and Clinical Research, USC) July 2019
	Proportion of gross hematuria amongst those referred for clinical workup	1,660,000	Pacific Edge estimate
	Proportion of microhematuria amongst those referred for clinical workup	6,640,000	Pacific Edge estimate
	Proportion of low-risk microhematuria	470,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; AUA 2025 guidelines
	Proportion of intermediate-risk microhematuria	2,710,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; AUA 2025 guidelines
	Proportion of high-risk microhematuria	3,460,000	Woldu, S, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria; AUA 2025 guidelines
	Annual cases of bladder cancer	58,000	WHO Hong Kong
	Patients living with bladder cancer	290,000	Pacific Edge estimate - 5 years of annual cases
	Test opportunities	3,494,000	Pacific Edge estimate
	Price of Cxbladder (US$)	$550	Pacific Edge estimate
	TAM (US$billion)	$1.9	

BACKGROUND ON NMIBC AND MIBC

- Bladder Cancer
  - An estimated 83,190 patients were diagnosed with bladder cancer in the USA in 2024 at an average age of 73[1]
- Non-muscle invasive Bladder Cancer (NMIBC)
  - NMIBC tumors represent approximately 75% of the bladder cancer diagnoses each year (CIS, Ta and T1)
  - NMIBC tumors *are localized* and present on the lining of the bladder wall and shed cancer cells and cell-free DNA/RNA into the urine in the bladder
  - NMIBC tumors are highly treatable with surgery/resection and deemed *cancer free* after surgery/resection
  - NMIBC patients are placed on a *surveillance protocol* after surgery/resection, because *recurrence can be 50-70% within the first two years*[2]
  - **NMIBC → TURBT → Surveillance**
- Muscle-invasive Bladder Cancer (MIBC)
  - MIBC tumors represent approximately 25% of the bladder cancer diagnoses each year (T2-4)
  - MIBC tumors differ from NMIBC tumors, because they shed cells/nucleotides to the blood
  - MIBC patients have advanced/serious disease, require high-levels of intervention (radical cystectomy followed by multiple therapies)
  - MIBC patients are *not deemed cancer free* after cystectomy and *frequently monitored for residual and metastatic disease*
  - **MIBC → Cystectomy → Monitoring**



1. American Cancer Society. *Cancer Facts & Figures* 2024
2. Holzbeierlein J, Bixler BR, Buckley DI, et al. Diagnosis and treatment of non-muscle invasive bladder cancer: AUA/SUO guideline: 2024 amendment. J Urol. 2024;10.1097/JU.0000000000003846.

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NMIBC STANDARD OF CARE: INTERVENTION AND SURVEILLANCE

- NMIBC Standard of Care – Intervention
  - After NMIBC diagnosis, the standard intervention is a Trans-Urethral Resection of a Bladder Tumor (TURBT)
    - TURBT involves inserting a camera into the urethra and the use of small instruments like a wire loop or laser to cut or burn away the tumor tissue
    - Patients are deemed *cancer free post TURBT when muscles and tumor margins are confirmed free of disease by pathology*
  - A resection biopsy taken during surgery is used to stage the tumor (T0, Ta, CIS, T1-4) and determine the grade (low or high grade) which also provides the risk of recurrence.
  - All NMIBC patients are then classified into risk categories based on this information (low, intermediate and high risk).
- NMIBC Standard of Care - Surveillance
  - BCG (bacillus calmette guérin) is administered for several weeks after TURBT to initiate an immune response towards the tumor. Some patients are 'non-responders'
  - A cystoscopy at 3 months is recommended for every patient
  - Following the 3-month cystoscopy, patients are recommended for routine surveillance protocols involving cystoscopy and imaging among others based on their risk category
  - Due to the high burden of these protocols, the average patient only stays on surveillance for 1.8 years not 5[1] as recommended by most guidelines

1. AUA AQUA Registry

PacificEdge® CANCER DIAGNOSTICS

PRODUCT AND PERFORMANCE METRICS

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CANCER DIAGNOSTICS

THE CXBLADDER SUITE: TRIAGE AND TRIAGE PLUS FOR HEMATURIA EVALUATION

TESTS TO RULE OUT BLADDER CANCER AND IDENTIFY THOSE MOST NEEDING SPECIALIST CARE

HEMATURIA EVALUATION		Cxbladder Triage	Cxbladder Triage Plus
NEGATIVE RESULT	**RULE OUT BLADDER CANCER** The test combines a **High Negative Predictive Value** with **High Sensitivity** (it picks up most cancers)	✓	✓
POSITIVE RESULT	**PRIORITIZE SPECIALIST CARE** The test combines a **High Positive Predictive Value** with **High Specificity** (it delivers few false positives)		✓
PERFORMANCE		Kavalieris et al. (2015)[1] • Sensitivity: 95% • Specificity: 45% • Negative Predictive Value: 99% • Positive Predictive Value: N/A	Harvey et al. (2025)[2] • Sensitivity: 93.6%* • Specificity: 98.2%** • Negative Predictive Value: 99.4%* • Positive Predictive Value: 74.6%**
WHEN IT IS USED:		Prior to cystoscopy	Prior to cystoscopy / as an adjunct / 3 weeks post cystoscopy
COMMERCIALLY AVAILABLE		Globally available	Globally available
AUA GUIDELINE		Grade A Evidence	Assessment expected in 2027
MEDICARE		**US$1,057[3] (Effective 20 December 2026)**	**US$1,328 (Effective 20 December 2026)**

* When lower 0.15 cut point on test report is used

** When higher 0.54 cut point on test report is used

1. Kavalieris et al. (2015) A segregation index combining phenotypic (clinical characteristics) and genotypic (gene expression) biomarkers from a urine sample to triage out patients presenting with hematuria who have a low probability of urothelial carcinoma. BMC Urol 2015;15:23.
2. Harvey et al. (2025) Analytical Validation of the Cxbladder® Triage Plus Assay for Risk Stratification of Hematuria Patients for Urothelial Carcinoma. Diagnostics. 2025; 15(14):1739. https://doi.org/10.3390/diagnostics15141739
3. Provisional CMS prices released Q2 27 expected to become final and effective 1 Jan 2027

PacificEdge® CANCER DIAGNOSTICS

THE CXBLADDER SUITE: MONITOR AND SURVEILLANCE PLUS

ALTERNATIVE TO CYSTOSCOPY FOR NMIBC[1] PATIENTS UNDERGOING SURVEILLANCE FOR RECURRENCE

NMIBC[1] CANCER SURVEILLANCE RECURRENCE		CxBladder Monitor	CxBladder Surveillance Plus
NEGATIVE RESULT	**RULE OUT BLADDER CANCER RECURRENCE** The test combines a **High Negative Predictive Value** with **High Sensitivity** (it picks up most cancers)	✓	• In development, showing improved performance
PERFORMANCE		• Sensitivity: 93%[2,3] • Specificity: N/A • Negative Predictive Value: 97%[2,3] • Positive Predictive Value: N/A	• Sensitivity: not yet published • Specificity: not yet published • Negative Predicative Value: not yet published • Positive Predictive Value: not yet published
WHEN IT IS USED:		At any surveillance time point 9 months after the most recent cancer diagnosis	At any surveillance time point after the first surveillance cystoscopy (6 weeks)
COMMERCIALLY AVAILABLE		Globally available	• USA: CPT-PLA code targeted for Jun 2027, reimbursement from Jan 2028 • APAC: Soft launch from Q2 FY28
GUIDELINES		NCCN[4] 2b	Not yet available for assessment
MEDICARE		**US$1,026[5] (non-covered)**	Seeking **US$1,800[6] (not yet covered)**

