GENEOSCOPY

*The colorectal cancer **prevention** company*

Geneoscopy's proprietary GI health platform…

Stool instead of Blood

✅ **Stool**: Direct source of epithelial cells, valuable GI biomarkers

❌ **Blood**: Distant and diffuse signal, limited to advanced disease

RNA instead of DNA

✅ **RNA**: Phenotypic, quantitative and dynamic information

❌ **DNA**: Genotypic and qualitative, limited functionality and insight

Our unique approach has **minimal direct competition** and is protected via **exclusive rights to 3 filed utility patents**

...offers a solution for a number of unmet clinical needs

	Screening	Diagnosis	Treatment	Surveillance	Recurrence	Drug Dev
Current	**Pipeline**	**Future**				
Colorectal Cancer	✔ (Current)		✔ (Future)	✔ (Pipeline)	✔ (Pipeline)	✔ (Future)
Crohn's Disease		✔ (Future)	✔ (Future)	✔ (Pipeline)	✔ (Pipeline)	✔ (Future)
Ulcerative Colitis		✔ (Future)	✔ (Future)	✔ (Pipeline)	✔ (Pipeline)	✔ (Future)
Infectious Disease	✔ (Future)	✔ (Future)	✔ (Future)			
Necrotizing Enterocolitis	✔ (Future)	✔ (Future)				
Celiac Disease		✔ (Future)	✔ (Future)			
Irritable Bowel Syndrome		✔ (Future)	✔ (Future)			✔ (Future)
Diabetic Gastroparesis			✔ (Future)	✔ (Future)	✔ (Future)	

Colorectal cancer is the 2nd deadliest cancer worldwide

1 in 20
Diagnosed With CRC

63%
Diagnosed in Late Stage

50,000
Annual Deaths in US

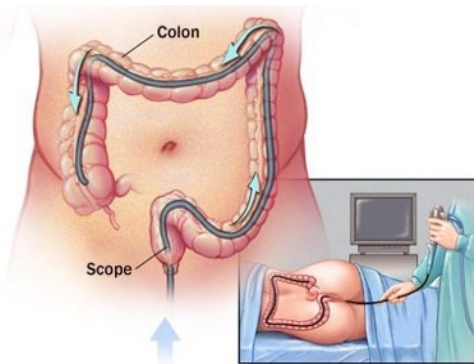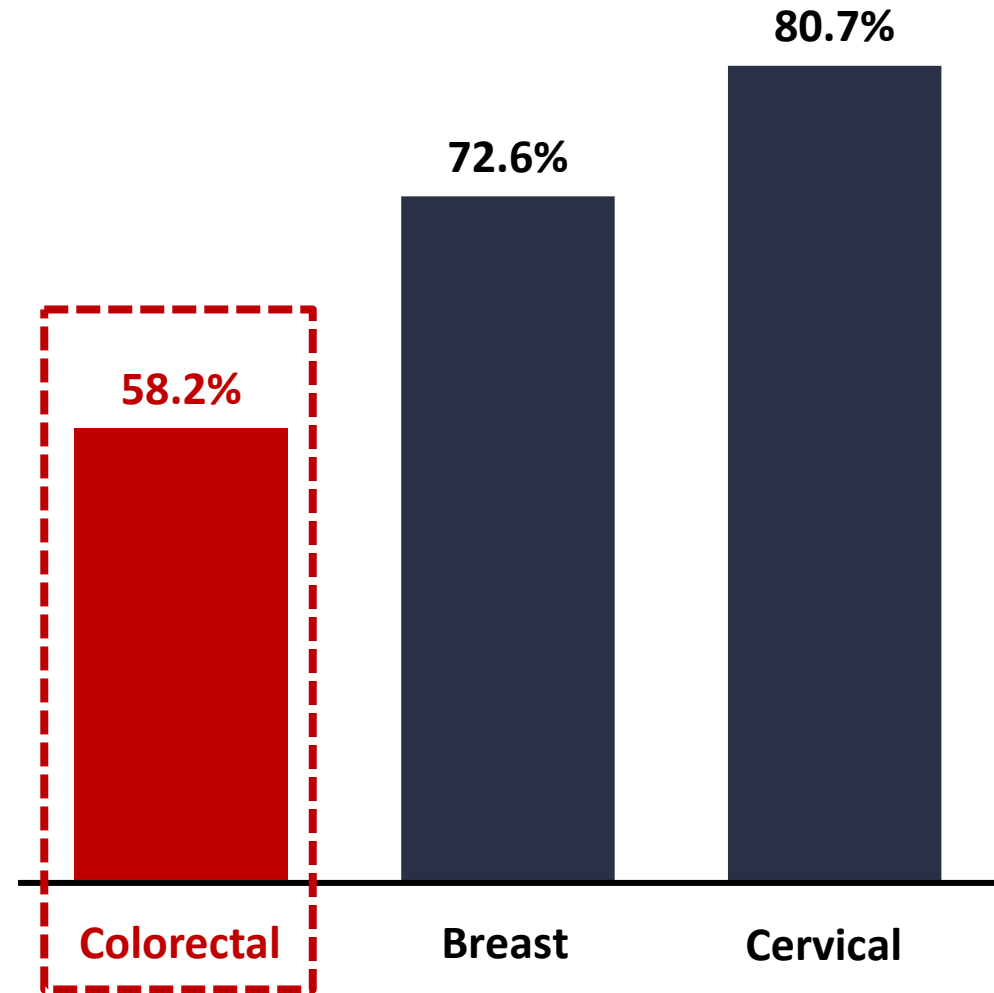# Patient aversion to colonoscopy drives low compliance...

