20 August 2026

PACIFIC EDGE 2026 ANNUAL SHAREHOLDERS MEETING

DUNEDIN, New Zealand – Cancer diagnostics company Pacific Edge (NZX, ASX: PEB) is holding its Annual Shareholder Meeting in Auckland this afternoon.

It attaches Chairman Simon Flood's speech notes and the company's presentation to shareholders.

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.

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2026 ANNUAL SHAREHOLDERS' MEETING PRESENTATION

Simon Flood
Chairman

Dr Peter Meintjes
Chief Executive Officer

20 August 2026

CHAIRMAN'S ADDRESS

SIMON FLOOD
Chairman

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

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Such financial information and financial measures (including Cash Burn) do not have standardized meanings prescribed under NZ IFRS or IFRS and therefore, may not be comparable to similarly titled measures presented by other entities, and should not be construed as an alternative to other financial measures determined in accordance with NZ IFRS, or IFRS).

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A number of figures, amounts, percentages, estimates, calculations of value and fractions in the Information are subject to the effect of rounding. Accordingly, the actual calculations may differ.

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DIRECTORS

SARAH PARK

ANATOLE MASFEN

BRYAN WILLIAMS

ANNA STOVE

TONY BARCLAY

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AGENDA

1. CHAIRMAN'S ADDRESS
2. CHIEF EXECUTIVE'S ADDRESS
3. QUESTIONS
4. RESOLUTIONS
5. VOTING AND GENERAL BUSINESS
6. MEETING CLOSE

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PACIFIC EDGE - THE FIRST MOVER IN BLADDER CANCER DIAGNOSTICS

MAJOR GROWTH CATALYST: DRAFT MEDICARE COVERAGE PROPOSED IN MAY 2026

US$10.2b[4]

Global Market Opportunity

SCIENCE, TECH AND IP

Cxbladder tests are patented **non-invasive** urine tests that deliver **proven clinical, economic and patient value**

CLINICAL EVIDENCE

Cxbladder tests are supported by a **robust portfolio of clinical evidence**, and the AUA[1] has recognized Cxbladder Triage with a **'Grade A' evidence rating** – the only urine biomarker to achieve that rating

SUBSTANTIAL MARKET OPPORTUNITY

The primary symptom of bladder cancer is hematuria with ~7m diagnoses each year in the US driving a **global market opportunity of US$10.2 billion**

GROWTH CATALYST WITH MEDICARE COVERAGE

Draft LCD[2] for Triage & Triage Plus **released in May 2026.** Final LCD expected by Jan 2027[3]. Novitas confirms **claim-by-claim reimbursement for both tests**

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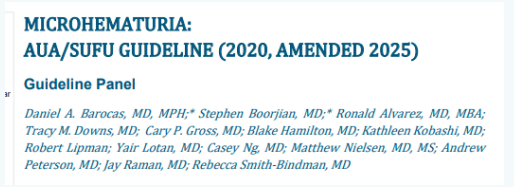
1. AUA = American Urological Association,
2. LCD = Local Coverage Determination.
3. Novitas must publish the final LCD or retire the draft LCD within 365 days after publishing a draft LCD
4. See slides 44-46 for assumptions

Timeline: Company Milestones



2011
Pacific Edge Diagnostics New Zealand (PEDNZ) established

2012
Dec 2012
Launch of Pacific Edge Diagnostics USA and Cxb Detect

2013
Mar 2013
First commercial sale (Cxb Detect) for PEDUSA

May 2013
First commercial sale (Cxb Detect) for PEDNZ

2014
Dec 2014
Launch of Cxbladder Triage

2015
Dec 2015
Launch of Cxbladder Monitor

2016

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

2019

2020
Jun 2020
Kaiser Permanente, approves commercial use of Cxbladder

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

2021
Aug 2021
Cxbladder reaches 70% public healthcare coverage in NZ

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

2023
Nov 2023
Kaiser EMR integration goes live

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

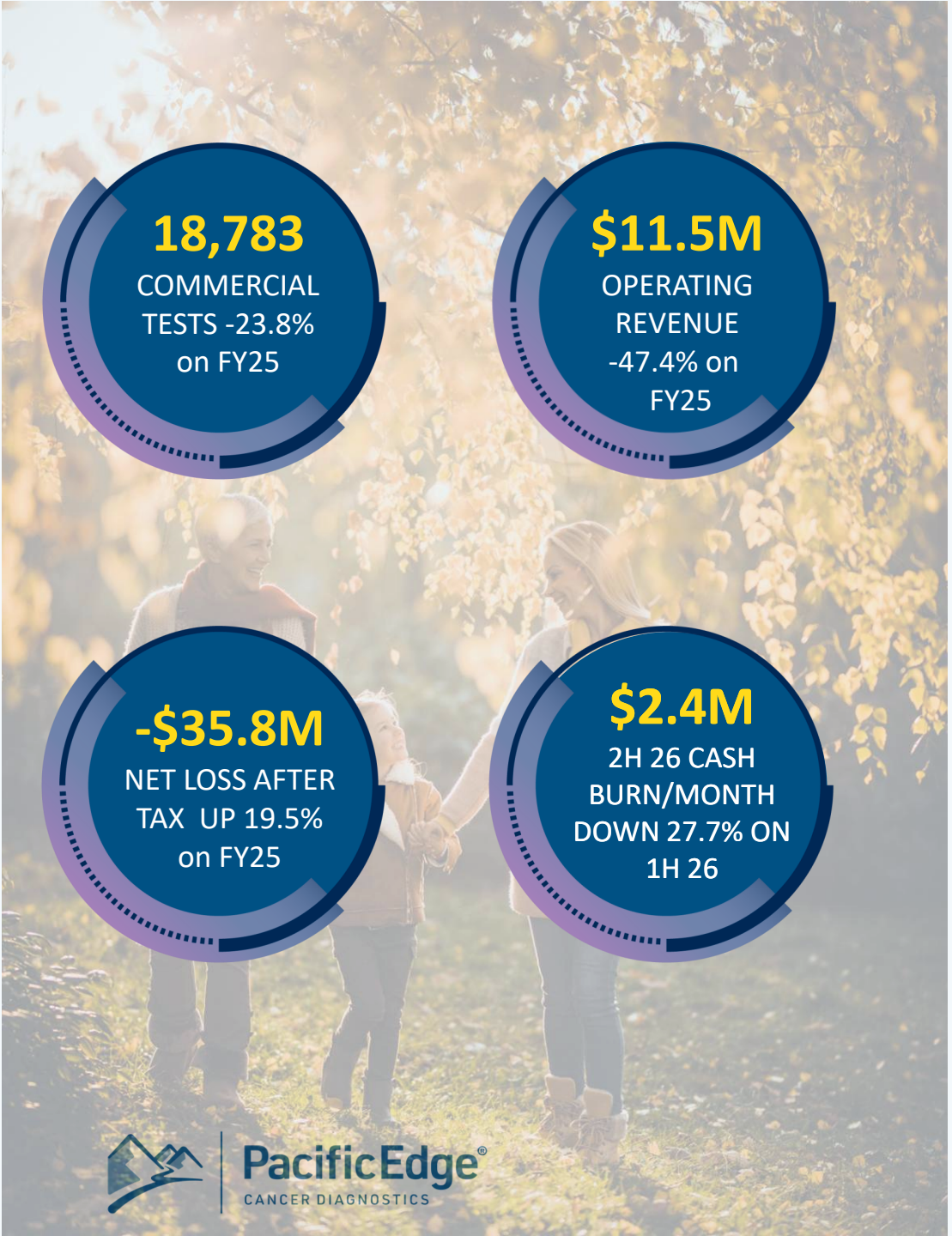
Nov 2025
Triage Plus gets CMS draft price of US$1,328

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

Feb 2026
CAC Panel expresses clear support for UBBs in hematuria evaluation

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

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



FY26: A YEAR OF STRATEGIC DELIVERY

ADVANCING MEDICARE COVERAGE GOALS; COSTS CONTAINED

STRATEGIC HIGHLIGHTS

- February 2026, CAC Panel expresses clear support for UBBs in hematuria evaluation
- May 2026, Novitas publishes draft LCD *'Urine-based Biomarkers in Patients with Microhematuria'* (DL40378) supporting coverage of Cxbladder Triage and Triage Plus
  - Expect final effective Medicare coverage by the end of 2026.
- Building US commercial payer momentum, with medical policy for hematuria evaluation tests from insurers covering 10.5 million lives.
- Asia Pacific operations advance towards profitability on a direct cost basis