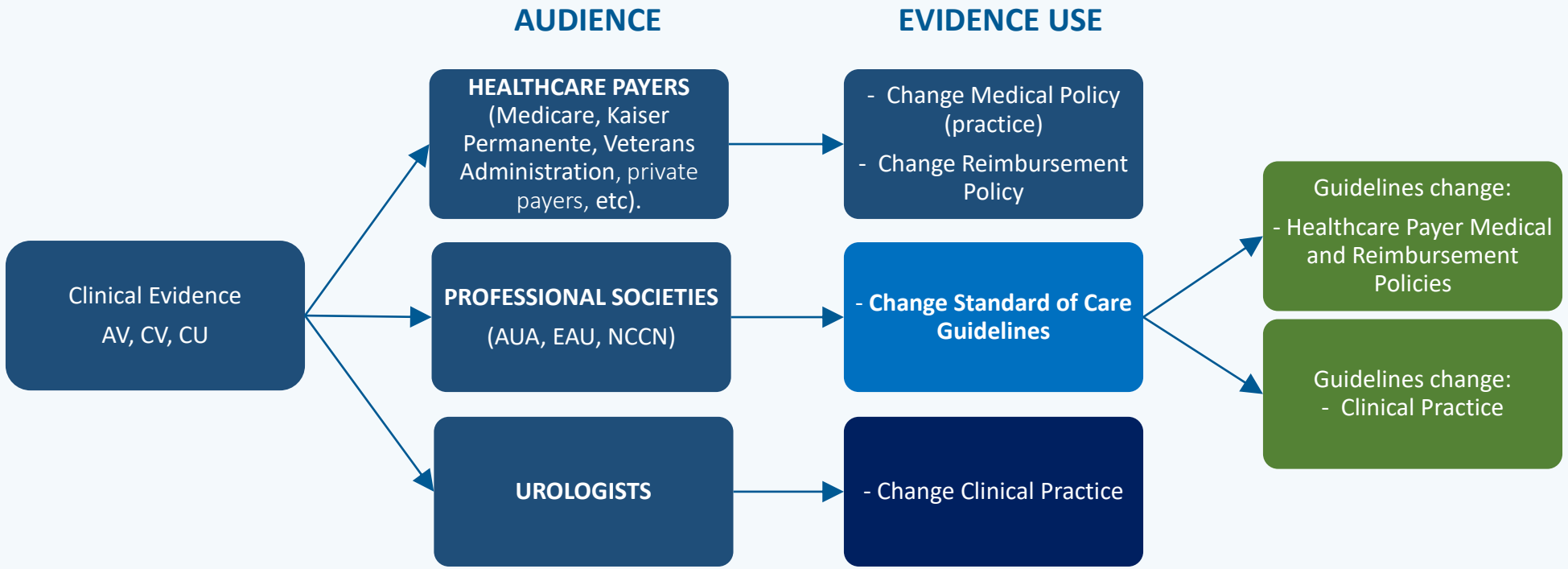
1. NMIBC: non-muscle invasive bladder cancer
2. Kavalieris et al. (2017) Performance Characteristics of a Multigene Urine Biomarker Test for Monitoring for Recurrent Urothelial Carcinoma in a Multicenter Study. J Urol 2017;197:6,1419-1426.
3. Lotan et al. (2017) Clinical comparison of noninvasive urine tests for ruling out recurrent urothelial carcinoma. Urologic Oncology: Seminars and Original Investigations. Elsevier; 2017; 1–8.
4. NCCN: National Comprehensive Cancer Network
5. Provisional CMS prices released Q2 27 expected to become final and effective 1 Jan 2027
6. Seeking pricing by way of crosswalk

PacificEdge® CANCER DIAGNOSTICS

EVIDENCE AND COVERAGE

PacificEdge®
CANCER DIAGNOSTICS

PACIFIC EDGE'S EVIDENCE PROGRAM SEEKS TO CHANGE CLINICAL PRACTICE



American Urological Association

NCCN National Comprehensive Cancer Network®

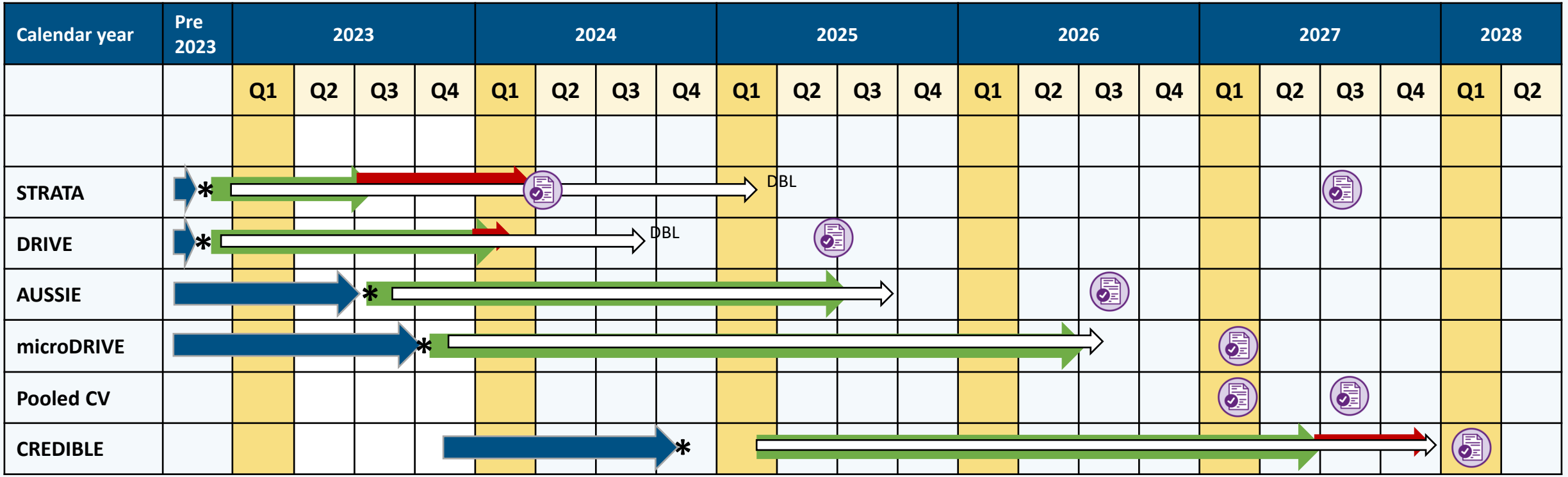
eau European Association of Urology

EVIDENCE DEVELOPED 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; CU evidence obtained through randomized control trials can provide a high level of support for guideline change (in addition to AV and CV evidence)
- **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

PacificEdge® CANCER DIAGNOSTICS

HEMATURIA EVALUATION FIVE-YEAR CLINICAL STUDIES ROADMAP



Legend:

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

PacificEdge® CANCER DIAGNOSTICS

SURVEILLANCE FIVE-YEAR CLINICAL STUDIES ROADMAP

Calendar year	Pre 2023	2023				2024				2025				2026				2027				2028	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
"The 1800"[1]																							
LOBSTER	*																						
OCTOPUS													CAB[2]										

Legend:

- Business case approved
- * SIV
- Enrollment
- Data Cleaning
- Publication Submitted
- Records review / follow-up
- DBL Database lock
- Scheduled surveillance visits

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

DRIVING CLINICAL VALUE FOR PHYSICIANS, HOSPITALS AND PAYERS

COMPELLING CLINICAL EVIDENCE CHANGES CLINICAL PRACTICE, MEDICAL POLICY AND GUIDELINES

STUDY	TEST AND EVIDENCE	PUBLICATION DATE [1]
1. STRATA Clinical Utility	- CU of Triage	Published May 2024
2. Automated RNA & DNA extraction	- AV of Triage, Detect and Monitor	Published September 2024
3. Triage Plus Analytical Validation	- AV of Triage Plus	Published July 2025
4. DRIVE Clinical Validation	- CV of Triage Plus	Published October 2025
5. STRATA second publication	- CU of Triage	Q3 2027
6. AUSSIE Clinical Validation	- CV of Triage Plus	Published October 2026
7. microDRIVE Clinical Validation	- CV of Triage Plus	Q1 2027
8. Surveillance Plus Analytical Validation	- AV of Surveillance Plus	Q2 2027
9. Pooled Analysis MH & GH Clinical Validation[2]	- CV of Triage Plus	Q3 2027
10. LOBSTER Clinical Validation	- CV of Monitor/Surveillance Plus	Q3 2027
11. CREDIBLE Clinical Utility	- CU of Triage Plus	Q1 2028
12. OCTOPUS Clinical Utility	- CU Surveillance Plus	No timeline at this point