Bowel Prep

Sedation

Discomfort

Cancer Screening Compliance Rates

80.7%

72.6%

58.2%

Colorectal

Breast

Cervical

Noninvasive screening landscape

| Test	Sample Type	Detection Method	Method Limitations
Epi proColon	Blood	DNA biomarkers	CRC sensitivity AA sensitivity
FIT	Stool	Hemoglobin	AA sensitivity Compliance
Cologuard	Stool	FIT + DNA biomarkers	AA sensitivity
Geneoscopy	Stool	FIT + RNA biomarkers	RNA extraction/ preservation

...and noninvasive tests are suboptimal at preventing CRC

Sensitivity for Colorectal Cancer (CRC)

- Cologuard — **92%**
- FIT — **74%**
- Epi proColon — **68%**

Sensitivity for Advanced Adenomas (AA)

- Cologuard — **42%**
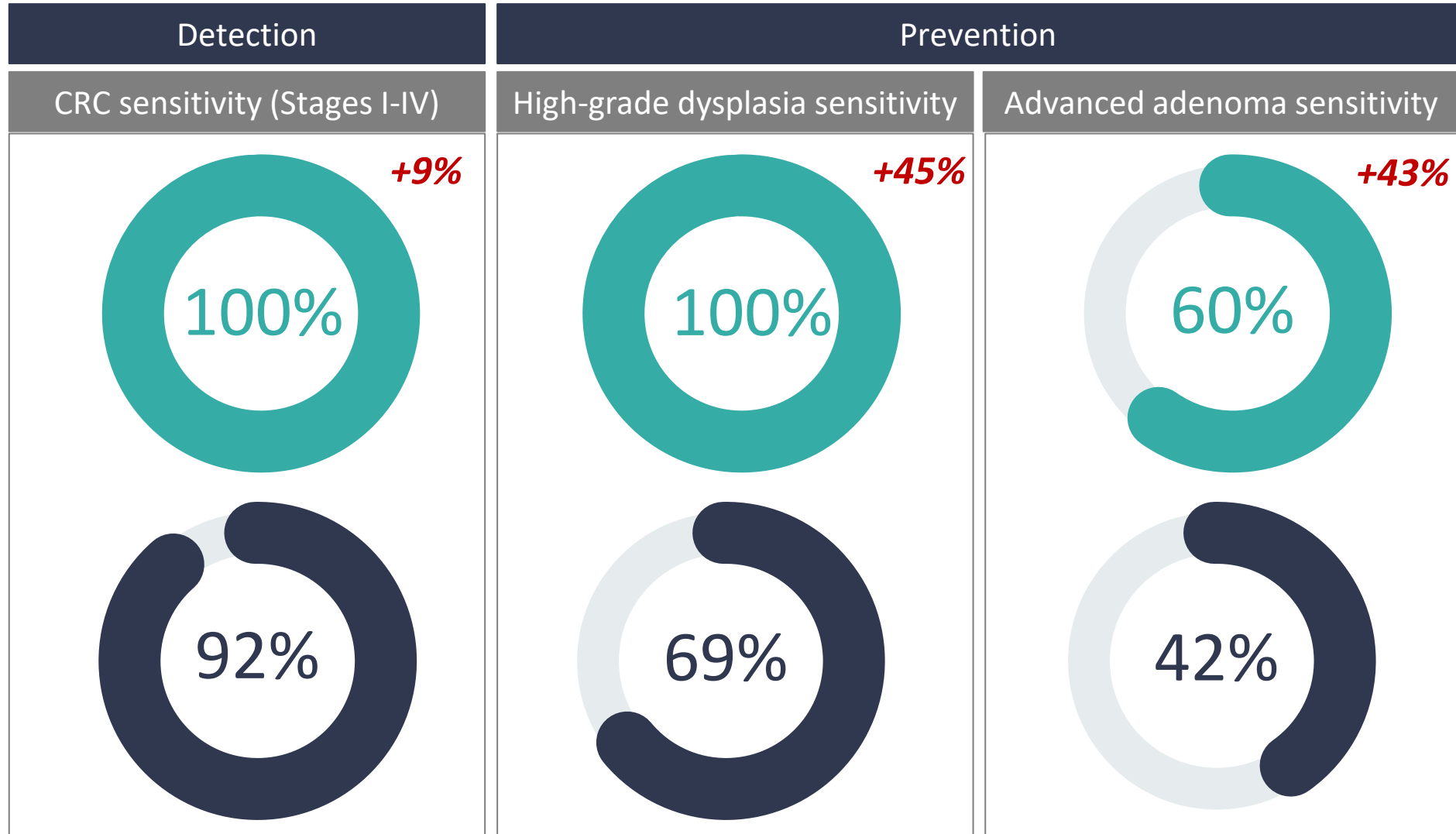- FIT — **24%**
