

# Forward looking statement

This presentation contains forward-looking statements and estimates with respect to the anticipated future performance of MDxHealth and the market in which it operates, all of which involve certain risks and uncertainties. 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 release include, but are not limited to, statements regarding expected future operating results; our strategies, positioning, resources, capabilities and expectations for future events or performance; and the anticipated timing and benefits of our acquisitions, including estimated synergies and other financial impacts. 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 forwardlooking statements include, among others, the following: our ability to successfully and profitably market our products; the acceptance of our products and services by healthcare providers; our ability to achieve and maintain adequate levels of coverage or reimbursement for our current and future solutions we commercialize or may seek to commercialize; the willingness of health insurance companies and other payers to cover our products and services and adequately reimburse us for such products and services; our ability to obtain and maintain regulatory approvals and comply with applicable regulations; timing, progress and results of our research and development programs; the period over which we estimate our existing cash will be sufficient to fund our future operating expenses and capital expenditure requirements; our ability to remain in compliance with financial covenants made to and make scheduled payments to our creditors; the possibility that the anticipated benefits from our business acquisitions like our acquisition of the ExoDx business and 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. MDxHealth expressly disclaims any obligation to update any such forward-looking statements 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. This 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. [vers. October 1, 2025]

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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.



Ticker: MDXH

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

# 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 & ExoDx Prostate Test)
- · 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/DiaSornin)
Stryker



Scott McMahan

Vice President of Finance / Interim Chief Financial Officer

Joined mdxhealth in 2020
Pathnostics PLUS
Diagnostics LabCorp
Westcliff



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

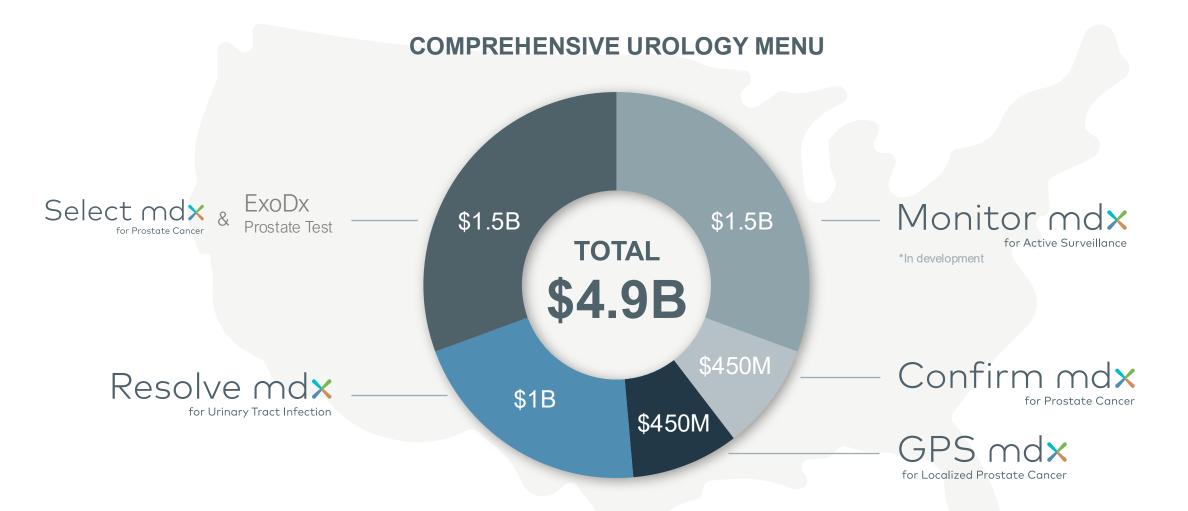


Kim Leroux

Executive Vice President Revenue Cycle Mgmt.

Joined Mdxhealth in 2025 Invitae CombiMatrix 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 >80 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



#### **Acquired Exosome Diagnostics' Exodx Prostate test**

- · Established brand with broad customer base
- Reimbursed by Medicare

# ExoDx Prostate Test ACQUIRED SEPTEMBER 2025



**ACQUIRED AUGUST 2022** 



**UTI TEST LAUNCHED 2021** 

# Current challenges with diagnosing prostate cancer



# Prostate cancer screening



elevated PSA results annually<sup>(1-2)</sup>



of biopsies DO NOT reveal cancer and may lead to increased complications and hospitalization<sup>(3-6)</sup>