[1] All dates are calendar year and our best current estimates
[2] The MH and GH pooled analysis brings together data from DRIVE, AUSSIE and microDRIVE

Already published evidence

Expected to be published before AUA microhematuria guideline committee initiates next literature review in Q3 2027

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

PacificEdge® CANCER DIAGNOSTICS

INDEPENDENT STUDIES SUPPLEMENT OUR EVIDENCE PORTFOLIO

HIGH IMPACT RESEARCH AT LOW COST

INDEPENDENT STUDY FOCUS	INSTITUTION	TEST AND EVIDENCE TYPE	PUBLICATION DATE[1]
Real World Utility of Triage in MH: A Matched Cohort Study	Kaiser Permanente, US	CU Triage (RWE)	Q1 2026[2]
Patient preference and satisfaction of "biomarkers vs cystoscopy"	Mayo Clinic, US	CU Monitor	Q4 2026
NZ Hematuria Pathway comparing T/D with Triage Plus on AUSSIE samples	Canterbury DHB	CU of Triage Plus	Q1 2027
Retrospective comparison of Triage and Triage Plus in the Kaiser System	Kaiser Permanente, US	CU Triage Plus	2027
Test utility in screening patients at risk for bladder cancer	UT Southwestern, US	CU Triage Plus	2027
Test utility in assessing therapy success in a reduced chemotherapy protocol for upper tract tumors	Israel Institute of Technology, Israel	CU Monitor CU Surveillance Plus	2027
Test utility in assessing response to BCG[3] in high-grade bladder cancer patients	University of Miami, US	CU Monitor CU Surveillance Plus	2027
Test utility for the surveillance of MIBC[4] treated with bladder sparing methods (PRESERVE Trial)	Cleveland Clinic, US	CU Monitor CU Surveillance Plus	2028
A Randomized Trial of Apalutamide in Non-Muscle Invasive Bladder Cancer	National Institutes of Health, US	CU Monitor CU Surveillance Plus	2029

Already published evidence

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

PacificEdge® CANCER DIAGNOSTICS

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

POLICY AND CONTRACTING – US PAYERS

Category of coverage	Payer(s)	Policy/Contracted lives[1]
Included in Hematuria Policy	Medicare, Blue Cross Blue Shield (BCBS) North and South Carolina and Kansas City Missouri, Hawaii Medical Services Association (Hawaii BCBS), Southern California Permanente Medical Group (Kaiser SoCal), Sentara, Geisinger and MVP Healthcare	81.3m
Included in Hematuria Policy and in-network contract established	BCBS NC and SC, Kaiser SoCal and Medicare	78.6m
Included in Surveillance Policy	Kaiser SoCal and Highmark	8.4m
Included in Surveillance Policy and in-network contract established	Kaiser SoCal	4.9m

1. The figures represented are from Policy Reporter and are likely to be an underestimate of lives under policy and in-network due to some Insurers and their subsidiaries administering government and other third-party programmes, not included in Policy Reporter.

KEY CLINICAL ADVISORS AND CONSULTANTS



Professor Yair Lotan, MD
Institution: UT Southwestern Medical Center
Relationship: Consultant, CAB member, IIT PI, CT PI
Brief Bio: Published >500 articles. Contributor to AUA/ASCO/ASTRO MIBC and Hematuria Guidelines. Chair of AUA Core Curriculum. BCAN Adboard



Professor Sam Chang, MD, MBA
Institution: Vanderbilt Cancer Center
Relationship: Consultant, CAB member
Brief Bio: Published >200 articles. Chair of AUA NMIBC Guidelines, SUO Executive Board, ABU/AUA Examination Committee, BCAN Adboard, AUA representative to the AJCC



Assistant Professor John Sfakianos
Institution: Icahn School of Medicine at Mount Sinai
Relationship: Consultant, CAB member
Brief Bio: Published >20 articles. Reviewer for J Urol and Urologic Oncology



Professor Dan Barocas, MD, MPH, FACS
Institution: Vanderbilt University Medical Center
Relationship: Consultant, CAB member
Brief Bio: Published >100 articles. AUA Guidelines panel for microscopic hematuria. Reviewer for AUA educational materials



Associate Professor, Siamak Daneshmand, MD
Institution: Keck School of Medicine at USC
Relationship: Consultant, CAB member, CT PI
Brief Bio: Published >200 articles. Editorial board of the J Urol, Bladder Cancer Journal, Current Opinions in Urology, BCAN Adboard, AUA/SUO Guideline Committee on NMIBC



Associate Professor Katie Murray, DOMS, FACS
Institution: NYU Langone
Relationship: Consultant, CAB member,
Brief Bio: Published >80 articles. Deputy Editor for J Urol. Leadership roles for SUO Young Urologic Oncology Clinical Trials



Professor Jonathan Wright, MD, MS, FACS
Institution: Fred Hutchinson Cancer Center at UW
Relationship: Consultant, CAB member, CT PI
Brief Bio: Member of ACS, SUO, AUA



Professor Wade Sexton, MD
Institution: University of South Florida & Moffitt Cancer Center
Relationship: Consultant, CAB member
Brief Bio: Published >100 articles. NCCN Bladder Cancer Guidelines, AUA Annual Board Review Course



Professor Jay Raman, MD
Institution: Penn State and Hershey Medical Center
Relationship: Consultant, CAB member, CT PI
Brief Bio: Published >350 articles. Chair of AUA Office of Education and Past-President of the Mid-Atlantic AUA section. Urology Advisory Council for ACS, Hematuria Guidelines member



Associate Professor Kristen Scarpato, MD, MPH, FACS
Institution: Vanderbilt University Medical Center
Relationship: Consultant, CAB member, CT PI
Brief Bio: SUO Education Committee, AUA Core Curriculum, Urology Practice Editorial Committee

ASCO: American Society of Clinical Oncology
ASTRO: American Society of Radiation Oncology
AUA: American Urological Association
BCAN: Bladder Cancer Advocacy Network
CAB: Clinical Advisory Board
CT PI: Clinical Trials Principal Investigator
FACS: Fellow of the American College of Surgeons
IIT PI: Investigator Initiated Trial Principal Investigator
J Urol: Journal of Urology
KOL: Key Opinion Leader
MPH: Master of Public Health
SUO: Society of Urologic Oncology

PacificEdge® CANCER DIAGNOSTICS

PACIFIC EDGE BOARD AND MANAGEMENT



SIMON FLOOD
Chairman
Simon has spent more than 25 years in the global investment management industry having held senior Investment and Business Leadership roles in some of the world's pre-eminent investment management firms including Merrill Lynch Investment Managers Lion Global Investors and AXA Investment Managers



DR PETER MEINTJES
Chief Executive Officer
Peter is a molecular diagnostics and genomics leader focused on nascent market development of disruptive innovations to drive commercial success. Prior to joining Pacific Edge, he was based in Boston in a succession of diagnostic leadership roles. Most recently he was the Chief Commercial Officer at Eurofins Transplant Genomics and before that he was CEO at Omixon

INDEPENDENT DIRECTORS

SARAH PARK
ANATOLE MASFEN
BRYAN WILLIAMS
ANNA STOVE
TONY BARCLAY

SENIOR LEADERSHIP TEAM

GRANT GIBSON
Chief Financial Officer
GLEN COSTIN
President Asia Pacific
PROFESSOR PARRY GUILFORD
Chief Scientific Officer
DR TAMER ABOUSHWAREB
Chief Medical Officer
DARRELL MORGAN
Chief Operating Officer
WILLY IGLESIAS
Chief Digital Officer
DR JUSTIN HARVEY
Chief Technology Officer
ZOE O'DONNELL
Global Head of People & Culture