FINANCIAL HIGHLIGHTS

- FY26 operating revenue fell due to Medicare non-coverage determination; APAC shows steady growth on smaller volumes
- 2H 26 cash burn reduced through careful expense management; targeting a monthly average cash burn for FY27 of NZ$2.5m vs NZ$2.85m for FY26.
- A post balance date $36.1 million capital raising to strengthen our balance sheet and drive revenue growth

CHIEF EXECUTIVE'S ADDRESS

DR PETER MEINTJES
Chief Executive Officer

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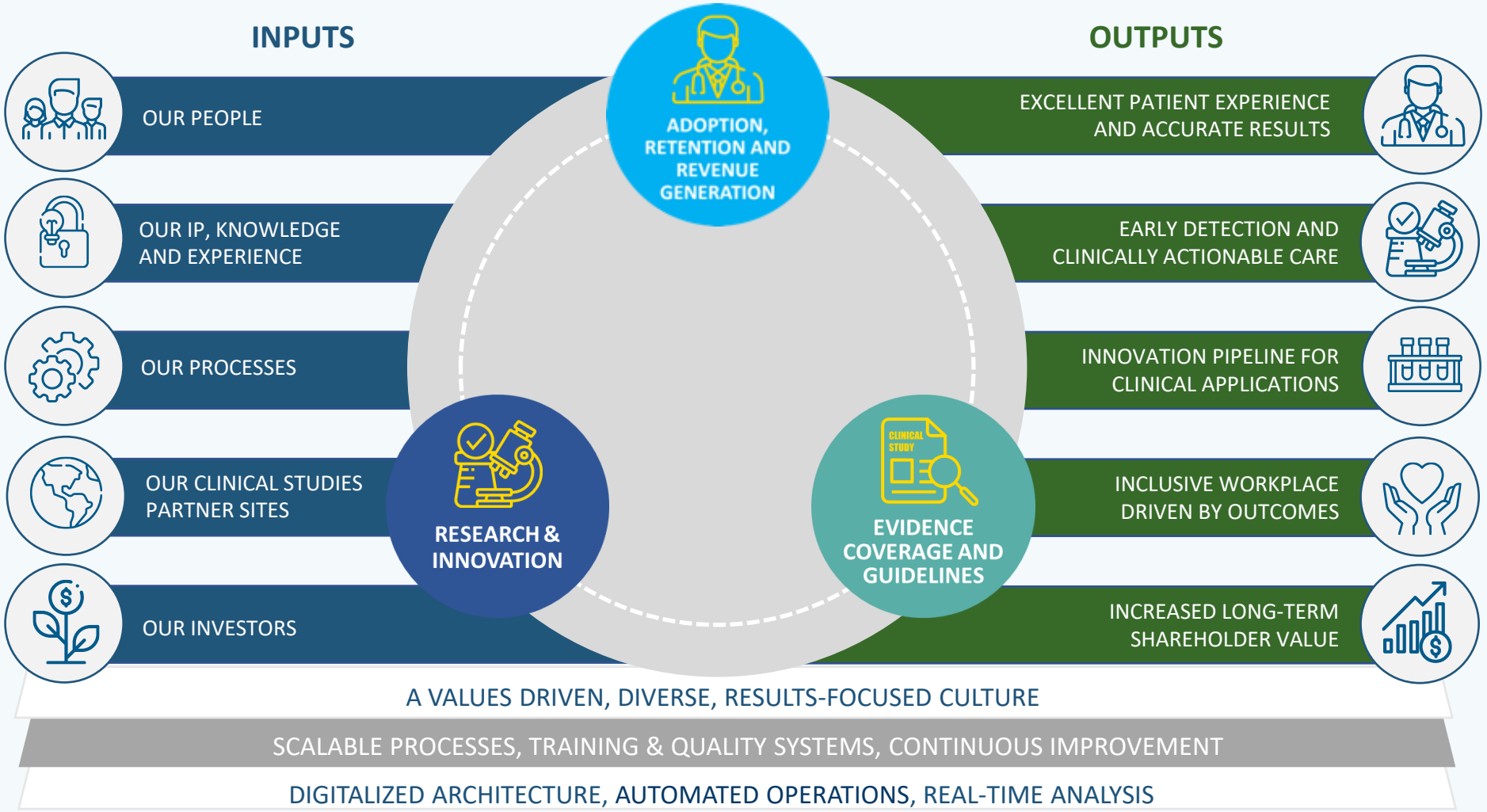
VALUE CREATION THROUGH THREE PILLARS



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PACIFIC EDGE: LEADER IN URINE-BASED BIOMARKER TESTING

STRONG EXECUTION ON EVIDENCE-PILLAR UNDERPINS FUTURE COMMERCIAL SUCCESS

- Draft LCD supporting Medicare coverage of Cxbladder Triage & Triage Plus; Final and effective LCD expected by end of 2026
- Rigorous clinical evidence program to extend risk thresholds in guidelines/medical policy to deliver a larger serviceable market

- US Commercial testing stabilizes; set to rise with final coverage
- Medical policy wins with US commercial payers increasing; over 10.5 million lives now covered with commercial policy for Cxbladder Triage
- Advancing APAC towards profitable operations on a direct cost basis

- Driving long-term enterprise value with product improvements and new products
- Triage Plus at $1,328 and Surveillance Plus at $1,800[1] create higher margin opportunity and improved unit economics

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1. Management estimate of US$1,800 for NMIBC surveillance is based on proposed crosswalk and is not yet priced by Medicare

NOVITAS PROPOSED DRAFT COVERAGE FOR TRIAGE AND TRIAGE PLUS

FINALIZED LCD EXPECTED TO ACCLERATE PACIFIC EDGE'S PATH TO PROFITABILITY

- Triage and Triage Plus proposed for Medicare coverage
  - No other biomarkers proposed for Medicare coverage
- Final effective coverage expected before the end of the year
- Final LCD expected to catalyze reimbursement and testing volume

- Our immediate commercial focus is to:
  - Improve the unit economics of operating front line sales team
  - Shift our customer base to order Triage Plus ($1,328) on every eligible patient
  - Ensuring payment success of >80% on commercial tests by operating where we have reliable history of commercial success or existing medical policy and contracting

"Use of validated multi-analyte UBBs may be reasonable and necessary to support risk-stratification in appropriately counseled, intermediate-risk patients with MH who are considering deferral of cystoscopy."

- DRAFT LCD: 'Urine-based Biomarkers in Patients with Microhematuria' (DL40378)

Medicare

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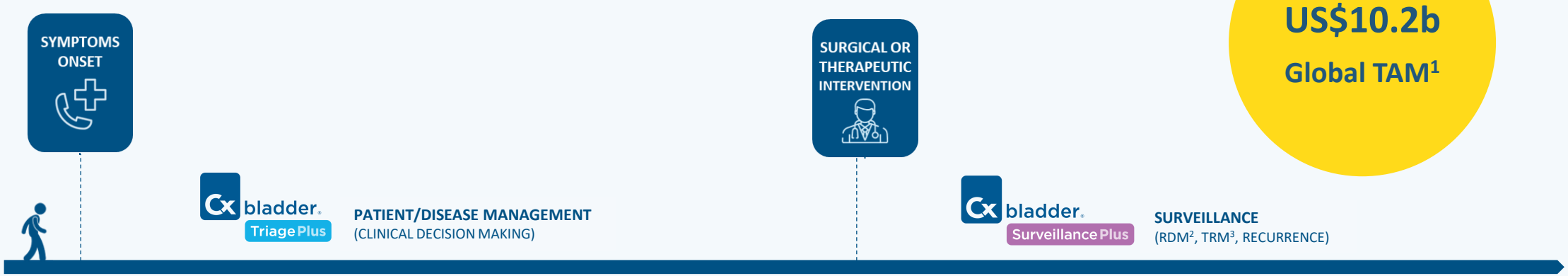
CXBLADDER MARKET OPPORTUNITY

CXBLADDER OFFERS A SIGNIFICANT ADDRESSABLE GLOBAL MARKET ANNUALLY

US$10.2b
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$6.4b	*Primary growth focus due to higher CMS pricing*
APAC	830m	~17m	0.47m | 2.71m | 3.46m	1.7m	~58k	~300k	US$1.9b	*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 using US$1,328 price for hematuria testing (priced by Medicare) in the US and US$1,800 for NMIBC surveillance (seeking crosswalk price – not yet priced by Medicare) with next generation products Triage Plus and Surveillance Plus. Other market assumptions for APAC and Europe. See slide 44-46 for details.
2. RDM: Residual Disease Monitoring
3. TRM: Therapeutic Response Monitoring
4. Management estimates derived from referred hematuria data in Woldu et al (2021). MH estimated at 80% and GH at 20%. MH Risk categories: Low 7%, Intermediate 41%, High 52%. See Slide 44-46 for details.