- Epi proColon — **22%**
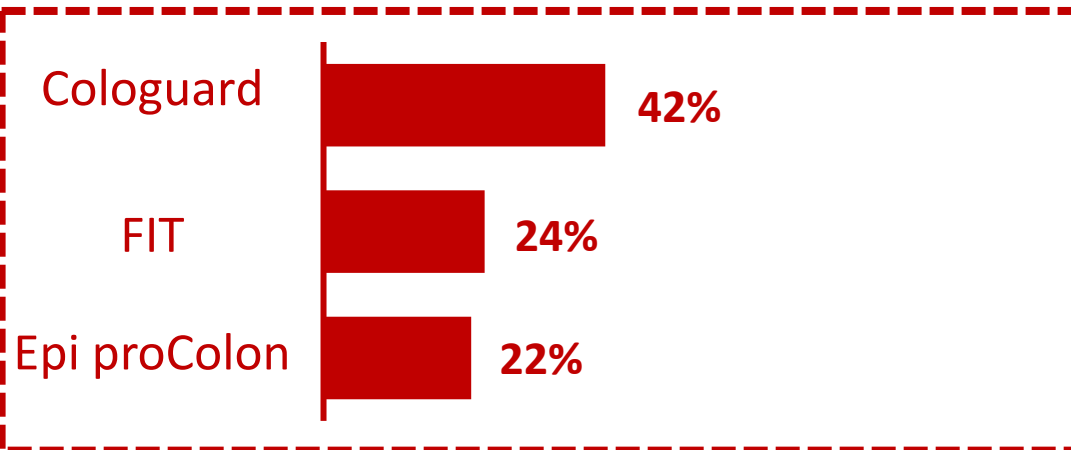
*"In this update of each organization's guidelines, screening tests are grouped into those that primarily detect cancer early and those that can detect cancer early and also can detect adenomatous polyps, thus providing a greater potential for prevention through polypectomy...**It is the strong opinion of these 3 organizations that colon cancer prevention should be the primary goal of screening**."*

American Cancer Society®

ACR® AMERICAN COLLEGE OF RADIOLOGY

AMERICAN COLLEGE OF GASTROENTEROLOGY

ASGE American Society for Gastrointestinal Endoscopy

aga American Gastroenterological Association

Geneoscopy prevents CRC through adenoma detection...