PacificEdge® CANCER DIAGNOSTICS

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PacificEdge® CANCER DIAGNOSTICS

CONSOLIDATED INTERIM FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026



PacificEdge

CANCER DIAGNOSTICS

Consolidated Interim Financial Statements

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CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

	NOTES	UNAUDITED SEPT 2026 6 MONTHS ($000)	UNAUDITED SEPT 2025 6 MONTHS ($000)	AUDITED MARCH 2026 12 MONTHS ($000)
REVENUE				
Operating Revenue	4	5,856	5,939	11,499
Total Operating Revenue		**5,856**	**5,939**	**11,499**
Other Income	4	743	897	1,513
Interest Income		384	299	521
Foreign Exchange Gain (Loss)		28	(12)	(20)
Net Fair Value Gain (Loss) on Derivatives at Fair Value Through Profit and Loss		(34)	-	67
Total Revenue and Other Income		**6,977**	**7,123**	**13,580**
OPERATING EXPENSES				
Laboratory Operations		5,866	5,884	11,606
Research		6,762	7,065	13,431
Sales and Marketing		5,371	8,453	15,218
General and Administration		3,708	4,837	9,103
Total Operating Expenses	5	**21,707**	**26,239**	**49,358**
NET LOSS BEFORE TAX		**(14,730)**	**(19,116)**	**(35,778)**
Income Tax Expense		-	-	-
LOSS FOR THE PERIOD AFTER TAX		**(14,730)**	**(19,116)**	**(35,778)**
Items that may be reclassified to profit or loss:				
Translation of Foreign Operations		48	(82)	(186)
TOTAL COMPREHENSIVE LOSS attributable to equity holders of the Company		**(14,682)**	**(19,198)**	**(35,964)**
Earnings per share for loss attributable to the equity holders of the Company during the period				
Basic and Diluted Earnings per share	7	(0.012)	(0.022)	(0.038)

Note: These Financial Statements are to be read in conjunction with the Notes to the Financial Statements.

PACIFIC EDGE LIMITED CONSOLIDATED INTERIM FINANCIAL STATEMENTS 2026

CONSOLIDATED STATEMENT OF CHANGES IN EQUITY

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

	NOTES	SHARE CAPITAL ($000)	ACCUMULATED LOSSES ($000)	SHARE BASED PAYMENTS RESERVE ($000)	FOREIGN CURRENCY TRANSLATION RESERVE ($000)	TOTAL EQUITY ($000)
UNAUDITED 6 MONTHS TO 30 SEPTEMBER 2025						
Balance as at 31 March 2025		**294,458**	**(276,222)**	**6,860**	**989**	**26,085**
(Loss) After Tax		-	(19,116)	-	-	(19,116)
Other Comprehensive Income		-	-	-	(82)	(82)
Total Comprehensive Loss attributable to equity holders of the Company		-	(19,116)	-	(82)	(19,198)
Transactions with owners in their capacity as owners:						
Issue of Share Capital (net of issue costs)	7	19,548	-	-	-	19,548
Share Based Payments - Employee Remuneration	7	77	-	-	-	77
Share Based Payment - Employee Share Options	7	-	63	321	-	384
Balance as at 30 September 2025		**314,083**	**(295,275)**	**7,181**	**907**	**26,896**
AUDITED 12 MONTHS TO 31 MARCH 2026						
Balance as at 31 March 2025		**294,458**	**(276,222)**	**6,860**	**989**	**26,085**
(Loss) After Tax		-	(35,778)	-	-	(35,778)
Other Comprehensive Income		-	-	-	(186)	(186)
Total Comprehensive Loss attributable to equity holders of the Company		-	(35,778)	-	(186)	(35,964)
Transactions with owners in their capacity as owners:						
Issue of Share Capital (net of issue costs)		19,547	-	-	-	19,547
Share Based Payments - Employee Remuneration	7	121	-	-	-	121
Share Based Payment - Employee Share Options	7	31	122	717	-	870
Balance as at 31 March 2026		**314,157**	**(311,878)**	**7,577**	**803**	**10,659**
UNAUDITED 6 MONTHS TO 30 SEPTEMBER 2026						
Balance as at 31 March 2026		**314,157**	**(311,878)**	**7,577**	**803**	**10,659**
(Loss) After Tax		-	(14,730)	-	-	(14,730)
Other Comprehensive Income		-	-	-	48	48
Total Comprehensive Loss attributable to equity holders of the Company		-	(14,730)	-	48	(14,682)
Transactions with owners in their capacity as owners:						
Issue of Share Capital (net of issue costs)	7	34,704	-	-	-	34,704
Share Based Payments - Employee Remuneration	7	1,132	-	-	-	1,132
Share Based Payment - Employee Share Options	7	6	71	373	-	450
Balance as at 30 September 2026		**349,999**	**(326,537)**	**7,950**	**851**	**32,263**

Note: These Financial Statements are to be read in conjunction with the Notes to the Financial Statements.

CONSOLIDATED BALANCE SHEET

AS AT 30 SEPTEMBER 2026

	NOTES	UNAUDITED SEPT 2026 6 MONTHS ($000)	UNAUDITED SEPT 2025 6 MONTHS ($000)	AUDITED MARCH 2026 12 MONTHS ($000)
CURRENT ASSETS				
Cash and Cash Equivalents		13,370	15,121	7,776
Short Term Deposits		16,000	7,000	-
Receivables		2,594	3,753	2,460
Inventory		1,732	1,933	2,039
Derivative Financial Instrument		32	-	67
Other Assets		1,490	1,773	1,431
Total Current Assets		**35,218**	**29,580**	**13,773**
NON-CURRENT ASSETS				
Property, Plant and Equipment		1,978	2,583	2,218
Right of Use Assets		541	1,893	1,189
Intangible Assets		343	608	422
Total Non-Current Assets		**2,862**	**5,084**	**3,829**
TOTAL ASSETS		**38,080**	**34,664**	**17,602**
CURRENT LIABILITIES				
Payables and Accruals		5,026	5,446	5,658
Borrowings		225	300	-
Lease Liabilities		539	1,471	1,159
Total Current Liabilities		**5,790**	**7,217**	**6,817**
NON-CURRENT LIABILITIES				
Lease Liabilities		27	551	126
Total Non-Current Liabilities		**27**	**551**	**126**
TOTAL LIABILITIES		**5,817**	**7,768**	**6,943**
NET ASSETS		**32,263**	**26,896**	**10,659**
Represented by:				
EQUITY				
Share Capital	7	349,999	314,083	314,157
Accumulated Losses		(326,537)	(295,275)	(311,878)
Share Based Payments Reserve		7,950	7,181	7,577
Foreign Translation Reserve		851	907	803
TOTAL EQUITY		**32,263**	**26,896**	**10,659**
FURTHER INFORMATION:				
Net Tangible Assets Per Share ($)	9	0.026	0.026	0.010



For and on behalf of the Board of Directors:

Director

Dated 23rd day of November 2026

Director

Note: These Financial Statements are to be read in conjunction with the Notes to the Financial Statements.