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	Q3 2026 (+1Q)
7. microDRIVE Clinical Validation	- CV of Triage Plus	Q1 2027 (+1Q)
8. Surveillance Plus Analytical Validation	- AV of Surveillance Plus	Q2 2027 (+3Q)
9. Pooled Analysis MH Clinical Validation[2]	- CV of Triage Plus	Q2 2027 (+1Q)
10. Pooled Analysis GH Clinical Validation[2]	- CV of Triage Plus	Q2 2027 (+1Q)
11. LOBSTER Clinical Validation	- CV of Monitor/Surveillance Plus	Q3 2027 (+3Q)
12. CREDIBLE Clinical Utility	- CU of Triage Plus	Q1 2028 (at risk)
13. 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

AUA 2027 HEMATURIA GUIDELINE REVIEW IN FOCUS

- **STRATA second publication**
  - Simplify Triage utility messaging; will include the clinical outcomes of imaging
- **AUSSIE and microDRIVE**
  - Clinical validation of Triage Plus
- **MH & GH Pooled Analyses**
  - Demonstrate concordance between Triage and Triage Plus
  - Demonstrate equivalent performance in all MH risk categories and GH
  - Analyze across age, gender and ethnicity

Collectively, these studies are expected to re-define the AUA risk stratification thresholds for greater serviceable market

1. 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

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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	Q3 2026
NZ Hematuria Pathway comparing T/D with Triage Plus on AUSSIE samples	Canterbury DHB	CU of Triage Plus	Q3 2026
Retrospective concordance 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

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1. All dates are calendar year and our best current estimates
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

COMMERCIAL TESTS STABILIZED; SET TO RISE WITH FINAL COVERAGE

ADOPTION, RETENTION AND REVENUE GENERATION

US TOTAL TEST VOLUME[1] AND COMMERCIAL PRODUCT MIX

COMMERCIAL AND TOTAL THROUGHPUT STABILIZED

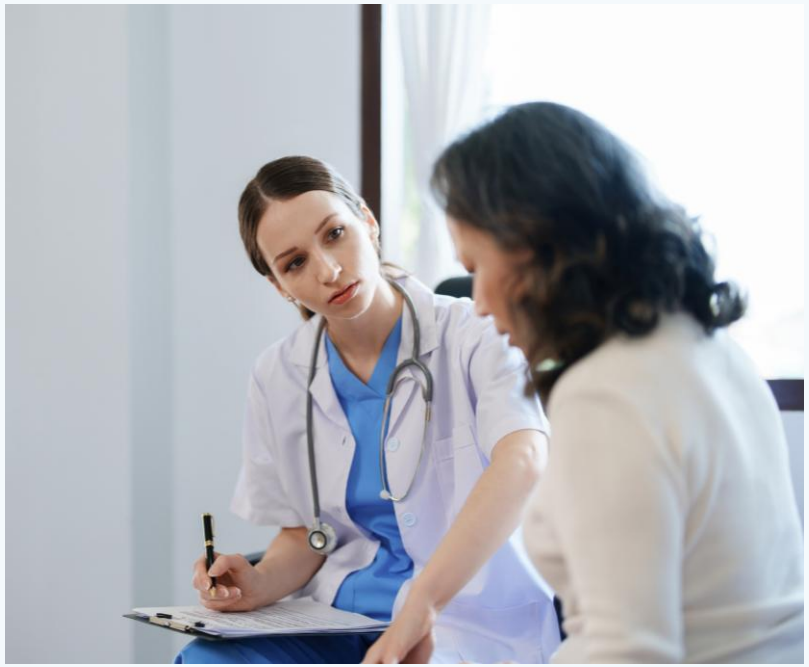
- Commercial and total throughput stable over last three quarters
- Sales efficiency improved as sales FTE lowered to address cash burn
- Seeking to shift commercial product mix to Triage Plus for higher margins

1. Total Laboratory Throughput including commercial, pre-commercial and clinical studies testing
2. Pacific Edge has previously used Total Lab Throughput, but has changed its reporting to focus on Commercial throughput, which accounts for the differences in reported figures compared to previous quarterly and half yearly reporting

COMMERCIAL STRATEGY WITH DRAFT MEDICARE COVERAGE

CONFIGURING OUR SALES TEAM AROUND INTERMEDIATE RISK PATIENTS

- Pacific Edge's near-term success relies on reducing our cash burn:
  - Identify call points with high numbers of intermediate risk microhematuria (IRMH) patients
  - Migrate customers to Triage Plus
- Targeting intermediate risk microhematuria (IRMH) patients
  - Women's health providers are a major opportunity, because IRMH patients are predominantly female
    - IRMH patients are commonly seen by URPS, urogyns, OBGYN and FPMRS[1]
  - Systems integrated between primary care and secondary care are another major opportunity
  - Urologists frequently triage IRMH patients with APPs, NPs and PAs[2]
- Commercial sales teams focused concentrations of demand:
  - Integrated Delivery Networks
  - Hospital Systems, Academic Institutions, Veterans Association
- Pacific Edge is making selective investments aimed at growing Triage Plus volume ordered on IRMH patients that have the highest chance of reimbursement success and delivering consistent revenue



SEX ASSIGNED AT BIRTH FOR HEMATURIA PATIENTS[3]

PATIENT	FEMALE	MALE
Low risk	80%	20%
Intermediate risk	75%	25%
High risk	34%	66%

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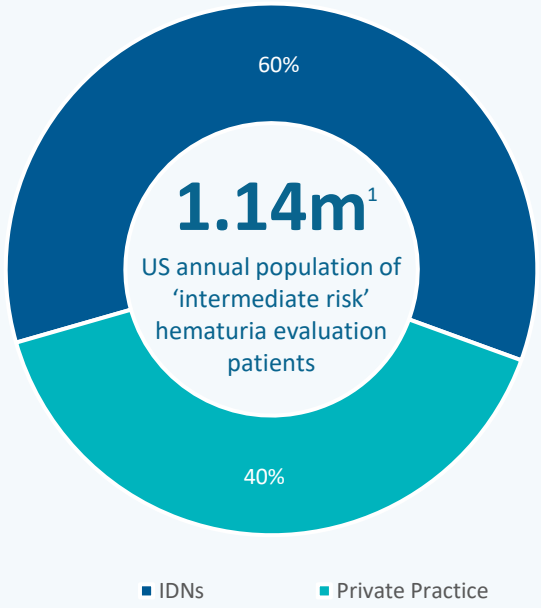
1. URPS is Urogynaecology and Reconstructive Pelvic Surgery, urogyn is urogynaecologist, OBGYN is Obstetrician-Gynaecologist and FPMRS is Female Pelvic Medicine and Reconstructive Surgery
2. Advanced Practice Providers (APPs), Nurse Practitioners (NPs) and Physicians Assistants (PAs)
3. Management estimates derived from referred hematuria data in Woldu et al (2021)

INTERMEDIATE RISK MICROHEMATURIA SALES APPROACH

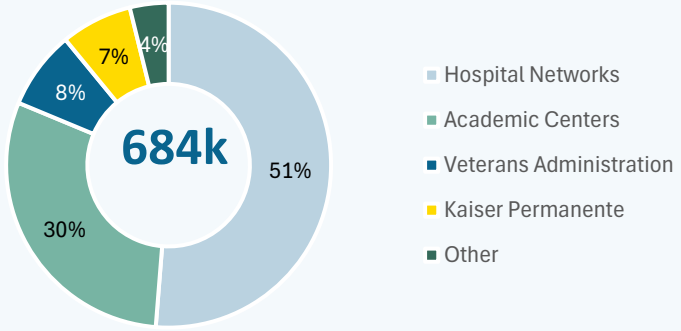
INTEGRATED DELIVERY NETWORKS (IDNs) ARE THE TOP TARGET FOR INTERMEDIATE RISK MICROHEMATURIA

