



Corporate Presentation

July 2025

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This presentation contains forward-looking statements and estimates with respect to the anticipated future performance of mdxhealth and the market in which it operates. These statements are often, but are not always, made through the use of words or phrases such as “potential,” “expect,” “will,” “goal,” “next,” “potential,” “aim,” “explore,” “forward,” “future,” and “believes” as well as similar expressions. Forward-looking statements contained in this presentation include, but are not limited to, statements regarding the acquisition of Oncotype DX® GPS prostate cancer business from Exact Sciences including statements regarding the anticipated benefits of the acquisition; statements regarding expected future operating results; statements regarding product development efforts; and statements regarding our strategies, positioning, resources, capabilities and expectations for future events or performance. Such statements and estimates are based on assumptions and assessments of known and unknown risks, uncertainties and other factors, which were deemed reasonable but may not prove to be correct. Actual events are difficult to predict, may depend upon factors that are beyond the company’s control, and may turn out to be materially different. Examples of forward-looking statements include, among others, statements we make regarding expected future operating results; product development efforts, our strategies, positioning, resources, capabilities and expectations for future events or performance. Important factors that could cause actual results, conditions and events to differ materially from those indicated in the forward-looking statements include, among others, the following: uncertainties associated with global macroeconomic conditions; our ability to successfully and profitably market our products; the acceptance and reimbursement of our products and services by healthcare providers and payors; our ability to obtain and maintain regulatory approvals and comply with applicable regulations; the possibility that the anticipated benefits from our business acquisitions like our acquisition of the Oncotype DX® GPS prostate cancer business will not be realized in full or at all or may take longer to realize than expected; and the amount and nature of competition for our products and services. Other important risks and uncertainties are described in the Risk Factors sections of our most recent Annual Report on Form 20-F and in our other reports filed with the Securities and Exchange Commission. The Company expressly disclaims any obligation to update any such forward-looking statements in this presentation to reflect any change in its expectations with regard thereto or any change in events, conditions or circumstances on which any such statement is based unless required by law or regulation. The Company obtained the industry, statistical and market data, including its general expectations, market position and market opportunity, in this presentation from its own internal estimates and research as well as from industry and general publications and research, surveys and studies conducted by third parties. The market data used in this presentation involves a number of assumptions and limitations. While the Company believes that the information from these industry publications, surveys and studies is reliable, the industry in which it operates is subject to a high degree of uncertainty and risk due to a variety of important factors. These and other factors could cause results to differ materially from those expressed in the estimates made by third parties and by the Company. This presentation does not constitute an offer or invitation for the sale or purchase of securities or assets of mdxhealth in any jurisdiction. No securities of mdxhealth may be offered or sold within the United States without registration under the U.S. Securities Act of 1933, as amended, or in compliance with an exemption therefrom, and in accordance with any applicable U.S. securities laws.

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Analyst Coverage

Any opinions, estimates or forecasts made by analysts are theirs alone and do not represent opinions, forecasts or predictions of mdxhealth or its management. Requests for copies of analyst reports should be directed at the respective analyst and institution.



mdxhealth provides highly accurate and clinically actionable urologic solutions to inform patient diagnosis and treatment while improving healthcare economics for payers and providers



Ticker: **MDXH**

mdxhealth fundamentals for growth



Fundamentals in place

- Compelling and comprehensive menu in prostate cancer
- Robust clinical data
- Established reimbursement and guidelines inclusion



Levers for growth

- Expansion of mdxhealth clinical pathway for prostate cancer (acquisition of Genomic Prostate Score)
- Expanding coverage of current menu (Select mdx LCD published)
- Expanding US commercial footprint



Established focus & execution

- World-class CLIA certified multi-state lab operations
- Experienced and expanded channel into urology
- Urinary Tract Infection opportunity validated



Potential opportunities

- Opportunistic decentralization of menu as appropriate
- Expanded channel outside of urology
- Menu Expansion: Monitor mdx and business development opportunities

Experienced leadership team

Track record of success



**Michael K.
McGarrity**

Chief Executive Officer

Joined mdxhealth in 2019
Nanosphere
(Luminex/DiaSormin)
Stryker



**Ron
Kalfus**

Chief Financial Officer

Joined mdxhealth in 2019
Rosetta Genomics
Mabcure



**John
Bellano**

Chief Commercial Officer

Joined mdxhealth in 2019
Assurex Health (Myriad Genetics)
Third Wave Technologies (Hologic)
Roche Diagnostics Molecular
Diagnostics