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

	NOTES	UNAUDITED SEPT 2026 6 MONTHS ($000)	UNAUDITED SEPT 2025 6 MONTHS ($000)	AUDITED MARCH 2026 12 MONTHS ($000)
CASH FLOWS TO OPERATING ACTIVITIES				
Cash was provided from:				
Receipts from Customers		6,024	7,985	13,230
Receipts from Research Tax Incentives and Grant Providers		678	-	2,110
Interest Received		181	427	698
		6,883	8,412	16,038
Cash was disbursed to:				
Payments to Suppliers and Employees		19,180	27,393	47,996
Net GST		33	45	(20)
		19,213	27,438	47,976
Net Cash Flows To Operating Activities	8	**(12,330)**	**(19,026)**	**(31,938)**
CASH FLOWS FROM (TO) INVESTING ACTIVITIES				
Cash was provided from:				
Proceeds from Short Term Deposits		14,500	15,086	22,086
		14,500	15,086	22,086
Cash was disbursed to:				
Purchase of Short Term Deposits		30,500	9,000	9,000
Capital Expenditure on Plant and Equipment		148	51	117
Capital Expenditure on Intangible Assets		18	14	15
		30,666	9,065	9,132
Net Cash Flows From (To) Investing Activities		**(16,166)**	**6,021**	**12,954**
CASH FLOWS FROM FINANCING ACTIVITIES				
Cash was received from:				
Ordinary Shares Issued		36,050	20,825	20,676
Proceeds from Borrowings		508	-	-
Exercising of Share Options		1	-	-
		36,559	20,825	20,676
Cash was disbursed to:				
Security deposited for Credit Cards		15	-	-
Repayment of Borrowings		283	-	300
Repayment of Leases - Principal		778	686	1,426
Repayment of Leases - Interest		30	76	130
Issue Expenses		1,431	1,338	1,339
		2,537	2,100	3,195
Net Cash Flows From Financing Activities		**34,022**	**18,725**	**17,481**
Net Increase (Decrease) in Cash Held		**5,526**	**5,720**	**(1,503)**
Add Opening Cash Brought Forward		7,776	9,482	9,482
Effect of Exchange Rate Changes on Net Cash		68	(81)	(203)
Ending Cash Carried Forward		**13,370**	**15,121**	**7,776**

Note: These Financial Statements are to be read in conjunction with the Notes to the Financial Statements.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

1 . SUMMARY OF ACCOUNTING POLICIES

The unaudited consolidated interim financial statements ("Interim Financial Statements") presented are those of Pacific Edge Limited ("Company") and its subsidiaries ("Group"). The Company is registered and domiciled in New Zealand. The Group's purpose is to research, develop and commercialise diagnostic and prognostic tools for the early detection and management of cancers. Pacific Edge Diagnostics New Zealand Limited and Pacific Edge Diagnostics USA Limited manage and operate the laboratories used for the detection of bladder cancer. Pacific Edge (Australia) Pty Limited's purpose is the sales and marketing of bladder cancer products research in the Australian market and develop the Cxbladder products and other prognostic tools. Pacific Edge Analytical Services Limited is a dormant entity.

The Company is a for profit entity, registered in New Zealand under the Companies Act 1993 and is a reporting entity for the purposes of the Financial Markets Conduct Act 2013. The Company is dual listed, with its primary listing of ordinary shares quoted in New Zealand on the NZX Main Board, and a secondary listing in Australia as a Foreign Exempt Entity on the ASX.

a) Basis of Preparation of Financial Statements

The Interim Financial Statements for the six months ended 30 September 2026 have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (GAAP) and the Financial Markets Conduct Act 2013. They comply with the New Zealand Equivalents to International Financial Reporting Standards (NZ IFRS) and other guidance as issued by the External Reporting Board, as appropriate for entities, and with International Financial Reporting Standards.

The Interim Financial Statements have been prepared in accordance with NZ IAS 34 - Interim Financial Reporting. In complying with NZ IAS 34, these consolidated Interim Financial Statements also comply with IAS 34 - Interim Financial Reporting and should be read in conjunction with the Company's 2026 Annual Report.

The Interim Financial Statements are prepared on the basis of historical cost, except where otherwise identified. The presentational currency used in the preparation of the financial statements is New Zealand dollars and all values are rounded to the nearest thousand dollars ($000).

b) Accounting Policies and Accounting Estimates

All material accounting policies have been applied on a basis consistent with those used in the audited financial statements of Pacific Edge Limited for the year ended 31 March 2026.

c) Going Concern

The Interim Financial Statements have been prepared on the going concern basis which assumes that the Company and Group will have sufficient cash to pay its debts as they fall due for a period of at least 12 months from the signing of these Interim Financial Statements.

PACIFIC EDGE LIMITED CONSOLIDATED INTERIM FINANCIAL STATEMENTS 2026

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

For the six months ended 30 September 2026, the Group incurred a loss after tax of $14.730m (September 2025: $19.116m) and net operating cash outflows of $12.330m (September 2025: $19.026m). As at 30 September 2026, the Company and Group had $29.370m of cash, cash equivalents, and short term deposits on hand (Sept 2025: $22.121m), and net assets of $32.263m (Sept 2025: $26.896m). While the Company and Group continues to incur operating losses, the Company and Group remains solvent and continues to pay its debts as they fall due.

The loss of Medicare Coverage on 24 April 2025* continued to reduce Group revenue and US test volumes for the six months to 30 September 2026. On 4 November 2026* the final Local Coverage Determination (LCD) for urine-based biomarkers in patients with microhematuria has been published to the Medicare Coverage Database, confirming Medicare coverage for Cxbladder Triage and Cxbladder Triage Plus from 20 December 2026. The Directors expect that the reinstatement of Medicare coverage will support increased testing volumes, reimbursement, and revenue generation. However, there remains significant uncertainty regarding the timing and extent of the resulting increase in testing volumes, the level of reimbursement that may be achieved, and the revenue that is generated.

The average cash burn for the six months to 30 September 2026, excluding funds and costs related to capital raising and foreign exchange movements, was $2.208m per month. This provides a cash runway of over 13 months as at 30 September 2026, which would not extend through the full 12-month period from the date of authorisation of these Interim Financial Statements. With the issue of the LCD for microhematuria patients classified as intermediate risk on 4 November 2026, the Board has approved selective investments in the commercial team and digital technologies to support commercial and laboratory operations and strengthen the competitive position in the hematuria market. Responding to the LCD opportunity will involve initial increases in expenditure and cash burn ahead of any associated revenue uplift, potentially reducing the length of the cash runway. If the expected value or timing of the uplift in revenue from the finalised LCD is different to that currently forecast, cash burn could also be adversely affected. Should future forecast cash flows be insufficient to meet obligations as they fall due, the Company may be required to undertake further capital initiatives. Whilst past capital initiatives have been successful, there would be uncertainties regarding the timing, quantum, and success of any future capital raise.

These matters indicate the existence of a material uncertainty as at 30 September 2026 that may cast significant doubt on the Company's and Group's ability to continue as a going concern and, therefore, that it may be unable to realise its assets and discharge its liabilities in the normal course of business. Notwithstanding this material uncertainty, the Directors consider that the going concern basis of accounting remains appropriate, having regard to the Group's existing liquidity, their demonstrated ability to manage expenditure, the favourable final LCD, and its history of successful capital initiatives. Accordingly, the Interim Financial Statements have been prepared on a going concern basis and do not include any adjustments that would be necessary if the Company and Group were unable to continue as going concern.

*All dates with an asterisk refer to US dates

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

d) Authorisation

The Interim Financial Statements were authorised by the Board of Directors on 23 November 2026. The Annual Financial Statements for the year ended 31 March 2026 were authorised by the Board of Directors on 22 May 2026.

e) Audit

The Interim Financial Statements for the six months ended 30 September 2026 are unaudited. Comparative balances for 30 September 2025 are unaudited, whilst the comparative balances for 31 March 2026 are audited.

f) Basis of Consolidation

The following entities and the basis of their inclusion for consolidation in these Interim Financial Statements are as follows:

			Ownership Interests & Voting Rights	
Name of Subsidiary	**Place of Incorporation (or registration) and Operation**	**Principal Activity**	**30 Sept 2026 (%)**	**30 Sept 2025 (%)**
Pacific Edge Diagnostics New Zealand Limited	New Zealand	Commercial Sales and Diagnostic Laboratory Operation	100	100
Pacific Edge (Australia) Pty Limited	Australia	Commercial Sales and Biotechnology Research & Development	100	100
Pacific Edge Diagnostics USA Limited	USA	Commercial Sales and Diagnostic Laboratory Operation	100	100
Pacific Edge Analytical Services Limited	New Zealand	Dormant Company	100	100

2. INVESTMENT AND ADVANCES IN SUBSIDIARIES

The consolidated Interim Financial Statements incorporate the assets and liabilities and results of Pacific Edge Diagnostics New Zealand Limited, Pacific Edge (Australia) Pty Limited, Pacific Edge Diagnostics USA Limited, and Pacific Edge Analytical Services Limited, all of which are 100% owned by the Company. Subsidiaries have a 31 March balance date. The investments in and advances to subsidiaries are eliminated on consolidation in the Group financial statements.