Detection	Prevention	
CRC sensitivity (Stages I-IV)	High-grade dysplasia sensitivity	Advanced adenoma sensitivity
+9%	**+45%**	**+43%**
100%	100%	60%
92%	69%	42%

Further validation in >9,000-patient pivotal clinical study (June 2021)

cologuard®
Rx only

...translating to an attractive product for stakeholders

Physician Choice Modeling — ROSA®

- ROSA modeled physician behavior to discern PCP / GI preferences for CRC screening tests
- Simulator estimates a 28%-35% preference share for Geneoscopy (**$4.3B-$5.4B annual revenue**)
- 4 out of 6 top test attributes are directly related to **prevention** via adenoma detection

PCP Top Attributes	GI Top Attributes
1. Patient out-of-pocket cost	1. Colorectal cancer sensitivity
2. **High grade dysplasia sensitivity**	2. **Advanced adenoma sensitivity**
3. **Advanced adenoma sensitivity**	3. **High grade dysplasia sensitivity**

Health Economics Analysis — PRECISIONheor

- PRECISIONheor has completed a cost-effectiveness evaluation for CRC screening
- Geneoscopy's prevention-based approach improves health outcomes vs. Cologuard:
  - 15.8% reduction in CRC cases through CRC prevention **eliminating 8,400 cases of CRC per year**
  - 16.3% reduction in CRC mortality through CRC prevention and early detection **saving 3,000 lives per year**
- Geneoscopy's test fits a value-based system driven by quality measures (e.g., Star ratings)

Third-party research confirms that physicians and payers prefer prevention capabilities

Colorectal cancer prevention is an attractive market...

Support from Societies & Guidelines	Strong Coverage Dynamics
American Cancer Society® · U.S. Preventive Services TASK FORCE · MEDICARE STAR RATINGS · NCCN National Comprehensive Cancer Network® · NCQA Measuring quality. Improving health care.	Cigna. · UnitedHealthcare · BlueCross BlueShield · aetna · CMS · Humana. · Anthem

Large Total Addressable Market

108 Million Screening Population (Americans ages 45-75)	÷	3.0 Year Screening Interval (Cologuard intended use)	✕	85.0% Screening Compliance (Long-run societal target)	✕	$500 Revenue Per Test (Cologuard level)	=	$15.3 Billion Target Market

...validated by Cologuard's commercial traction

Physician Adoption

>225K prescribing physicians

1.7M test volume (2020)

$815M revenue (2020)

5.4% market share

Year	Revenue
2015	$39M
2016	$99M
2017	$266M
2018	$455M
2019	$810M
2020	$815M
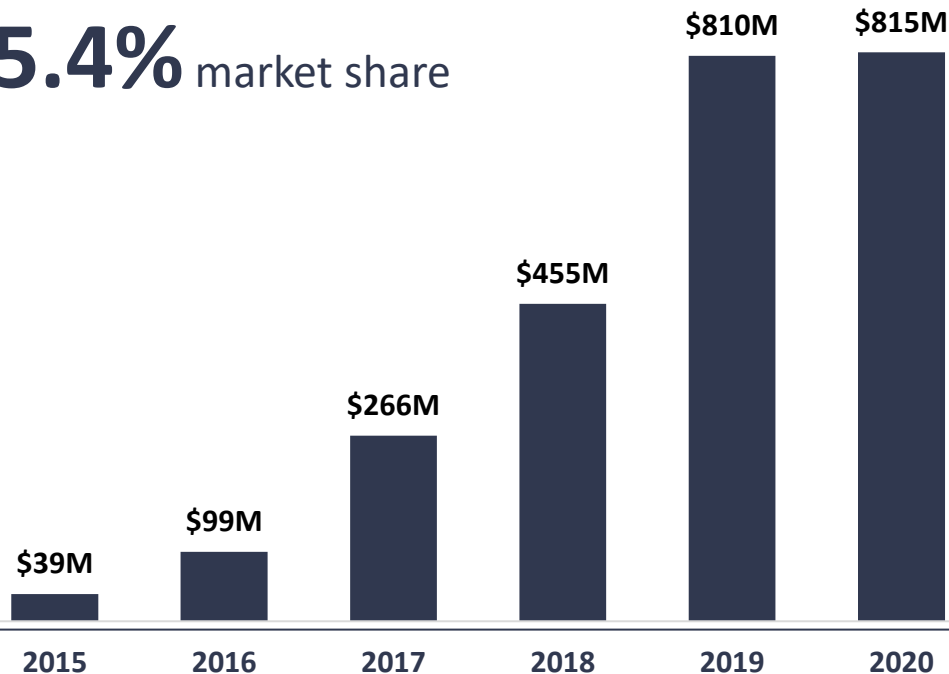
Patient Experience