**Joseph
Sollee**

Executive Vice President
Corp. Dev. General Counsel

Joined mdxhealth in 2008
Triangle Pharmaceuticals
TherapyEdge

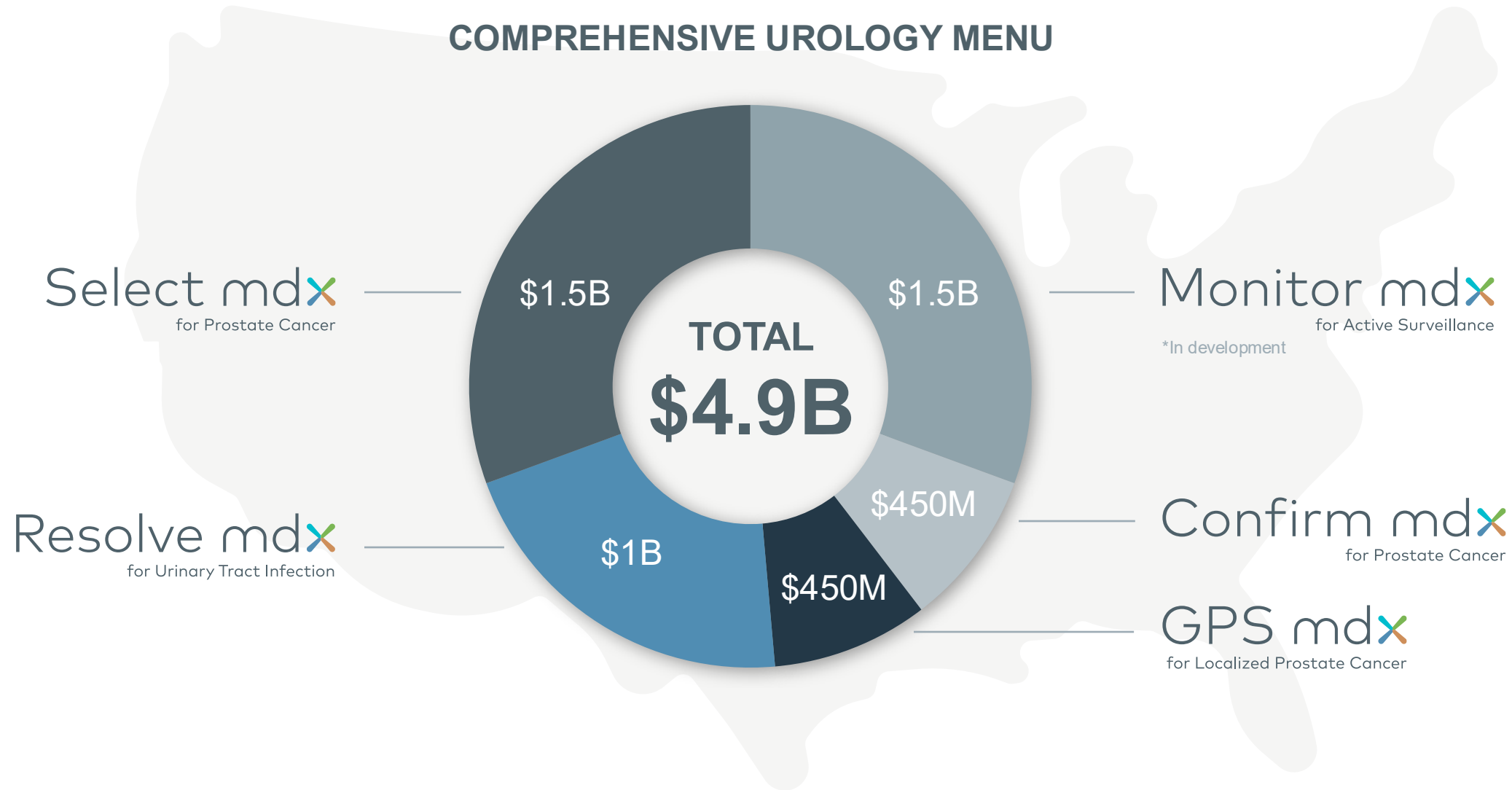


**Miriam
Reyes**

Executive Vice President
Laboratory Operations

Joined Mdxhealth in 2011
CombiMatrix
Agendia
Labcorp

Our menu addresses a \$4.9B U.S. market opportunity⁽¹⁻⁵⁾



Commercial levers to drive growth

One of the most compelling, comprehensive and accurate menus in urology



Standardized laboratory partner for urology group practice

- **One** rep
- **One** laboratory
- **One** patient support program
- **ONE PARTNER** in the diagnosis and treatment of prostate cancer



Experienced distribution channel and broad KOL network

- Expanded commercial team to >70 people



Acquired Exact Sciences' Genomic Prostate Score (GPS) test

- Established brand with broad customer base
- Covered by Medicare



Validated advanced Urinary Tract Infection (UTI) opportunity

- Launched in second half of 2021

GPS mdx

for Localized Prostate Cancer

ACQUIRED AUGUST 2022

Resolve mdx

for Urinary Tract Infection

UTI TEST LAUNCHED 2021

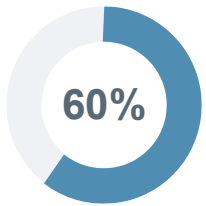
Current challenges with diagnosing prostate cancer