3. DIVIDENDS

The Company does not propose to pay dividends to shareholders similar to previous years. This policy continues.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

4. REVENUE AND OTHER INCOME

	Unaudited Sept 2026 6 Months ($000)	Unaudited Sept 2025 6 Months ($000)	Audited March 2026 12 Months ($000)
Cxbladder Sales			
- US - Accrual Accounting	3,989	4,115	7,957
- US - Cash Accounting	639	928	1,576
- Total US Sales	4,628	5,043	9,533
- Rest of World	1,228	896	1,966
Total Operating Revenue	**5,856**	**5,939**	**11,499**
Other Income			
Grant Revenue	-	-	46
Research Rebates and Tax Incentives	743	897	1,467
Total Other Income	**743**	**897**	**1,513**

On 24 April 2025*, Local Coverage Determination (L39365) 'Genetic Testing in Oncology: Specific Tests' became effective in the US, halting Medicare coverage of Cxbladder tests.

Pacific Edge reported in its 31 March 2025 Financial Satements that prior to the loss of Medicare coverage, it had generated approximately 60% of its US revenue from Medicare and approximately 56% of total Operating Revenue.

The loss of Medicare Coverage on 24 April 2025* continued to reduce Group revenue and US test volumes for the six months to 30 September 2026. On 4 November 2026* the final Local Coverage Determination (LCD) for urine-based biomarkers in patients with microhematuria has been published to the Medicare Coverage Database, confirming Medicare coverage for Cxbladder Triage and Cxbladder Triage Plus from 20 December 2026 for intermediate risk patients. Re-coverage is expected to provide an uplift in revenue generation and the financial performance of the Company and Group.

Due to the non-coverage, Medicare tests performed during the six months to 30 September have not been accrued in the six months to 30 September 2026. This accounting treatment continues the change in treatment on not accruing Medicare revenue for tests from 24 April 2025.

If following the LCD issue, the Company and Group can reliably calculate revenue, the company may be able to recommence accounting for Medicare tests on an accrual basis for the Financial Statements for the year ending 31 March 2027.

*All dates with an asterisk refer to US dates

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

5. OPERATING EXPENSES

The note below highlights total expenses shown within total operating expenses. These items are then split across functions laboratory, research, sales and marketing and general and administration as reported in the annual report.

	Unaudited Sept 2026 6 Months ($000)	Unaudited Sept 2025 6 Months ($000)	Audited March 2026 12 Months ($000)
Operating Expenses			
Amortisation	97	187	372
Auditors Remuneration			
- Group year end financial statements	105	102	203
- Half year review of financial statements	35	35	35
- Travel Costs	6	6	12
Total Auditors Remuneration	**146**	**143**	**250**
Consultant Costs	692	1,121	1,873
Depreciation	397	418	848
Depreciation on Right of Use Assets	709	682	1,391
Directors Fees	314	314	630
Employee Expenses			
– Employee Benefits	9,035	12,383	23,769
– Employee Share Scheme Expenses	1,132	77	77
– Employee Share Options	447	384	869
Total Employee Expenses	**10,614**	**12,844**	**24,715**
Interest on Lease Liabilities	30	76	130
Legal Expenses	165	732	910
NZX / ASX / Registry Fees	143	108	203
Rental and Lease Expense	60	28	123
Site Fees - Clinical Studies	1,523	1,730	3,058
Other Operating Expenses	6,817	7,856	14,855
Total Operating Expenses	**21,707**	**26,239**	**49,358**

PACIFIC EDGE LIMITED CONSOLIDATED INTERIM FINANCIAL STATEMENTS 2026

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

Employee Share Scheme

Employee Share Scheme Expenses are a non-cash expense. These relate to shares issued to employees in lieu of cash bonuses.

Employee Share Options

Employee Share Options are a non-cash expense. Refer to Note 8 of the Annual Report for details of the accounting policy for Employee Share Schemes.

Other Operating Expenses

The major categories of expenditure which make up operating expenses, but are not disclosed separately above: Laboratory costs, Information Technology costs, Compliance and Regulatory costs, Investor Relations costs.

6. SEGMENT INFORMATION

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision-maker. The chief operating decision-maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Chief Executive Officer who makes strategic decisions.

There are two operating segments at balance date:

1. **Commercial**: The sales, marketing, laboratory and support operations to run the commercial businesses worldwide; and
2. **Research**: The research and development of diagnostic and prognostic products for human cancer.

The reportable operating segment Commercial derives its revenue primarily from sales of Cxbladder tests and the reportable operating segment Research derives its revenue primarily from grant income. The Chief Executive Officer assesses the performance of the operating segments based on results for the period.

Segment income, expenses and profitability are presented on a gross basis excluding inter-segment eliminations to best represent the performance of each segment operating as independent business units. The segment information provided to the Chief Executive Officer for the reportable segments described above, for the six months ended 30 September 2026 is shown on the following page.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

Unaudited 6 Months to 30 September 2026	Commercial ($000)	Research ($000)	Less: Eliminations ($000)	Total External Income ($000)
Income				
Operating Revenue - External	5,856	-	-	5,856
Other Income	520	1,099	(876)	743
Interest Income	9	375	-	384
Foreign Exchange (Loss)	(3)	31	-	28
Unrealised FX Gain on Forward Contracts	-	(34)	-	(34)
Total Income	**6,382**	**1,471**	**(876)**	**6,977**
Expenses				
Other Expenses	7,510	3,268	(876)	9,902
Employee Benefits	5,407	5,197	-	10,604
Depreciation & Amortisation	951	250	-	1,201
Total Operating Expenses	**13,868**	**8,715**	**(876)**	**21,707**
Loss Before Tax	**(7,486)**	**(7,244)**	**-**	**(14,730)**
Income Tax Expense	-	-	-	-
Loss After Tax	**(7,486)**	**(7,244)**	**-**	**(14,730)**
Net Cash Flow to Operating Activities	**(6,606)**	**(5,724)**	**-**	**(12,330)**

Unaudited 6 Months to 30 September 2025	Commercial ($000)	Research ($000)	Less: Eliminations ($000)	Total External Income ($000)
Income				
Operating Revenue - External	5,939	-	-	5,939
Other Income	606	1,251	(960)	897
Interest Income	5	294	-	299
Foreign Exchange Gain	(5)	(7)	-	(12)
Total Income	**6,545**	**1,538**	**(960)**	**7,123**
Expenses				
Other Expenses	8,499	4,579	(960)	12,118
Employee Benefits	7,710	5,124	-	12,834
Depreciation & Amortisation	953	334	-	1,287
Total Operating Expenses	**17,162**	**10,037**	**(960)**	**26,239**
Loss Before Tax	**(10,617)**	**(8,499)**	**-**	**(19,116)**
Income Tax Expense	-	-	-	-
Loss After Tax	**(10,617)**	**(8,499)**	**-**	**(19,116)**
Net Cash Flow to Operating Activities	**(8,948)**	**(10,078)**	**-**	**(19,026)**

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

Audited 12 Months to 31 March 2026	Commercial ($000)	Research ($000)	Less: Eliminations ($000)	Total External Income ($000)
Income				
Operating Revenue - External	11,505	-	(6)	11,499
Other Income	1,139	5,219	(4,845)	1,513
Interest Income	9	512	-	521
Foreign Exchange (Loss)	(10)	(10)	-	(20)
Unrealised FX Gain on Forward Contracts	-	67	-	67
Total Income	**12,643**	**5,788**	**(4,851)**	**13,580**
Expenses				
Other Expenses	18,731	8,150	(4,851)	22,030
Employee Benefits	14,677	10,038	-	24,715
Depreciation & Amortisation	1,876	737	-	2,613
Total Operating Expenses	**35,284**	**18,925**	**(4,851)**	**49,358**
Loss Before Tax	**(22,641)**	**(13,137)**	**-**	**(35,778)**
Income Tax Expense	-	-	-	-
Loss After Tax	**(22,641)**	**(13,137)**	**-**	**(35,778)**
Net Cash Flow to Operating Activities	**(20,655)**	**(11,283)**	**-**	**(31,938)**

Eliminations

These are the intercompany transactions between the subsidiaries and the Parent. These are eliminated on consolidation of Group results. The Research segment of the business utilise consumables and other components that are purchased by the Commercial segments of the business, with the costs of these components allocated to Research segment, and the Commercial segment recognising revenue from the sale.