ADOPTION, RETENTION AND REVENUE GENERATION

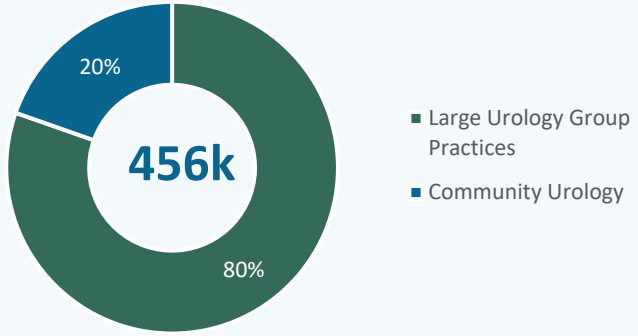
HEALTHCARE PROVIDER TYPE
(SHARE OF PATIENT VOLUME)[3]



INTEGRATED DELIVERY NETWORKS
(SHARE OF PATIENT VOLUME)[3]



PRIVATE PRACTICE
(SHARE OF PATIENT VOLUME)[3]



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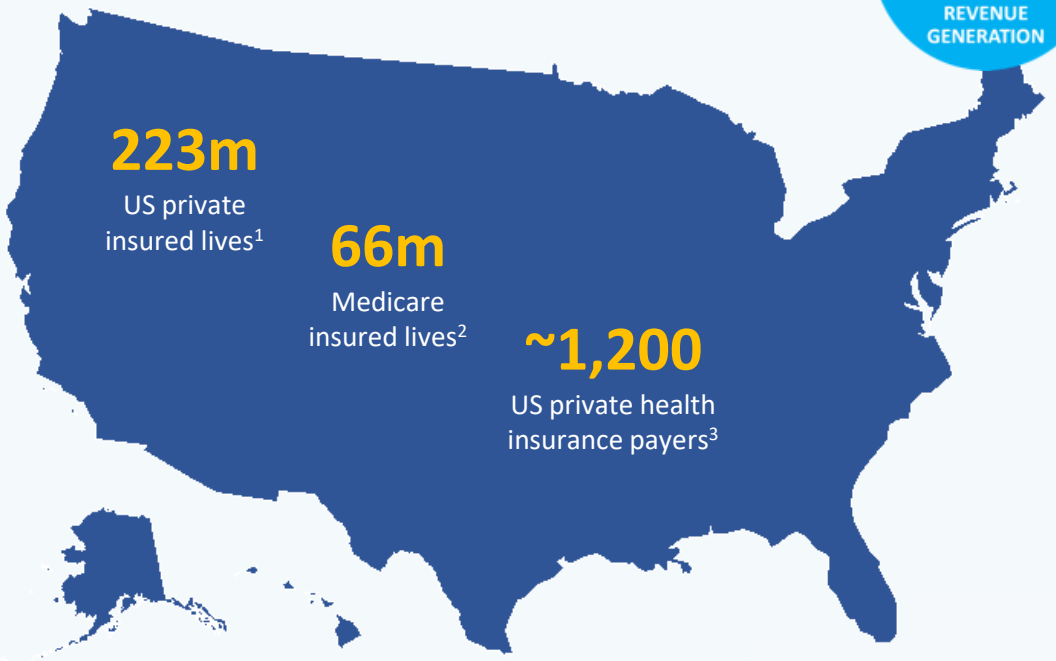
US COMMERCIAL PAYERS: MEDICARE POLICY EXPECTED TO UNLOCK VOLUMES

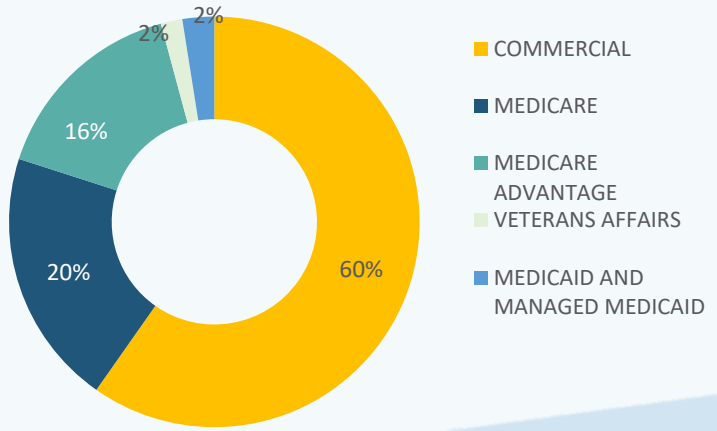
ADOPTION, RETENTION AND REVENUE GENERATION

THE US PRIVATE HEALTH INSURANCE MARKET IS A LARGE OPPORTUNITY

- Commercial payers cover almost four times more lives than Medicare
- IRMH patients skew younger, female and commercially insured
- Final coverage policy from Medicare is expected to unlock revenue from Commercial Payers by:
  - Removing a key reason to deny reimbursement
  - Providing additional evidence to overturn denials on appeal
  - Providing language that commercial payers can adopt in their own policies
  - Leveraging State Biomarker Laws to mandate payment from commercial payers
- We focus on establishing medical policy directly with payers or through third parties like Avalon, EviCore, Carelon, Concert Genetics and ECRI[4]



PACIFIC EDGE PAYER MIX (2H 26)



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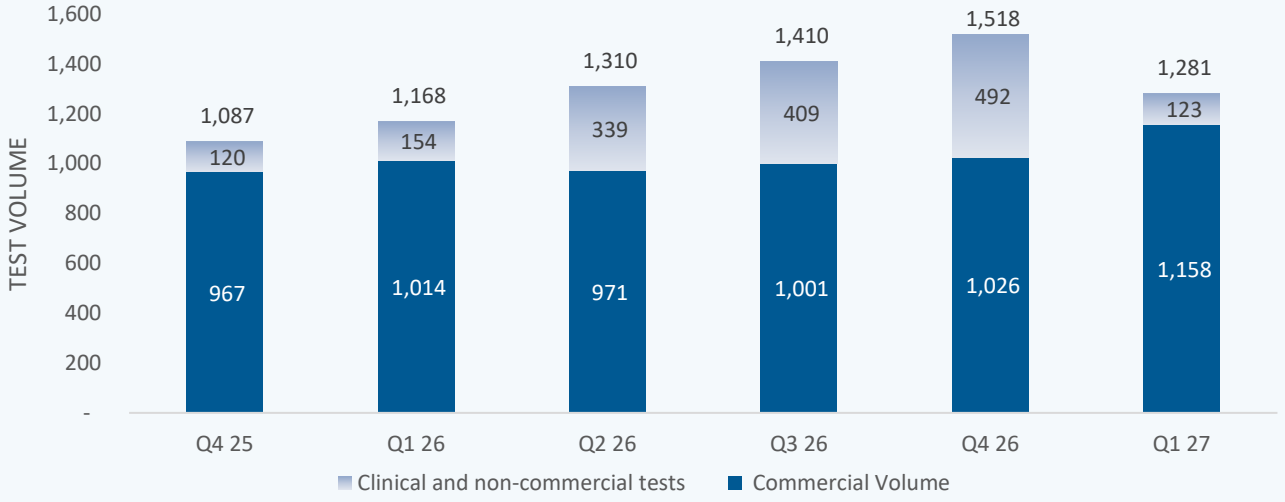
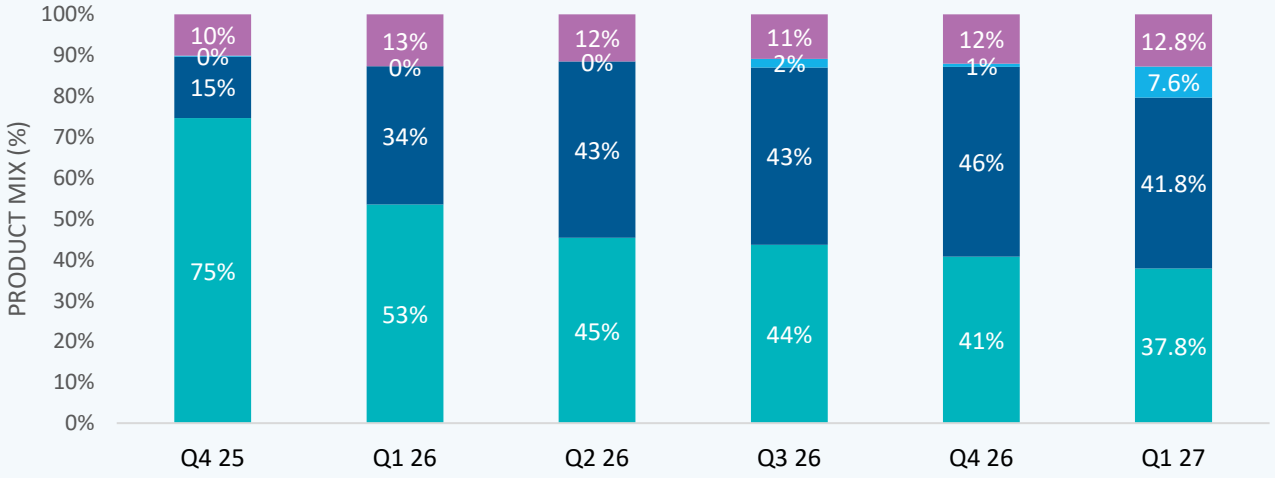
1. https://www.census.gov/library/publications/2025/demo/p60-288.html
2. https://www.medicare.gov/about-us
3. https://content.naic.org/sites/default/files/2024-annual-health-industry-commentary.pdf
4. ECRI is the Emergency Care Research Institute