Prostate cancer screening



elevated PSA results annually⁽¹⁻²⁾



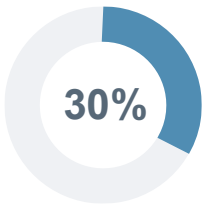
of biopsies DO NOT reveal cancer and may lead to increased complications and hospitalization⁽³⁻⁶⁾



Prostate cancer diagnosis



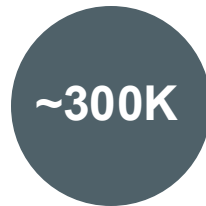
men undergo biopsies annually⁽²⁾



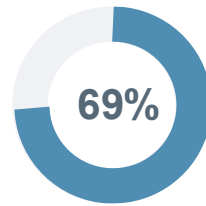
of cancer-negative biopsies are false negatives, meaning these patients actually have cancer⁽⁷⁾



Prostate cancer risk stratification



prostate cancers diagnosed annually⁽⁸⁾



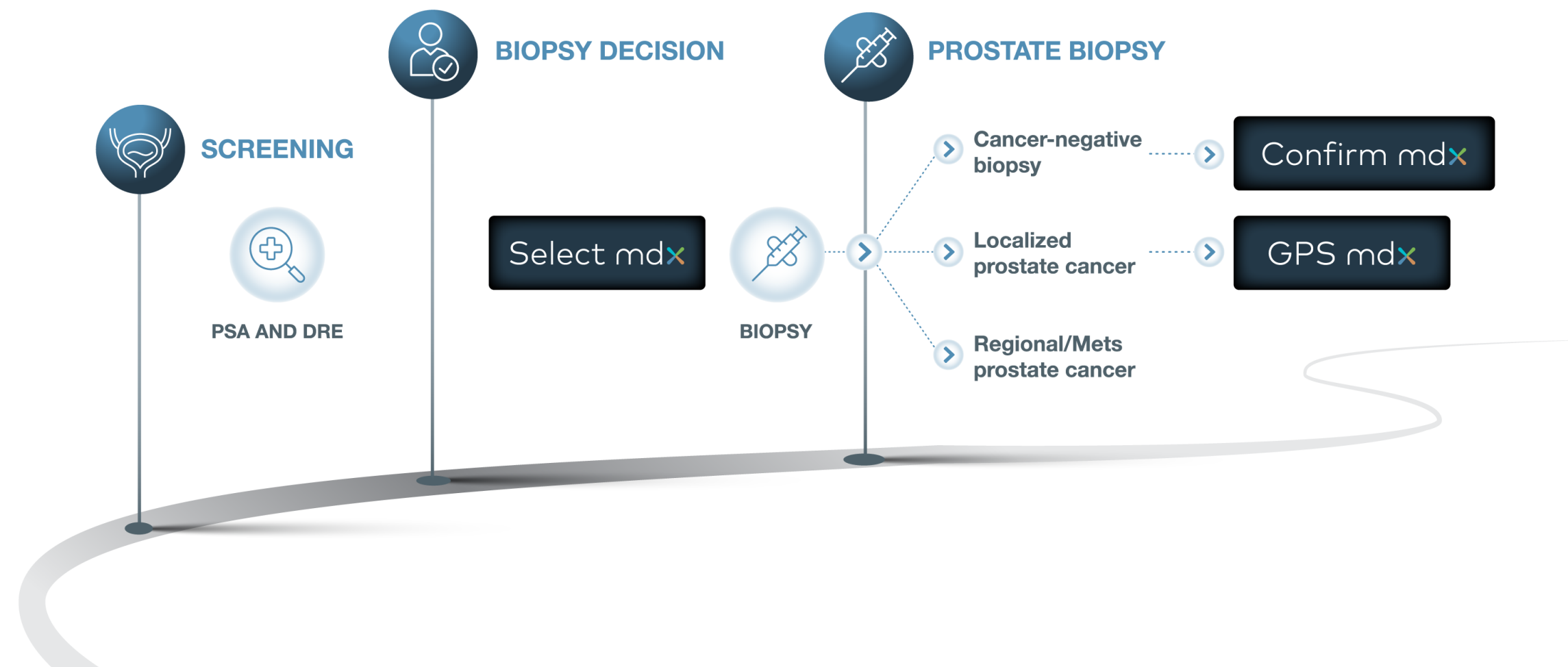
of new prostate cancer diagnosis are localized; Active Surveillance or treatment decision⁽⁸⁾



Prostate cancer is the most common cancer and the 2nd deadliest cancer in U.S. men⁽¹⁾