Total Laboratory Throughput:

Unaudited	Commercial # Tests	Research # Tests	Total # Tests
6 months ended 30 September 2026	8,528	1,850	10,378
6 months ended 30 September 2025	10,371	2,820	13,191
12 months ended 31 March 2026	18,783	5,407	24,190

Laboratory Throughput is a key metric for the Group. Laboratory Throughput provides evidence of the usage of Cxbladder products globally and the rates of adoption between different customer segments. Total Laboratory Throughput includes commercial tests, which are invoiced to customers, and research tests which are not considered to be billable as these tests relate to user programs or other non-chargeable activities.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

Commercial test numbers are also a key metric for the Group: Commercial Tests are those tests for which the Company is actively seeking reimbursement and cash receipts, and tests performed at no charge in order to gain new customers.

Segment Assets and Liabilities Information:

Unaudited as at 30 September 2026	Commercial ($000)	Research ($000)	Total ($000)
Total Assets	7,096	30,984	38,080
Total Liabilities	2,483	3,334	5,817

Unaudited as at 30 September 2025	Commercial ($000)	Research ($000)	Total ($000)
Total Assets	7,542	27,122	34,664
Total Liabilities	4,151	3,617	7,768

Audited as at 31 March 2026	Commercial ($000)	Research ($000)	Total ($000)
Total Assets	7,499	10,103	17,602
Total Liabilities	3,603	3,340	6,943

Additions to non current assets for the period include:

	Commercial ($000)	Research ($000)	Total ($000)
Property, Plant & Equipment	148	-	148
Right of Use Assets	67	-	67
Intangible Assets	18	-	18
Total Additions to Non Current Assets	**233**	**-**	**233**

The amounts provided to the Chief Executive Officer with respect to total assets and total liabilities are measured in a manner consistent with that of the financial statements. These assets and liabilities are allocated based on the operation of the segment and the physical location of the asset.

There are no unallocated assets or liabilities.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

Geographic Split of Revenue and Non-Current Assets

The Group generates most of the operating revenue from Commercial tests from the US and New Zealand and also receives Grant revenue from New Zealand. Rest of World consists of Revenue from Australia and Southeast Asia.

	Unaudited Sept 2026 6 Months ($000)	Unaudited Sept 2025 6 Months ($000)	Audited March 2026 12 Months ($000)
Operating and Grant Revenue			
US	4,628	5,043	9,613
New Zealand	1,422	1,375	2,778
Rest of World	549	418	621
Total Operating and Grant Revenue	**6,599**	**6,836**	**13,012**

	Unaudited Sept 2026 6 Months ($000)	Unaudited Sept 2025 6 Months ($000)	Audited March 2026 12 Months ($000)
Non-Current Assets			
US	1,105	2,624	1,846
New Zealand	1,757	2,459	1,982
Rest of World	-	1	1
Total Non-Current Assets	**2,862**	**5,084**	**3,829**

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

7. SHARE CAPITAL

	Unaudited Sept 2026 6 Months Shares	Unaudited Sept 2026 6 Months ($000)	Unaudited Sept 2025 6 Months ($000)	Audited March 2026 12 Months ($000)
Opening Balance	**1,022,631,578**	**314,157**	**294,458**	**294,458**
Issue of Ordinary Shares				
- Issue of Ordinary Shares - Placement[1]	149,384,548	25,395	16,073	16,073
- Issue of Ordinary Shares - Retail Offer[2]	62,704,581	10,660	4,662	4,662
- Issue of Ordinary Shares - Employee Remuneration[3]	6,661,392	1,132	77	77
- Issue of Ordinary Shares - Exercise of Options[4]	30,758	6	-	31
- Issue of Ordinary Shares - Share Issue Expense[5]	470,588	80	-	63
- Issue of Ordinary Shares - Directors Fees[6]	-	-	151	151
- Issue of Ordinary Shares - Employee Sign-on Incentive[7]	-	-	63	43
Less Share Issue Expense	-	(1,431)	(1,401)	(1,401)
Movement	**219,251,867**	**35,842**	**19,625**	**19,699**
Closing Balance	**1,241,883,445**	**349,999**	**314,083**	**314,157**

[1] During the period 149,384,548 shares were issued resulting from a Share Placement at an average price of $0.170 per share. (2026: 160,728,498 shares at an average price of $0.100 per share)

[2] During the period 62,704,581 shares were issued resulting from a Share Retail Offer at an average price of $0.170 per share. (2026: 46,621,913 shares at an average price of $0.100 per share)

[3] During the period 6,661,392 shares were issued as part of employees' remuneration in lieu of cash payments at an average price of $0.170 per share. (2026: 736,475 shares at an average price of $0.105 per share)

[4] During the period 30,758 shares were issued as a result of employees exercising 60,776 share options at an average exercise price of $0.108 per share (2026: 232,842 shares issued as a result of employees exercising 426,031 share options at an average exercise price of $0.101 per share)

[5] During the period 470,588 shares were issued as Non-cash consideration, being in recognition of providing legal advice during the capital raise at an average price of $0.170 per share. (2026: 625,000 shares at an average price of $0.100 per share)

[6] During the prior period 1,507,600 shares were issued to Directors in lieu of Directors Fees at an average price of $0.100 per share

[7] During the prior period 263,276 shares were issued to employees as non-cash consideration at an average price of $0.165 per share, in recognition of joining the Company as an employee in lieu of a cash incentive

There are 1,241,883,445 ordinary shares on issue. (September 2025: 1,022,135,460; March 2026: 1,022,631,578).

All fully paid shares in the Company have equal voting rights and equal rights to dividends. All Ordinary Shares are fully paid and have no par value.

PACIFIC EDGE LIMITED CONSOLIDATED INTERIM FINANCIAL STATEMENTS 2026

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

8. RECONCILIATION OF CASH FLOWS TO OPERATING ACTIVITIES WITH OPERATING NET LOSS

	Unaudited Sept 2026 6 Months ($000)	Unaudited Sept 2025 6 Months ($000)	Audited March 2026 12 Months ($000)
Net Loss for the Period	(14,730)	(19,116)	(35,778)
Add Non Cash Items:			
Depreciation	397	418	848
Unrealised FX Gain on Forward Contracts	34	-	(67)
(Profit) on disposal of Property, Plant and Equipment	(1)	(23)	(10)
Amortisation	97	187	372
Employee Share options	447	382	837
Employee bonuses paid in shares in lieu of cash	1,218	140	365
Depreciation on right of use assets	709	682	1,392
Interest on finance leases shown in lease repayments	30	76	130
Total Non Cash Items	**2,931**	**1,862**	**3,867**
Add Movements in Other Working Capital items:			
(Increase) Decrease in Receivables and Other Assets	(178)	1,123	2,757
(Increase) Decrease in Inventory	307	(326)	(433)
(Decrease) in Payables and Accruals	(632)	(2,595)	(2,385)
Effect of exchange rates on net cash	(28)	26	34
Total Movement in Other Working Capital	**(531)**	**(1,772)**	**(27)**
Net Cash Flows to Operating Activities	**(12,330)**	**(19,026)**	**(31,938)**

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

9. NET TANGIBLE ASSETS

Net Tangible Assets per share is a non-GAAP measure that is required to be disclosed by the NZX Listing Rules. The calculation of the Group's Net Tangible Assets per share and its reconciliation to the consolidated balance sheet is presented below.