$0 patient out-of-pocket cost

88% rated experience to be very positive

Payor Support
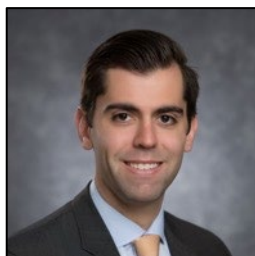
97% insurance coverage

$509 CMS reimbursement
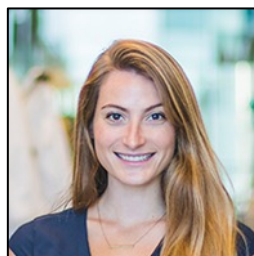
Investor Interest

$21.3B market cap (April 20, 2021)

$3.0B+ capital raised in public markets

Core team with strong foundation in precision medicine
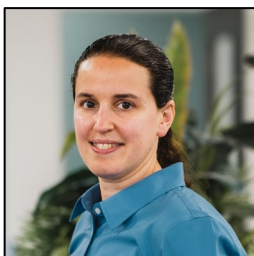
Andrew Barnell, MBA
Chief Executive Officer

J.P.Morgan | LINDSAY GOLDBERG
Wharton UNIVERSITY of PENNSYLVANIA

Erica Barnell, PhD
Chief Science Officer

Washington University in St.Louis SCHOOL OF MEDICINE | McDONNELL GENOME INSTITUTE

Management Team

Advisors / Board Members

Vince Wong
Chief Commercial Officer

Roche Diagnostics

Ann Zuniga
Sr. Director, Product Dev

FIRST LIGHT DIAGNOSTICS | BIOMÉRIEUX
GenMark Dx

Jim Merselis
Diagnostics Executive

Roche Diagnostics | HemoSense

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VP, Software & IT

genomic Health LIFE. CHANGING.