APAC CHARTING A PATH TO PROFITABILITY

ADOPTION, RETENTION AND REVENUE GENERATION

APAC TOTAL TEST VOLUME[1] AND COMMERCIAL PRODUCT MIX





1. Total Laboratory Throughput in Asia and Pacific including commercial, non-commercial and clinical studies testing
2. APAC Commercial and Clinical Operations cash burn figure is calculated on a director cost basis and excludes R&D costs

APAC – SMALL BUT SIGNFICANT

- APAC contributed 19% of operating revenue in 2H 26 with $2.0m in FY26
- APAC cash burn rate[2] of $0.17m in Q1 FY27,
- Repricing in 2025 created on average 25% more revenue per test
- Triage Plus increased to 8% of product mix in Q1 27
  - Triage Plus has the potential for ~20% more revenue per test
- APAC proves the ROW concept that can be replicated in the Middle East, UK and Europe pending IVD development

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 create 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 plan is in place and ready to be implemented subject to budget approval

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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 European In Vitro Diagnostic Regulation; FDA, US Food and Drug Administration; ISO International Organization for Standardization

OUTLOOK

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OUTLOOK

POSITIONED TO UNLOCK VALUE THROUGH UPCOMING COMMERCIAL, CLINICAL AND INNOVATION MILESTONES

NEAR-TERM VALUE CREATION COMMERCIAL CATALYSTS

- Case-by-case reimbursement for Triage and Triage Plus under draft LCD
- Final LCD published by end of 2026
- US customers adopt Triage Plus at US$1,328/test
- Building US Commercial payer medical policy momentum
- Health New Zealand National Pathway for Cxbladder

MEDIUM-TERM VALUE CREATION CLINICAL EVIDENCE GENERATION

- Evidence generation program delivers sustained strategic value
- US commercial payer policy for Triage and Triage Plus drives test adoption
- AUA guideline review (2027/28) expected to expand serviceable market
- Investigator initiated trials (IITs) generate novel evidence for new indications

LONG-TERM VALUE CREATION RESEARCH INNOVATION

- Triage Plus and Surveillance Plus deliver better patient outcomes at higher margin pricing for improved unit economics
- Targeting Surveillance Plus CPT-PLA coding submission in June 2027 and claim-by-claim revenue after 1 Jan 2028
- Seeking US$1,800 CMS pricing for Surveillance Plus in FY28
- Product simplification and kitted IVD products enable de-centralized deployment in international markets

SIMON FLOOD
Chairman

PacificEdge®
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QUESTIONS

PacificEdge®
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RESOLUTIONS

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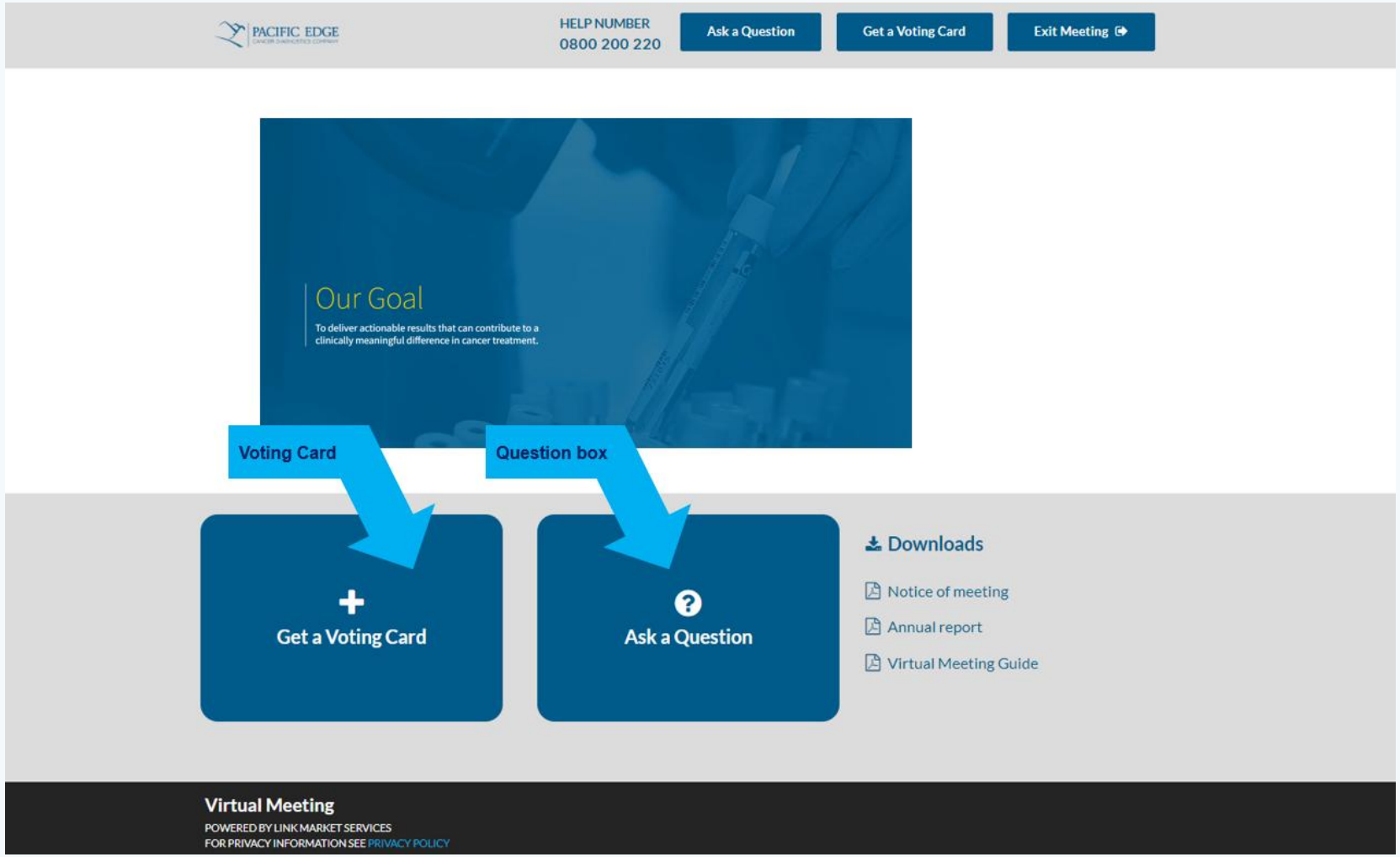
VOTING


PACIFIC EDGE
HELP NUMBER
0800 200 220
Ask a Question
Get a Voting Card
Exit Meeting
Our Goal
To deliver actionable results that can contribute to a clinically meaningful difference in cancer treatment.
Voting Card
Question box
Get a Voting Card
Ask a Question
Downloads
Notice of meeting
Annual report
Virtual Meeting Guide
Virtual Meeting
POWERED BY LINK MARKET SERVICES
FOR PRIVACY INFORMATION SEE PRIVACY POLICY

RESOLUTION 1: AUDITORS' REMUNERATION

"To authorise the Directors to fix the auditors' remuneration for the ensuing year."

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RESOLUTION 2: BRYAN WILLIAMS RE-ELECTION

"That Bryan Williams, who retires in accordance with NZX Listing Rule 2.7.1 and is eligible for re-election, be re-elected as a Director of the Company."

RESOLUTION 3: SIMON FLOOD ELECTION

"That Simon Flood, who retires in accordance with NZX Listing Rule 2.7.1 and is eligible for election, be elected as a Director of the Company."

RESOLUTION 4: PAYMENT TO SIMON FLOOD

"That the payment in cash of $12,699 to Simon Flood, being unpaid Director remuneration that has accrued to him in respect of the period from 19 December 2025 to 31 March 2026, as described in the Explanatory Notes, be approved for all purposes, including NZX Listing Rule 2.11.1."