Expanding menu in the prostate cancer diagnostic pathway

One of the most comprehensive menus in prostate cancer



A highly predictive test to identify men at low risk for aggressive prostate cancer

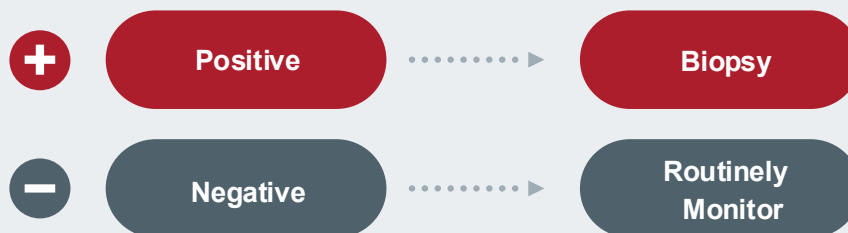
Abnormal PSA/DRE

At risk for aggressive cancer?

95% NPV

Select mdx
for Prostate Cancer

Binary actionable
results for patient
and HCP



Non-invasive

Urine-based “rule-out” test improves the diagnostic disposition of patients by avoiding unnecessary prostate biopsies

Accurate

95% negative predictive value ⁽¹⁾

Validated

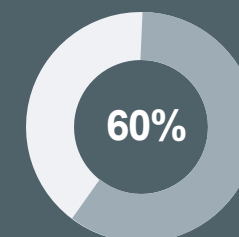
12 published studies on genes and technology

Cost effective

Potential to avoid invasive and unnecessary prostate biopsies and save the U.S. healthcare system >\$500 million ⁽²⁾ each year

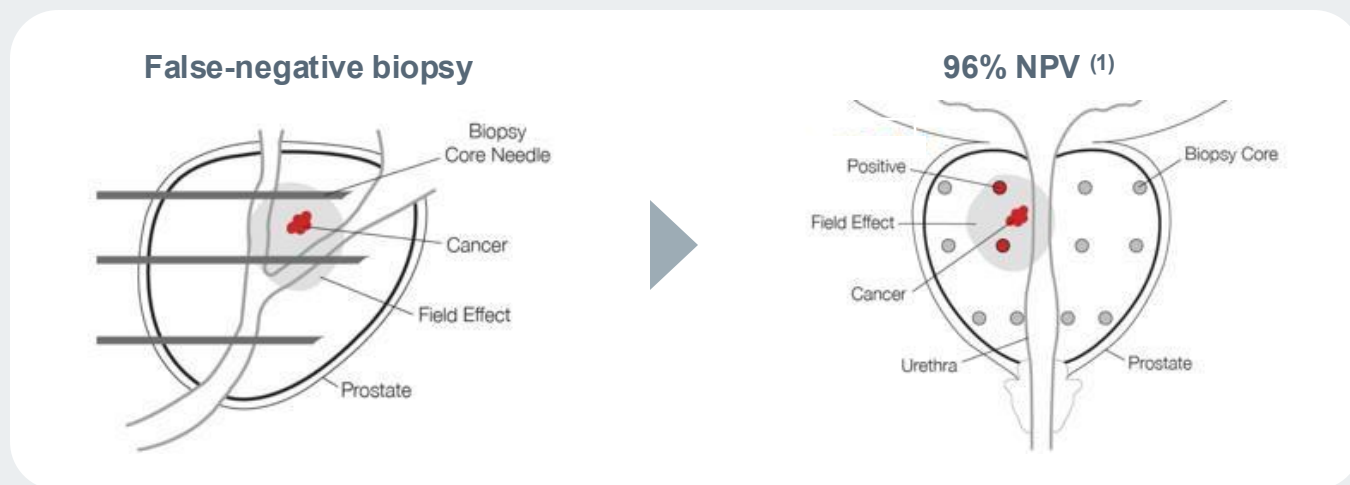
National guidelines

Included in EAU and NCCN guidelines ⁽³⁻⁴⁾



60% of initial biopsies do not reveal cancer ⁽⁵⁻⁸⁾

The only epigenetic test to identify men at risk for aggressive prostate cancer



Non-invasive

“Rule-out” test performed on previous biopsy tissue

Accurate

96% Negative Predictive Value for aggressive prostate cancer⁽¹⁾

Validated

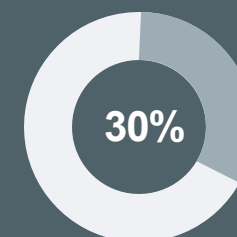
Over 55 published studies on genes and technology