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GENEPRO DX | OOM

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CARIS LIFE SCIENCES | GUARDANT
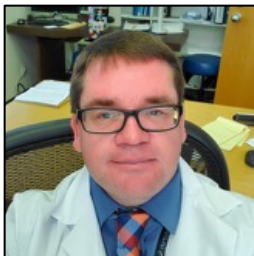
Tom Fitzgerald
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Washington University in St.Louis SCHOOL OF MEDICINE | Quest Diagnostics
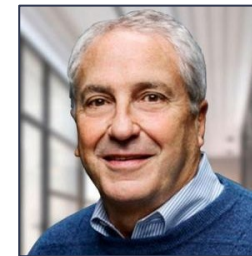
Don Hardison
Former Exact Sciences CEO
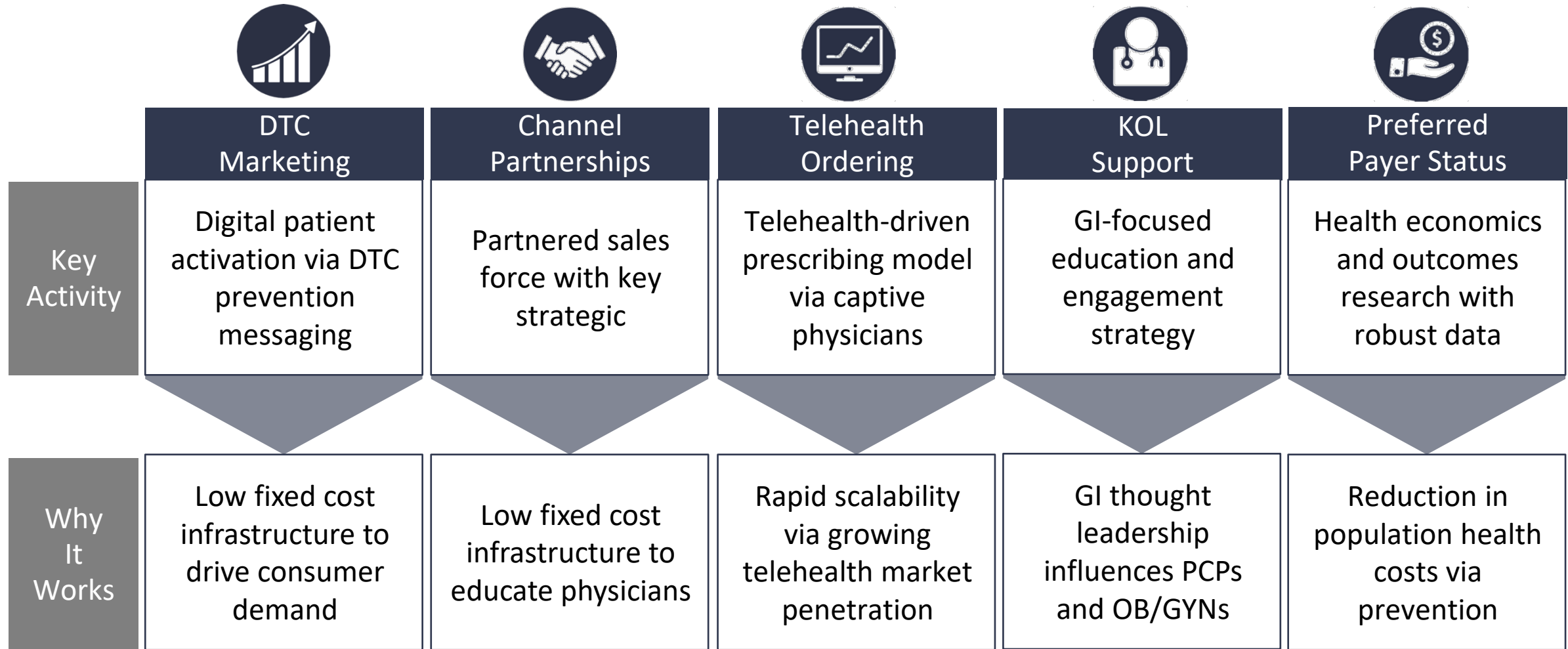
EXACT SCIENCES | LabCorp
BIO THERANOSTICS | GoodStart Genetics

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Appendix

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Pillars of Geneoscopy's standalone launch strategy

	DTC Marketing	Channel Partnerships	Telehealth Ordering	KOL Support	Preferred Payer Status
Key Activity	Digital patient activation via DTC prevention messaging	Partnered sales force with key strategic	Telehealth-driven prescribing model via captive physicians	GI-focused education and engagement strategy	Health economics and outcomes research with robust data
Why It Works	Low fixed cost infrastructure to drive consumer demand	Low fixed cost infrastructure to educate physicians	Rapid scalability via growing telehealth market penetration	GI thought leadership influences PCPs and OB/GYNs	Reduction in population health costs via prevention

"Prevention" is the critical medical marketing differentiator with all stakeholders

Geneoscopy's algorithm development study approach prepares the company for its clinical validation study

Real-World Study Design

- **Population:** United States
- **Sites**: Hundreds of endoscopy sites
- **Collection Method:** 99.8% prospective
- **Patients**: Intended use population
- **Handling**: Samples shipped in mail for up to 4 days
- **Instrumentation:** Final FDA cleared platforms
- **Reproducibility**: Varied lots across the test system
- **Features**: 14 available features
- **Thresholds:** Selected within training folds

Reproducible Model Development

- **Positive Patients**: CRC, advanced adenomas, other precancerous adenomas (41% of patients)
- **Negative Patients:** Benign / hyperplastic polyps, healthy patients (59% of patients)
- **Model Features:** 10 markers (FIT, smoking status, 8 RNA biomarkers)
- **Model:** Ordinal regression
- **Evaluation Technique:** 5-fold Internal cross-validation, hold-out testing set
- **Threshold Setting:** Targeted 85% specificity for patients with no findings on colonoscopy