	Unaudited Sept 2026 6 Months ($000)	Unaudited Sept 2025 6 Months ($000)	Audited March 2026 12 Months ($000)
Total Assets	38,080	34,664	17,602
Less Intangible Assets	343	608	422
Less Total Liabilities	5,817	7,768	6,943
Net Tangible Assets	**31,920**	**26,288**	**10,237**
Number of Shares Issued (000's)	1,241,883	1,022,135	1,022,632
Net Tangible Assets Per Share	**$0.026**	**$0.026**	**$0.010**

10. CONTINGENT LIABILITIES

There were no known contingent liabilities at 30 September 2026 (September 2025: Nil and March 2026: Nil). The Company and Group have not granted any securities in respect of liabilities payable by any other party whatsoever.

11. CAPITAL COMMITMENTS

There are no capital commitments at 30 September 2026 (September 2025: Nil and March 2026: Nil).

12. RELATED PARTIES

Details of all related party relationships have been disclosed in the annual report for the year ended 31 March 2026.

In addition to these disclosures, during the six months to 30 September 2026, shareholders resolved to pay cash of $12,699 to Director Simon Flood, being unpaid Director remuneration that has accrued to him in respect of the period from 19 December 2025 to 31 March 2026.

PACIFIC EDGE LIMITED CONSOLIDATED INTERIM FINANCIAL STATEMENTS 2026

NOTES TO THE FINANCIAL STATEMENTS

FOR THE SIX MONTHS ENDED 30 SEPTEMBER 2026

13. LOCAL COVERAGE DETERMINATION (LCD) CHANGES

On 4 November 2026* the final Local Coverage Determination (LCD) for urine-based biomarkers in patients with microhematuria has been published to the Medicare Coverage Database, confirming Medicare coverage for Cxbladder Triage and Cxbladder Triage Plus from 20 December 2026 for intermediate risk patients. Re-coverage is expected to provide an uplift in revenue generation and the financial performance of the Company and Group.

*All dates with an asterisk refer to US dates

14. SUBSEQUENT EVENTS

On 20 October 2026 Pacific Edge Diganostics USA Limited entered into an extension of the lease for its Hershey facility, which incorporates the US laboratory. The 60 month extension commences 1 December 2026 with a year 1 base rent of US$438,038.

There are no other subsequent events other than the matter disclosed in Note 13 above.

Independent auditor's review report

To the shareholders of Pacific Edge Limited

Report on the consolidated interim financial statements

Our conclusion

We have reviewed the consolidated interim financial statements of Pacific Edge Limited (the Company) and its subsidiaries (the Group), which comprise the consolidated balance sheet as at 30 September 2026, and the consolidated statement of comprehensive income, the consolidated statement of changes in equity and the consolidated statement of cash flows for the six months ended on that date, and notes, comprising material accounting policy information and other explanatory information.

Based on our review, nothing has come to our attention that causes us to believe that the accompanying consolidated interim financial statements of the Group do not present fairly, in all material respects, the financial position of the Group as at 30 September 2026, and its financial performance and cash flows for the six months then ended, in accordance with International Accounting Standard 34 *Interim Financial Reporting* (IAS 34) and New Zealand Equivalent to International Accounting Standard 34 *Interim Financial Reporting* (NZ IAS 34).

Basis for conclusion

We conducted our review in accordance with the New Zealand Standard on Review Engagements 2410 (Revised) *Review of Financial Statements Performed by the Independent Auditor of the Entity* (NZ SRE 2410 (Revised)). Our responsibilities are further described in the *Auditor's responsibilities for the review of the consolidated interim financial statements* section of our report.

We are independent of the Group in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* issued by the New Zealand Auditing and Assurance Standards Board (PES 1), as applicable to audits and reviews of public interest entities. We have also fulfilled our other ethical responsibilities in accordance with PES 1.

Other than in our capacity as auditor and assurance practitioner, we have no other relationships with, or interests in, the Group.

Material uncertainty related to going concern

We draw attention to the disclosures in Note 1c to the consolidated interim financial statements, which describes the Group's continued operating losses and cash outflows, the impact of the loss of US Medicare coverage for its Cxbladder tests and the subsequent publication of a favourable Local Coverage Determination effective from 20 December 2026.

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T: +64 3 374 3000

As described in Note 1c, there are material uncertainties regarding the timing and extent of any uplift in revenue arising from the renewed Medicare coverage, the level of forecasted cash burn and the Group's ability to secure sufficient additional funding should this be required. These events or conditions, along with other matters set forth in Note 1c, indicate that a material uncertainty exists that may cast significant doubt on the Group's ability to continue as a going concern. Our conclusion is not modified in respect of this matter.

Responsibilities of Directors for the consolidated interim financial statements

The Directors of the Company are responsible on behalf of the Company for the preparation and fair presentation of these consolidated interim financial statements in accordance with IAS 34 and NZ IAS 34 and for such internal control as the Directors determine is necessary to enable the preparation and fair presentation of the consolidated interim financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibilities for the review of the consolidated interim financial statements

Our responsibility is to express a conclusion on the consolidated interim financial statements based on our review. NZ SRE 2410 (Revised) requires us to conclude whether anything has come to our attention that causes us to believe that the consolidated interim financial statements, taken as a whole, are not prepared in all material respects, in accordance with IAS 34 and NZ IAS 34.

A review of consolidated interim financial statements in accordance with NZ SRE 2410 (Revised) is a limited assurance engagement. We perform procedures, primarily consisting of making enquiries, primarily of persons responsible for financial and accounting matters, and applying analytical and other review procedures. The procedures performed in a review are substantially less than those performed in an audit conducted in accordance with International Standards on Auditing (New Zealand) and consequently does not enable us to obtain assurance that we might identify in an audit. Accordingly, we do not express an audit opinion on these consolidated interim financial statements.

Who we report to

This report is made solely to the Company's Shareholders, as a body. Our review work has been undertaken so that we might state those matters which we are required to state to them in our review report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Company and the Company's Shareholders, as a body, for our review procedures, for this report or for the conclusion we have formed.

The engagement partner on the review resulting in this independent auditor's review report is Nathan Wylie.

For and on behalf of:



PricewaterhouseCoopers Christchurch
23 November 2026



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(for Equity Security issuer/Equity and Debt Security issuer)

Updated as at March 2025

Please do not amend or delete individual rows. As this template relates to prescribed content, changes to content should only be made where it is clearly indicated that this is permitted, otherwise, if an Issuer considers a particular element does not apply, mark the row as N/A, Any other changes to this prescribed form must first be approved by NZX as required under NZX Listing Rule 3.26.1.

Results for announcement to the market		
Name of issuer	Pacific Edge Limited	
Reporting Period	6 months to 30 September 2026	
Previous Reporting Period	6 months to 30 September 2025	
Currency	New Zealand Dollars	
	Amount (000s)	**Percentage change**
Revenue from continuing operations	$5,856	1% Decrease
Total Revenue	$6,977	2% Decrease
Net profit/(loss) from continuing operations	($14,730)	23% Smaller Loss
Total net profit/(loss)	($14,730)	23% Smaller Loss
Interim/Final Dividend		
Amount per Quoted Equity Security	The Company does not propose to pay dividends to shareholders	
Imputed amount per Quoted Equity Security	Not Applicable	
Record Date	Not Applicable	
Dividend Payment Date	Not Applicable	
	Current period	**Prior comparable period**
Net tangible assets per Quoted Equity Security (in dollars and cents per security)	$0.026	$0.026
A brief explanation of any of the figures above necessary to enable the figures to be understood	For commentary on the results, please refer to the commentary in the accompanying NZX release. Further information is also set out in the unaudited financial statements of the Company for the 6 months to 30 September 2026 which accompany this Results Announcement.	
Authority for this announcement		
Name of person authorised to make this announcement	Grant Gibson	
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Date of release through MAP	24/11/2026

[*Audited/unaudited*] financial statements accompany this announcement.