RESOLUTION 5: APPROVAL OF SHARE ISSUE

"That the issue of 152,561,001 Shares under NZX Listing Rule 4.5.1, being Shares issued under the Placement, Shares issued to certain participants in the Retail Offer, and Shares issued in consideration for professional services provided in connection with the Placement and Retail Offer, be approved and ratified for all purposes, including NZX Listing Rule 4.5.1(c)

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RESOLUTION 6: ISSUE OF SHARES TO CERTAIN PARTICIPANTS

"That the issue of 59,998,716 Shares under NZX Listing Rule 4.3.1(c), being Shares issued to certain participants in the Retail Offer, be approved and ratified for all purposes, including paragraph (a) of the definition of "share purchase plan" in the NZX Listing Rules."

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PROXY VOTING DIRECTIONS

RESOLUTION	FOR*	OPEN*	AGAINST*	TOTAL**
1. Auditors' remuneration	571,843,459 (97.4%)	14,836,084 (2.5%)	406,612 (0.7%)	587,086,155 (47.3%)
2. Re-election of Bryan Williams	570,426,875 (97.1%)	14,839,284 (2.5%)	2,067,893 (0.4%)	587,334,052 (47.3%)
3. Election of Simon Flood	571,784,791 (97.4%)	14,839,284 (2.5%)	657,390 (0.1%)	587,281,465 (47.3%)
4. Payment to Simon Flood	571,026,067 (98.1%)	10,250,528 (1.8%)	1,072,708 (0.2%)	582,349,303 (46.9%)
5. Approval of share issue	383,502,592 (97.3%)	10,250,528 (2.6%)	448,731 (0.1%)	394,201,851 (31.7%)
6. Issue of shares to certain participants	521,723,100 (97.1%)	14,835,739 (2.8%)	945,324 (0.2%)	537,504,163 (43.3%)

**Percentage figures in the 'For', 'Open' and 'Against' columns indicate proportion of total votes notified (excludes abstentions)*
*** Percentage figures in the 'Total' column indicate total votes notified (excludes abstentions) against issued capital.*

GENERAL BUSINESS

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MEETING CLOSE

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APPENDIX

PacificEdge®
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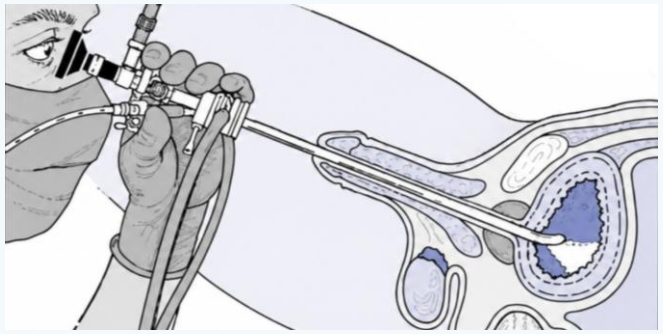
BLADDER CANCER – A SIGNIFICANT GLOBAL HEALTHCARE CHALLENGE

AN INVASIVE STATUS QUO – A NON-INVASIVE OPPORTUNITY

CYSTOSCOPY



Source: Nursing Skills

CXBLADDER TEST

- Cystoscopy – an invasive, uncomfortable and costly procedure to visually inspect the bladder by inserting a camera into the urethra
  - The standard hematuria workup, where the majority of patients are found to have no cancer
  - In a survey[4] of US NMIBC patients under surveillance, 78% said they experienced some pain, with 25% saying it was moderate to "worst imaginable"
- The result is systemic over-proceduralization: millions of avoidable cystoscopies every year, adding cost, patient discomfort, infection risk and urology backlog
- Non-invasive genomic urine testing like Cxbladder can rule out cancer and prioritize patients who truly need cystoscopy – a large unmet clinical need
  - Women are an under-served market, with hematuria frequently dismissed as urinary tract infections (UTI)

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

6th
Most common cancer in men[2]

9th
Most common cancer world-wide[2]

~614K
Annual cases and growing[2]

>220K
Annual Deaths[2]

>50%
Recurrence[3]

4.9m[5]
Annual cystoscopies avoided globally if **Cxbladder** tests were used to evaluate intermediate risk patients presenting with hematuria[5]

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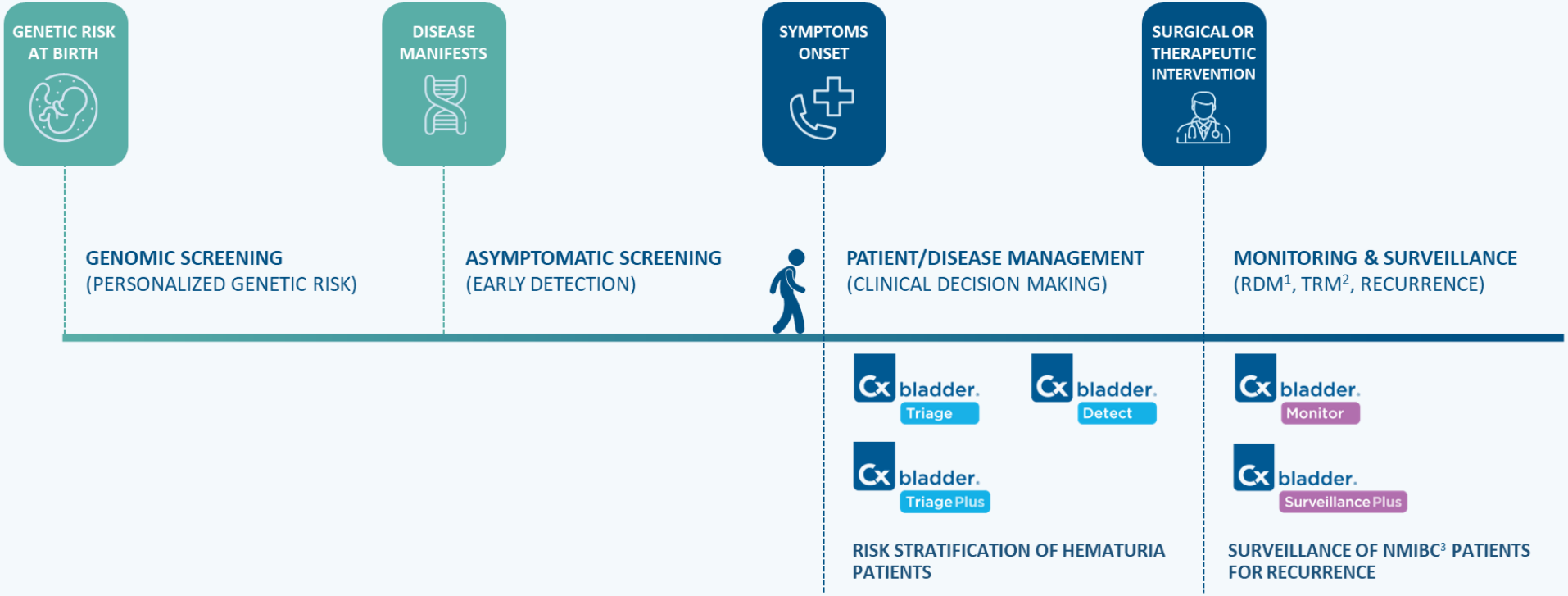
1. Sievert et al (2009) Economic aspects of bladder cancer: what are the benefits and costs? World J Urol. 2009 Mar 7;27(3):295–300. doi: 10.1007/s00345-009-0395-z
2. World Cancer Research Fund. Statistics are from 2022.
3. Average recurrence for low grade non-muscle invasive bladder cancer as published in Palou J et al (2012): Eur Urol 2012; 62: 118.
4. The Survey was conducted by the Bladder Cancer Advocacy Network (BCAN)
5. Company estimate

CXBLADDER: TESTS TO RULE OUT CANCER OR PRIORITIZE PATIENTS

THE PATIENT CARE PATHWAY



>130,000
Patients that have used Cxbladder

>5,000
Urologists that have ordered Cxbladder

>30
Publications demonstrating AV, CV or CU evidence[5]

Grade A
Evidence rating by the AUA[4] in its 2025 Microhematuria Guideline

1. RDM: Residual Disease Monitoring
2. TRM: Therapeutic Response Monitoring
3. NMIBC: non-muscle invasive bladder cancer
4. AUA: American Urological Association
5. AV, CV, CU are Analytical Validity, Clinical Validity, and Clinical Utility which are required for medical policy and guidelines