Competitors: Prospective Study vs. Case Control Results

		cologuard	2.0 cologuard	GRAIL	freenome	GUARDANT	Training	Testing
Prospective	CRC Sens	92%					100% (n=3)	100% (n=4)
	AA Sens	42%					59% (n=66)	60% (n=50)
	OPA Sens	17%					22% (n=279)	25% (n=139)
	Specificity	88%					85% (n=591)	84% (n=175)
Case Control	CRC Sens	98%	92%[1]	79%[2]	91%[3]	79%[4]		
	AA Sens	57%	46%[1]	No Data	41%[3]	No Data		
	OPA Sens	No Data	No Data	No Data	No Data	No Data		
	Specificity	90%	92%[1]	99%[2]	90%[3]	98%[4]		

[1] Partially prospective. Small adenomas were included, but no benign polyps and samples were weighted toward CRC and large advanced adenomas

[2] Analysis only included healthy patients and patients with cancer. Stage I-III sensitivity = 70%

[3] Analysis only included healthy patients and patients with cancer selected from a larger patient cohort. AA Sens includes over representation of high-grade dysplasia and/or villous architecture, and was derived from a separate data set and algorithm than the cancer sensitivity

[4] Analysis only included healthy patients and patients with cancer. Stage I sensitivity = 64%

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Liquid biopsy assays do not represent near-term threats

| Limitations of Liquid Biopsy Research	Blood Has Limited Access to Early-Stage / Precancerous Biomarkers

Limitations of Liquid Biopsy Research

➢ **Study Design**: Retrospective, case-control studies have limited reproducibility and largely fail to address prevention through adenoma detection

➢ **Scalability:** Studies currently report on <50% of enrolled patients implying either selection bias or assay failure due to sample input requirements

➢ **Early Stage / Tumor Origin Detection**: Lack of high-quality tissue of origin predictions combined with low early-stage sensitivity (<25%) limits clinical actionability

➢ **Large Feature Pools**: Whole genome / methylome assays are incredibly expensive and will face reimbursement pushback from payers
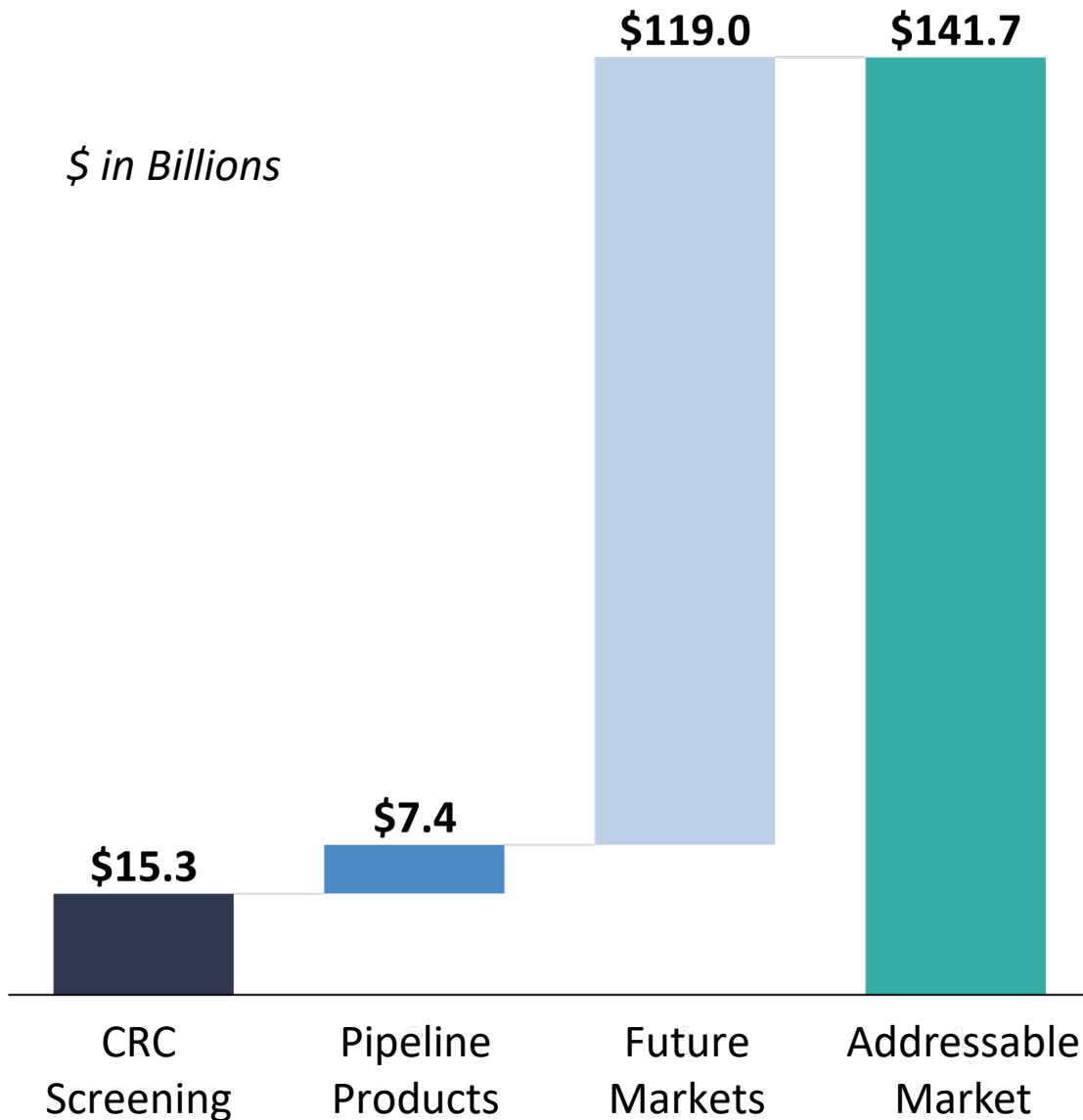
Blood Has Limited Access to Early-Stage / Precancerous Biomarkers