Cost effective

Potential annual U.S. health system savings of \$500K per 1M covered patients⁽²⁾

National guidelines

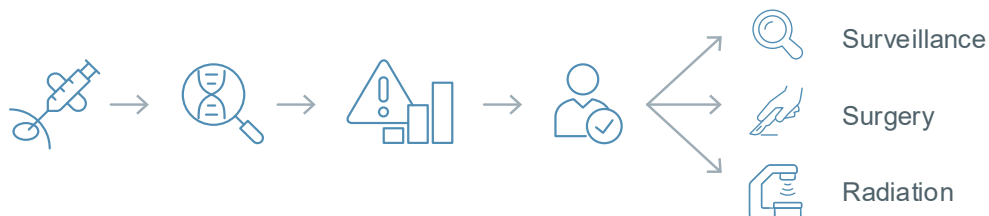
National guidelines: Included in EAU and NCCN guidelines⁽³⁻⁴⁾



30% of men with a cancer-negative biopsy result actually have cancer ⁽⁵⁾

The test analyzes prostate cancer gene activity to predict disease aggressiveness and provide clinically meaningful endpoints⁽¹⁻²³⁾

HOW THE TEST CAN HELP YOU



Low Risk

Active Surveillance

WHEN TO TREAT

Very low

Low

Favorable
intermediate

Provides additional information to help when deciding on whether to pursue active surveillance or more aggressive treatment options

High Risk

Treatment
Intensity

HOW TO TREAT

Unfavorable
intermediate

High

Provides information to help select treatment intensity

Non-invasive

test performed on previous biopsy tissue

Accurate

Predicts adverse pathology, distant metastasis, prostate cancer mortality and pT3/Extra prostatic extension

Validated

Predicts adverse pathology in AS candidate cohorts in 7 studies >2,000 patients



Hereditary prostate cancer testing

Prostate cancer remains a leading cause of cancer-related death among men.



300,000

estimated new diagnoses



35,000

estimated deaths annually



Hereditary prostate cancer accounts for

5-10%

of newly diagnosed patients

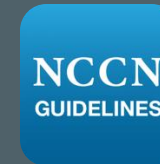


Decades of research indicate that prostate cancer has a strong genetic component with implications to ancestry.

Highest Heritability

Prostate cancer has the highest heritability of any major cancer in men

Hereditary Prostate Cancer Testing:



is recommended in the National Comprehensive Cancer Network (NCCN) guidelines



is critical to identify patients eligible for novel therapies (e.g., PARP inhibitors, immunotherapies, and targeted agents for inherited prostate cancers)



is covered by Medicare and many commercial insurance plans, for eligible patients

Active surveillance monitoring (Localized prostate cancer)



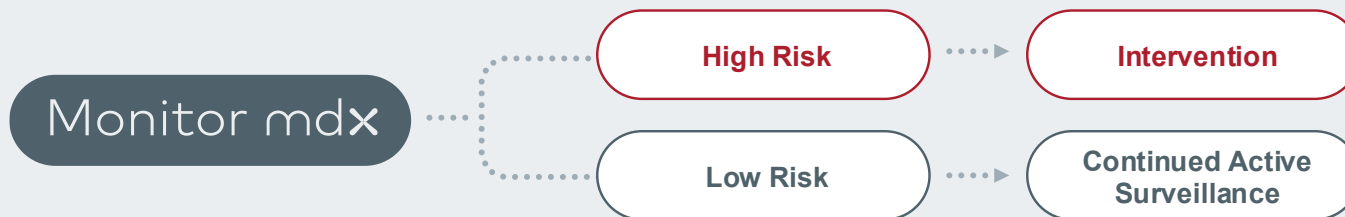
Current Standard of Care

Patients under active surveillance are currently monitored by invasive and costly prostate biopsies



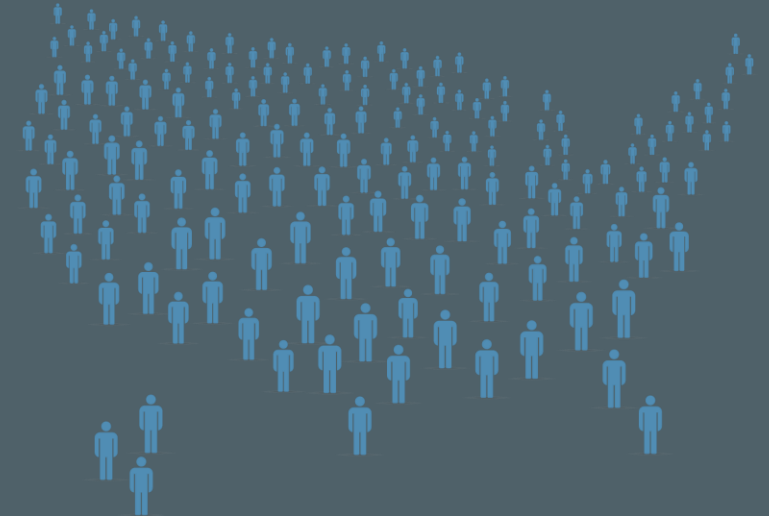
Monitor mdx

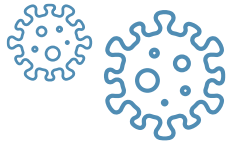
Monitor mdx will be a non-invasive alternative that risk-stratifies patients for continued active surveillance vs. intervention, which may also improve patient compliance