DRIVING ECONOMIC VALUE FOR PATIENTS, HOSPITALS AND PAYERS

CXBLADDER DELIVERS CLINICAL UTILITY, PATIENT SATISFACTION AND ECONOMIC VALUE

CANCER INCIDENCE IN MICROHEMATURIA PATIENTS

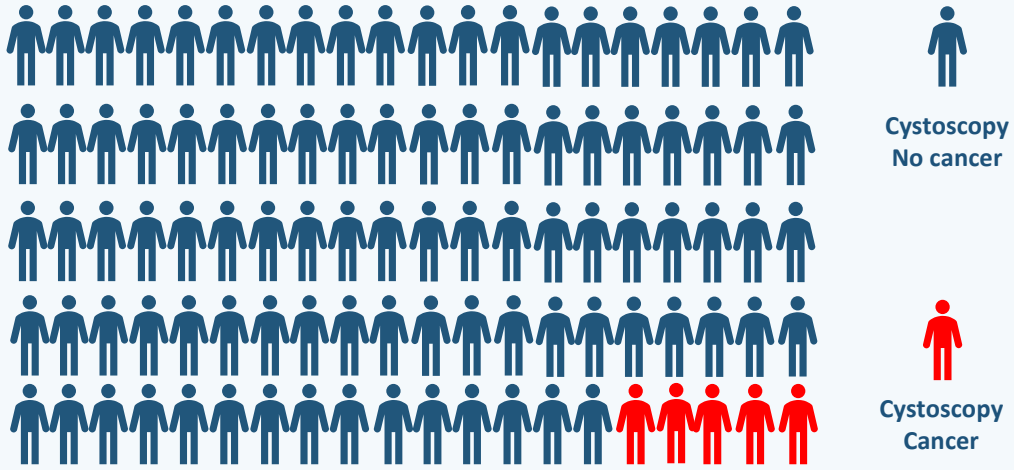
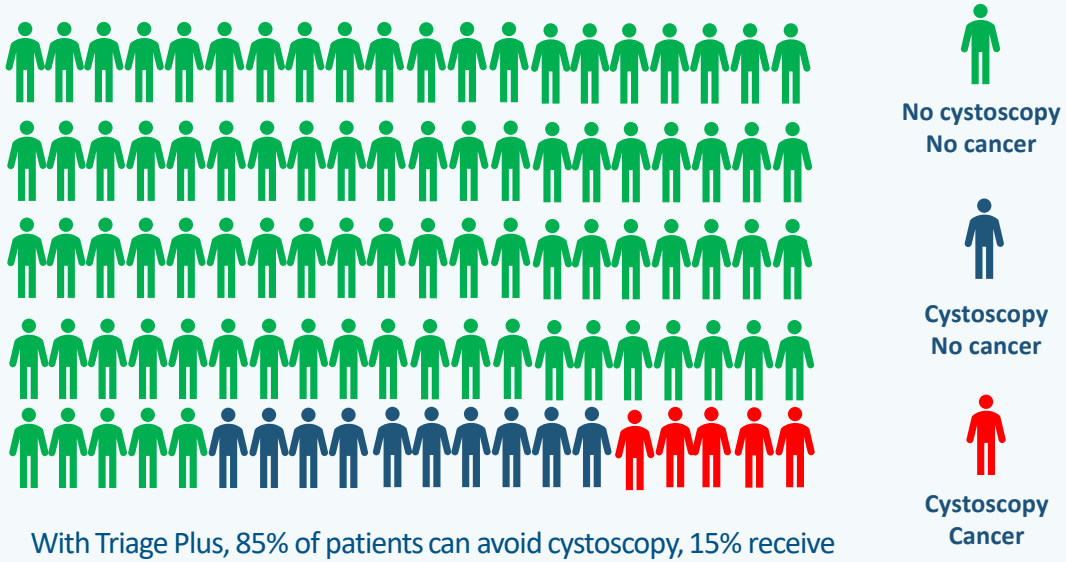


Illustration shows incidence of bladder cancer in microhematuria populations at 5%[1]

CYSTOSCOPIES SAFELY AVOIDED USING CXBLADDER

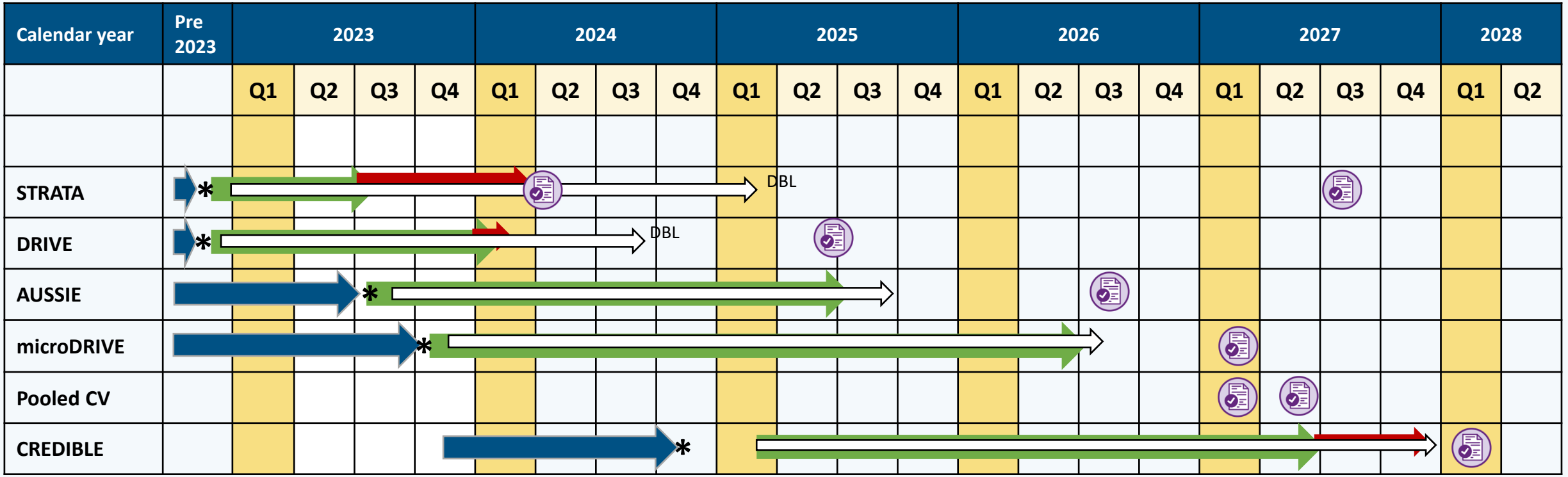


With Triage Plus, 85% of patients can avoid cystoscopy, 15% receive cystoscopy to find the same 5 cancer patients

- Cxbladder avoids invasive, unnecessary procedures saving >US$500/patient driving down costs for health systems and payers[2]
- Only 63% of counties in the US have a registered urologist[3] and only 13% of high-risk microhematuria patients receiving a cystoscopy[4]
- The US population is ageing and the urologists per person over 65 is falling (from 23.8/100k to 15.8/100k in 2035[5]) potentially delaying diagnosis
- Medicare reimbursement for cystoscopy has declined from US$204.80 in 2023 to US$172.80 in 2026[6]

1. AUA Guidelines cite incidence of bladder cancer in microhematuria risk categories from 0.4-6%. 5% is an example
2. Tyson et al (2024) Budgetary Impact of Including the Urinary Genomic Marker Cxbladder Detect in the Evaluation of Microhematuria Patients - PubMed (PMID: 37914255)
3. https://www.auanet.org/research-and-data/aua-census/census-results
4. https://acsjournals.onlinelibrary.wiley.com/doi/full/10.1002/cncr.25048
5. Nam et al. (2021) Projected US Urology Workforce per Capita, 2020-2060 JAMA Network Open Published Online: November 16, 2021
6. https://www.cms.gov/medicare/physician-fee-schedule/search

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

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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