➢ Liquid biopsy approaches rely on biomarkers that are physically segregated from blood via biological barriers:

- Lamina propria separates colonic cells from submucosa
- Adhesion molecules prevent basement membrane penetration
- Connective tissue is comprised of sticky stromal cells
- Endothelial basement membrane separates plasma from colonic cells / biomarkers
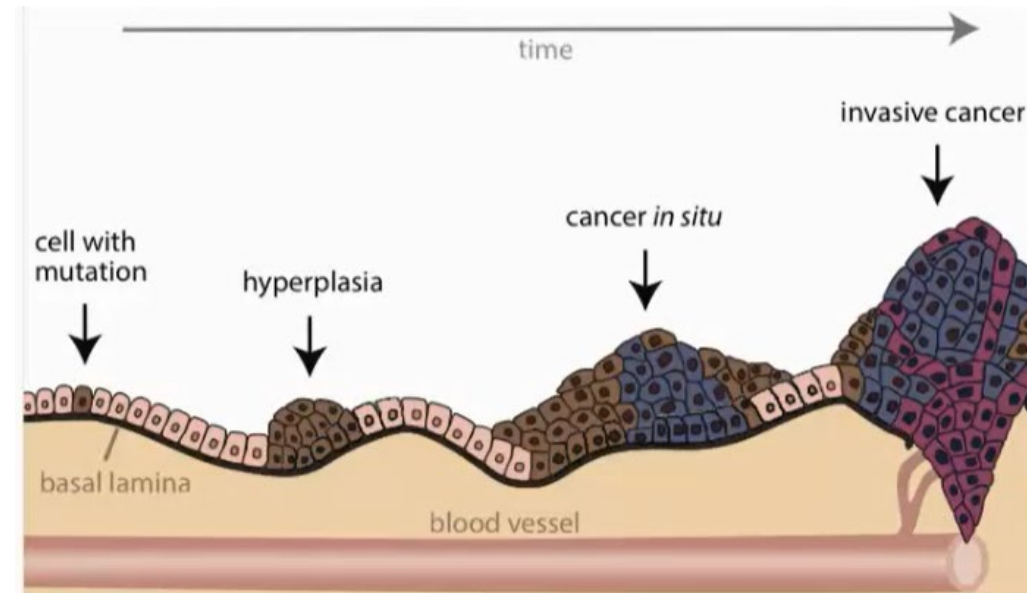
Source: Johns Hopkins School of Medicine

GI represents large, established, and growing markets

$ in Billions

$15.3 — CRC Screening

$7.4 — Pipeline Products

$119.0 — Future Markets

$141.7 — Addressable Market

1 Beachhead market where technological validation has already been achieved

2 Near-term pipeline opportunities with large markets and unmet clinical needs

3 Future indications and applications with long-term growth potential

Thank You

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