1.5M

Est. market size
(men annually)





Urinary Tract Infection (UTI) annual market opportunity

UTIs are the most common outpatient infection⁽¹⁾



10M

suspected UTI cases
present annually⁽²⁾



20%

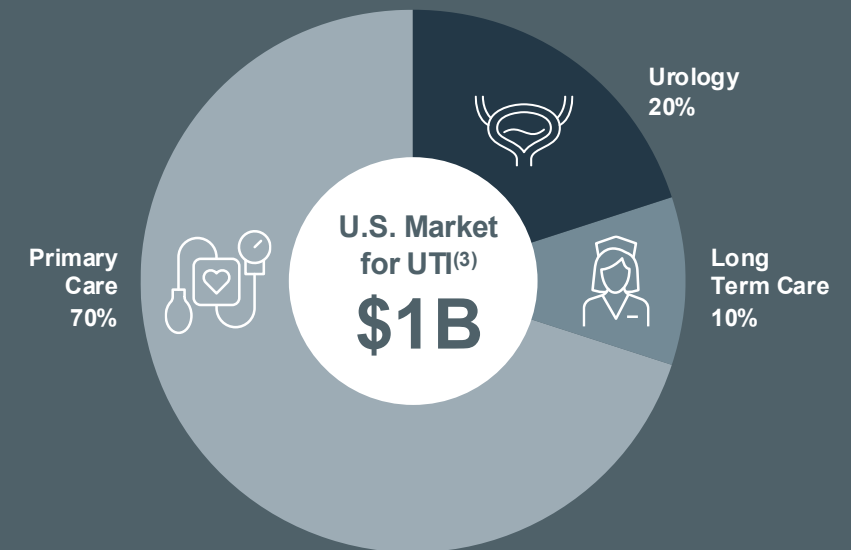
of volume presents
to urology⁽³⁾

The current UTI testing market is underserved

- Current standard is based on dated culture methodologies
- Complex molecular methods target both organism and susceptibility markers
- Market conversion comps: Virology and infectious disease
- Reimbursement well characterized (Medicare/commercial)



The addressable market for UTI testing in the urology segment is 2M tests⁽²⁾ annually, or \$1B⁽³⁾



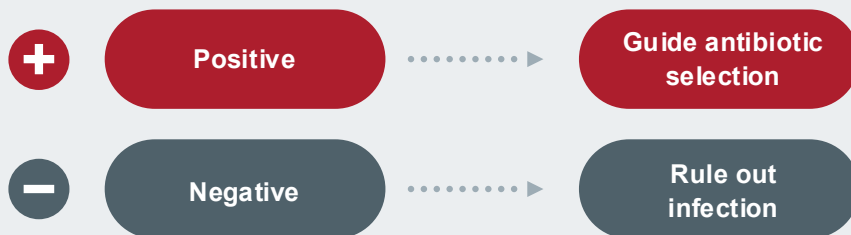
Advance molecular urinary tract infection testing

As many as
33%
of urine cultures are
polymicrobial, especially in
elderly populations

Up to
67%
of recognized uropathogens
that traditional urine culture
may miss

Resolve mdx

- identifies and quantifies uropathogenic bacteria and associated antibiotics susceptibility
- improves antibiotic stewardship



Non-invasive

Urine-based test that provides personalized antibiotics options for urinary tract infections.

Accurate

19 pathogens, 6 classes of resistance genes and susceptibility to guide antibiotic selection

Turnaround Time

Results within 24 - 48 hours

Selected Financial Data

In \$'000 (except EPS)	Three months ended (unaudited)			Full year ended (unaudited)		
	March 31, 2025	March 31, 2024	% Change	Dec 31, 2024	Dec 31, 2023	% Change
Total revenue	\$24,292	\$19,834	+22%	\$90,049	\$70,193	+28%
Gross profit	\$15,504	\$12,063	+29%	\$55,141	\$43,929	+26%
Gross profit %	63.8%	60.8%	+3.0pp	61.2%	62.6%	-1.4pp
Net loss	(\$9,209)	(\$8,511)	+8%	(\$38,069)	(\$43,100)	(12%)
Adjusted EBITDA ¹	(\$1,331)	(\$4,537)	(71%)	(\$14,672)	(\$19,382)	(24%)
EPS	\$(0.19)	\$(0.31)	(39%)	\$(1.16)	\$(1.66)	(30%)