THE CXBLADDER SUITE

	Hematuria Evaluation			NMIBC[1] Surveillance	
Cxbladder Product	**Triage**	**Detect**	**Triage Plus**	**Monitor**	**Surveillance Plus**
Product Summary	Risk stratification of microhematuria patients to rule out the majority of those patients from further workup for bladder cancer	Adjunctive use with cystoscopy on hematuria patients to resolve diagnostic dilemmas (e.g. equivocal cystoscopy and atypical cytology)	Risk stratification and adjunctive use on any hematuria patient with improved performance over Triage and Detect	Alternative to cystoscopy for NMIBC patients undergoing surveillance for recurrence	Alternative to cystoscopy for NMIBC patients undergoing surveillance for recurrence. Currently in development, showing improved performance
Analytical composition	5 RNA biomarkers + patient clinical factors	5 RNA biomarkers	5 RNA biomarkers + 6 DNA SNVs from 2 genes (FGFR3/ TERT)	5 RNA biomarkers + patient tumor history	13 SNVs across 5 genes 2 fusions associated with 1 gene 1 methylation marker 2 control markers
Test Performance	Hematuria[2] Sn: 95% Sp: 45% NPV: 99% PPV: N/A	Hematuria[3] Sn: 82%** Sp: 94%* NPV: 97%** PPV: 68%*	Hematuria[4] Sn: 93.6%**** Sp: 98.2%*** NPV: 99.4%**** PPV: 74.6%***	All risk groups[5,6] Sn: 93% Sp: N/A NPV: 97% PPV: N/A	All Risk Groups Sn: Not yet published Sp: Not yet published NPV: Not yet published PPV: Not yet published
When is it used?	Prior to cystoscopy	Prior to cystoscopy / as an adjunct / 3 weeks post cystoscopy		As a non-invasive surveillance alternative	
Commercially available?	✓	✓	Commercially available in APAC and under “early access” in US, pending coverage	✓	CPT-PLA code targeted for Dec 2026 Reimbursed on A58917 in Jul 2027
Medicare Pricing (USD)	**$760**	**$760**	**$1,328**	**$760**	**$1,800 (seeking by crosswalk)**

* When higher 0.23 cut point on test report is used
** When lower 0.12 cut point on test report is used
*** When higher 0.54 cut point on test report is used
**** When lower 0.15 cut point on test report is used

1. NMIBC: non-muscle invasive bladder cancer
2. 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.
3. O’Sullivan et al. (2012) A multigene urine test for the detection and stratification of bladder cancer in patients presenting with hematuria. J Urol 2012; 188:741–7.
4. 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
5. 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.
6. 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.

PacificEdge® CANCER DIAGNOSTICS

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	4,416,066	Pacific Edge estimate
	Price of Cxbladder (US$)	$1,328 for Cxbladder Triage Plus, $1,800 for Cxbladder Monitor	
	TAM (US$billion)	$6.4	

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	7,010,000	Pacific Edge estimate
	Price of Cxbladder EURO	€245	Pacific Edge estimate
	TAM (US$billion)	$1.9	

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	3,531,000	Pacific Edge estimate
	Price of Cxbladder (US$)	$550	Pacific Edge estimate
	TAM (US$billion)	$1.9	

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PacificEdge® CANCER DIAGNOSTICS

PACIFIC EDGE 2026 ANNUAL SHAREHOLDERS' MEETING

CHAIRMAN'S ADDRESS

Welcome everyone to Pacific Edge's 2026 Annual Shareholders' Meeting. My name is Simon Flood, and I'm a Director and Chair of Pacific Edge.

This is my first Annual Shareholders' Meeting having been appointed to the Board in December last year and assumed the role of Chair following Chris Gallaher's retirement.

I am very pleased to welcome shareholders joining us here in Auckland and those participating online.

I would like to spend a few moments putting Pacific Edge's current position in context — where we've been, the opportunity we have in front of us, why we're positive about the future, and to clearly set out what we believe we need to do to realize the opportunities we see.

When I joined Pacific Edge late last year, I did so because I believed the company had assembled something rare and tremendously exciting in a sector that I have a strong affinity with: patented, non-invasive tests with proven clinical utility, a substantial and expanding evidence base, a recognised patient and healthcare system need, and a meaningful global opportunity.

I also believed that the Medicare process, while challenging, would ultimately recognize the value Cxbladder offers.

That conviction has strengthened.

The draft Local Coverage Determination (LCD) published by Medicare Administrative Contractor Novitas in May proposes Medicare coverage for both Cxbladder Triage and Cxbladder Triage Plus — our tests for the evaluation of patients presenting with hematuria, blood in urine. Importantly, those are the only biomarkers proposed to be reimbursable under that policy.

This is a company-defining milestone and a significant validation of our evidence-led strategy and is major step forward to an opportunity worth — in revenue terms — US$10.2 billion annually.

Our work is incomplete in this regard, but the draft LCD is a huge step forward and a hard-won recognition for the years of work put in by our Team lead by Pete Meintjes. The LCD remains draft, and disciplined execution remains essential as we await confirmation of a final LCD which we hope to receive before the end of this year. The difference that the draft LCD makes is that it gives Pacific Edge a clearer reimbursement pathway and a legitimacy that confirms Cxbladder as the leader in its field, and that's a great place for us to start rebuilding sales momentum.

Bladder cancer diagnosis often begins with the evaluation of the causes of hematuria and there are millions of hematuria evaluations each year in the United States.

Cxbladder is designed to help identify hematuria patients at a low risk of cancer. Appropriately used, it will ensure that patients are able to receive an accurate diagnosis, that was previously only available if they underwent a cystoscopy, a procedure many have chosen to avoid given its invasive nature.

The risk stratification of patients by clinicians also ensures that higher-risk patients continue through the appropriate pathway which has been freed up by the redirection of those low and

intermediate risk patients. That delineation of care is valuable for patients, clinicians, and the healthcare system as a whole.

Pacific Edge is now better positioned to pursue that opportunity than it was twelve months ago. The draft LCD deepens the commercial and scientific moat around the business. The inclusion of Triage Plus also opens the potential for improved unit economics.

Growing commercial payer support in the United States from what effectively amounts to a validation of our products will in turn support growth in other markets such as the Asia Pacific where we are seeing steady progress.

This next slide puts the current moment in context.

Pacific Edge's progress has been the result of a long and deliberate journey: building evidence, establishing diagnostic operations in New Zealand and the United States, launching Cxbladder products, securing early commercial use, and working over many years to embed our tests into clinical practice.

For a diagnostics company, adoption is earned through evidence, demonstrated clinical utility, better patient pathways, and the confidence of clinicians and payers. Pacific Edge has done that hard work.

The achievements of the last two years have been significant markers on that journey. They include:

- the groundbreaking STRATA study that established the clinical utility of Cxbladder Triage;
- the inclusion of that test in the American Urological Association Guideline in 2025;
- the resounding support for the test expressed by the expert Contractor Advisory Committee convened by Novitas in February of this year; and
- now the draft LCD.

Together they have endorsed our strategy of placing thoroughly researched and validated clinical evidence at the heart of value creation. Those elements also give us a highly credible pathway to convert market access into growth and, over time, profitability.

As shareholders will be well aware this journey has not been linear. The Medicare non-coverage period was a serious challenge.

But the long-term direction of travel is clear: the company has continued to build evidence, protect its intellectual property and develop products with the potential to improve the standard of care in bladder cancer diagnostics.

That is also the basis for my own conviction.

I am aligned with shareholders not only as Chair, but as someone who has chosen to invest personally in Pacific Edge. I have done so alongside my fellow directors, management and the broader team because we believe the opportunity is real, the evidence is increasingly recognized, and the company now has a pathway to create substantially greater value if it executes well.

Turning now to FY26.

The financial results reflect the impact of Medicare non-coverage. Commercial test volumes and operating revenue were down, and the company recorded a large net loss. Those have been real challenges.

Still, as I have highlighted FY26 was a year of strategic delivery. Pacific Edge preserved the core assets required to scale, managed costs carefully, reduced cash burn in the second half, and completed a capital raising to support the next phase of the strategy, which is all about delivery and growth.

Most importantly, FY26 delivered the draft LCD. The company also built commercial payer momentum in the United States, while Asia Pacific continued to advance through clinical pathway adoption and commercial progress.

These developments broaden the opportunity beyond Medicare alone.

Triage Plus also improves the outlook. Its higher performance and Medicare price create the potential to improve revenue per reimbursed test, margins and the company's path to profitability. Surveillance Plus remains an important future opportunity, with further clinical validation and reimbursement steps ahead.

Pacific Edge is in a materially stronger strategic position than it was a year ago.

The message I want to leave shareholders with is this: Pacific Edge has been through a difficult period, but it has not stood still. It has protected and strengthened the foundations of the business.

As Chair, I am excited about the future of Pacific Edge.

I am also realistic about the execution required. We will continue to be measured, disciplined and transparent and I believe the company now can convert its first-mover position, clinical evidence, and product innovation into meaningful value for patients, healthcare systems, and shareholders.

On behalf of the Board, I thank our shareholders for your patience and support, the Pacific Edge team for their commitment, and the clinical community whose engagement has helped to bring the company to this important point.

I will now hand over to Peter, who will speak in more detail about the company's operational progress, commercial priorities, and outlook.

/end