¹ A reconciliation of IFRS to non-IFRS financial measures has been provided in the tables included in the appendix. An explanation of these measures is also included under the heading "Non-IFRS Disclosures"

**Unaudited 1Q25
results and updated
2025 guidance**

2025 REVENUE GUIDANCE OF

\$108-110M



representing
year-over-year revenue
growth of approximately

21% at the midpoint



mdxhealth is well-positioned for sustainable growth and value creation



Revenue growth

- Multi-billion-dollar addressable market opportunity fortified by acquisition of Oncotype DX GPS from Exact Science
- 2025 guidance of \$108-110 million



Experienced and expanded channel into urology

- Field sales team of 70 in the US
- Urinary Tract Infection opportunity taking hold
- Additional channel opportunities as they present



Gross margin leverage

- Coverage for Select mdx indication
- Driving additional payer coverage for full menu
- Accretion of (f/k/a Oncotype DX) GPS and UTI test



Leadership team and operating discipline

- Focus and execution across all operating discipline

Thank you



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References

Slide 6 – Our menu addresses a \$4.9B U.S. market opportunity

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Slide 8 – Current challenges with diagnosing prostate cancer in U.S.

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6. Loeb et al. Journal of Urology 2011.
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Slide 10 – SelectMDx improves patient selection prior to prostate biopsy

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Slide 11 – ConfirmMDx improves diagnostic confidence of biopsy result

1. Van Neste, et al. (2016) Risk Score Predicts High-Grade Prostate Cancer in DNA-Methylation Positive, Histopathologically Negative Biopsies. J Urology.
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 4. 2021 European Association of Urology Prostate Cancer Guidelines.
 5. Stewart et al., Clinical Utility of an Epigenetic Assay to Detect Occult Prostate Cancer in Histopathologically Negative Biopsies: Results of the MATLOC Study. Journal of Urology

Slide 12 –(f/k/a Oncotype DX) Genomic Prostate Score (GPS) to guide treatment decisions for localized prostate cancer

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Slide 15 – U.S. Urinary Tract Infection (UTI) annual market opportunity

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3. Mdxhealth management estimates are informed by the Company's knowledge of the industry.

Appendix

mdxhealth®



Select mdx robust clinical evidence

12 published studies on genes and technology

Select mdx
for Prostate Cancer

-  Analytical validity
-  Clinical validity
-  Clinical utility
-  Health economics

PIVOTAL CLINICAL STUDIES

Analytical validation	Hessels et al., Translational Medicine Communications 2017
Clinically validated for a 95% NPV	Haese et al., Journal of Urology 2019
Significantly impacts prostate biopsy decision making	Shore et al., Urology Practice 2019
>\$500M in savings to health care system	Govers et al., Journal of Urology 2018



UROLOGYPRACTICE
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THE JOURNAL
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Confirm mdx robust clinical evidence

Over 55 published studies on genes and technology

-  **Analytical validity**
-  **Clinical validity**
-  **Clinical utility**
-  **Health economics**

PIVOTAL CLINICAL STUDIES

Analytical validation	Van Neste et al., BMC Urology 2013
Validation of high NPV	Partin et al., Journal of Urology 2014.
Meta analysis validating high NPV	Partin et al., Trans. of the Am. Clin. and Clim. Assoc 2016
Risk score development NPV 96% CS PCa	Van Neste et al. The Prostate 2016
Validated in African American men	Waterhouse et al., Urology 2016
Validation of clinical utility/actionability	Wojno., et al 2014
Savings to health care system	Aubry et al., American Health Drug and Benefits 2013

Confirm mdx
for Prostate Cancer



GPS robust clinical evidence

Over 20 published clinical validation and utility studies

 **Analytical validity**

 **Clinical validity**

 **Clinical utility**

 **Health economics**

PIVOTAL CLINICAL STUDIES

Analytical validation	Knezevic et al., 2013
Clinically validated as an independent predictor of adverse pathology	Klein et al., 2014, Cullen et al., 2015, Eeden et al., 2017, Eggner et al., 2019
Clinical validated in African American men	Cullen et al., 2015, Murphy et al., 2021
Validation of clinical utility	Badani et al., 2015, D
Validation of clinical utility/actionability	Badani et al., 2015, Dall’Era et al., 2015, Eure et al., 2017, Lynch et al., 2017, Murphy et al., 2021, Moschovas et al., 2021
Cost savings by decreasing unnecessary immediate treatment	Albala et al., 2016

GPS mdx
for Localized Prostate Cancer



UROLOGYPRACTICE
An Official Journal of the American Urological Association

Select mdx, Confirm mdx and GPS technology

The most comprehensive menu in prostate cancer

	Select mdx ⁽¹⁾	Confirm mdx ⁽²⁾	GPS ⁽³⁾
Specimen	Urine	Prostate tissue	Localized PCa tissue
Science	mRNA RT-PCR assay	DNA Methylation Specific PCR assay	Multi gene expression RT-PCR Assay
Biomarkers	DLX1, HOXC6	GSTP1, APC RASSF1	17 genes (AZGP1, FAM13C, KLK2, SRD5A2, FLNC GSN, GSTM2, TPM2, BGN, COL1A1, SFRP4, TPX2, ARF1, ATP5E, CLTC, GPS1, PGK1)
Clinical Model	Clinical model combines mRNA with established clinical risk factors	Clinical model combines DNA Methylation markers with established clinical risk factors	Clinical algorithm aggregates expression of 5 reference genes to normalize the expression of the 12 cancer-related genes
Performance	95% NPV for clinically significant prostate cancer	96% NPV for clinically significant prostate cancer	Predicts adverse pathology, distant metastases, PCa mortality

1. Haese, A, et al. (2019) Multicenter Optimization and Validation of a 2-Gene mRNA Urine Test for Detection of Clinically Significant Prostate Cancer Prior to Initial Prostate Biopsy. J Uro. doi: 10.1097/JU.000000000000293.
2. Van Neste, et al. (2016) Risk Score Predicts High-Grade Prostate Cancer in DNA-Methylation Positive, Histopathologically Negative Biopsies. J Urology.
3. Knezevic et al., (2013) Analytical validation of the Oncotype DX prostate cancer assay – a clinical RT-PCR assay optimized for prostate needle biopsies. BMC Genomics

Prostate cancer precision diagnostics: menu and pipeline

Product Name	Sample Type	Clinical Decision	R&D	Validation	Launch	Expanded Coverage and Utilization
Confirm mdx	Tissue	Post biopsy				
Select mdx	Urine	Pre biopsy				
GPS mdx	Tissue	AS or treatment intensity				
Monitor mdx	TBD	AS Monitoring				

Unaudited reconciliation of ifrs to non-ifrs financial measures

In thousands of \$	Three Months Ended March 31,		Year Ended December 31,	
	2025	2024	2024	2023
IFRS net loss	\$ (9,209)	\$ (8,511)	\$ (38,069)	\$ (43,100)
Amortization of intangible assets	1,322	1,125	4,905	4,494
Depreciation expense	925	775	3,134	2,365
Share-based compensation expense	391	168	1,725	665
Interest expense, net	1,859	1,218	6,551	4,494
Debt extinguishment costs	-	-	3,130	-
Fair value adjustments ⁽¹⁾	2,547	519	2,961	9,960
Exact Sciences earnout amendment ⁽²⁾	-	-	-	1,128
Other adjustments ⁽³⁾	697	169	609	611
Income tax	137	-	382	1
Adjusted EBITDA	\$ (1,331)	\$ (4,537)	\$ (14,672)	\$ (19,382)

1) Primarily related to GPS contingent consideration, Exact Sciences 5-year warrants, Innovatus derivative instrument, option to pay Exact Sciences earnout in shares, and Novigendix contingent consideration

2) Amendment fee and issuance of shares as part of amended GPS asset purchase agreement

3) Bank fees and other non-cash expenses

Non-IFRS disclosure

In addition to the Company's financial results determined in accordance with IFRS, the Company provides adjusted EBITDA, a non-IFRS measure that it determines to be useful in evaluating its operating performance. The Company defines adjusted EBITDA as net loss less interest expense, depreciation and amortization of intangible assets, share-based compensation, fair-value adjustments, debt extinguishment costs, amendments related to the Exact Sciences earnout, income tax benefit, and other financial and non-cash expenses. Management believes that presentation of non-IFRS financial measures provides useful supplemental information to investors and facilitates the analysis of the Company's core operating results and comparison of operating results across reporting periods. The Company uses this non-IFRS financial information to establish budgets, manage the Company's business, and set incentive and compensation arrangements. However, non-IFRS financial information is presented for supplemental information purposes only, has limitations as an analytical tool and should not be considered in isolation or as a substitute for financial information presented in accordance with IFRS. For example, non-IFRS adjusted EBITDA excludes a number of expense items that are included in net loss. As a result, positive adjusted EBITDA may be achieved while a significant net loss persists. The Company's presentation of expected non-IFRS adjusted EBITDA is a forward-looking statement about the Company's future financial performance. This non-IFRS measure includes adjustments like share-based compensation, debt extinguishment costs, fair-value adjustments related to contingent considerations that are difficult to predict for future periods because the nature of the adjustments pertain to events that have not yet occurred. Additionally, management does not forecast many of the excluded items for internal use. Information reconciling forward-looking non-IFRS measures to IFRS measures is therefore not available without unreasonable effort and is not provided. The occurrence, timing, and amount of any of the items excluded from IFRS to calculate non-IFRS could significantly impact the Company's IFRS results.