# Prostate cancer diagnosis



men undergo biopsies annually<sup>(2)</sup>



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



Prostate cancer risk stratification



prostate cancers diagnosed annually<sup>(8)</sup>



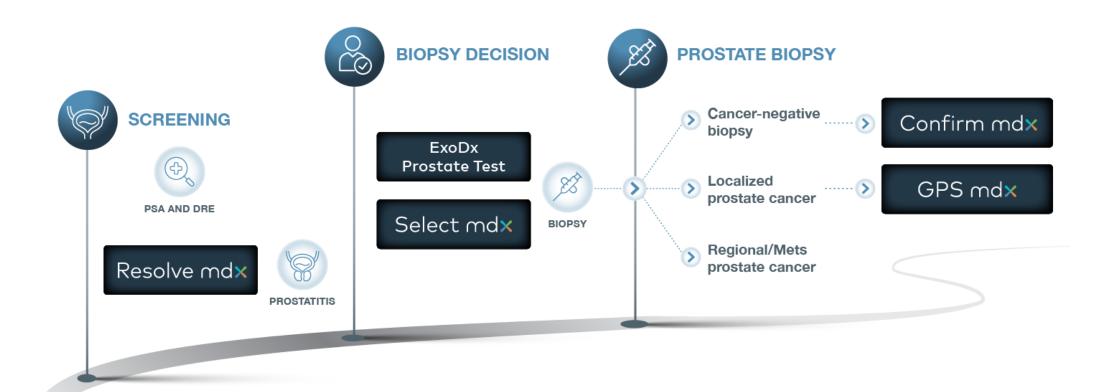
of new prostate cancer diagnosis are localized; Active Surveillance or treatment decision<sup>(8)</sup>



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

# Expanding menu in the prostate cancer diagnostic pathway

One of the most comprehensive menus in prostate cancer





# improves patient selection prior to prostate biopsy

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



#### 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)

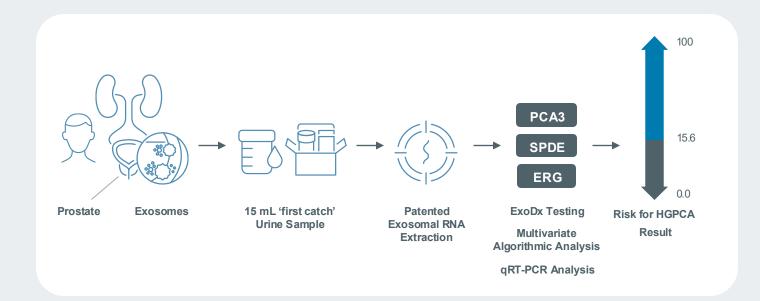


60% of initial biopsies do not reveal cancer (5-8)



# ExoDx a non-invasive (No DRE) test for the detection of clinically significant prostate cancer

## **ExoDx** informs if prostate biopsy is necessary, independent of PSA and other standard of care information



#### Completely independent molecular information

• Does not require standard of care (SOC) clinical risk factors

#### Non-invasive

- NO DRE required
- NO vigorous prostate massage
- Done "in-office" or with "At-Home Collection Kit"

#### Accurate<sup>(1)</sup>

91.3% for Gleason ≥7 (3+4 and higher)

NPV of 97% for Gleason ≥ 7 (4+3)

#### Validated

Prospective level 1 clinical validation study

#### National guidelines inclusion

#### NCCN

Included in the NCCN Early Detection of Cancer Guidelines

#### AUA

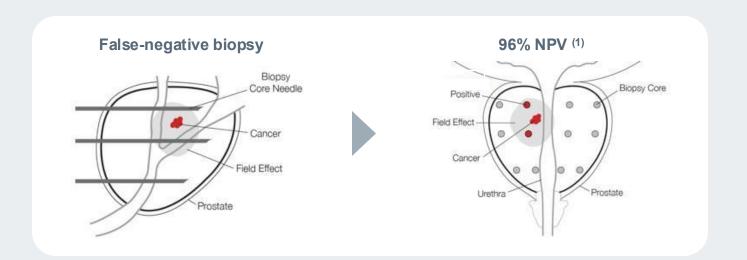
Included in the AUA Guidelines





# improves diagnostic confidence of biopsy result

## 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<sup>(1)</sup>

#### 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)



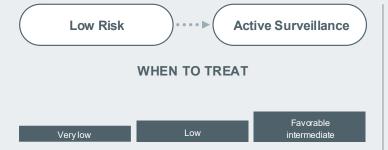
30% of men with a cancer-negative biopsy result actually have cancer (5)



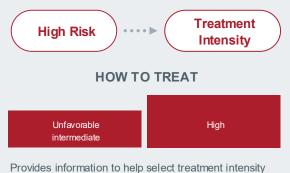
# guides treatment decisions for localized prostate cancer

The test analyzes prostate cancer gene activity to predict disease aggressiveness and provide clinically meaningful endpoints<sup>(1-23)</sup>





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



#### 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





# **Prostate Cancer Pipeline**

## **Active surveillance monitoring (Localized prostate cancer)**





#### **Current Standard of Care**

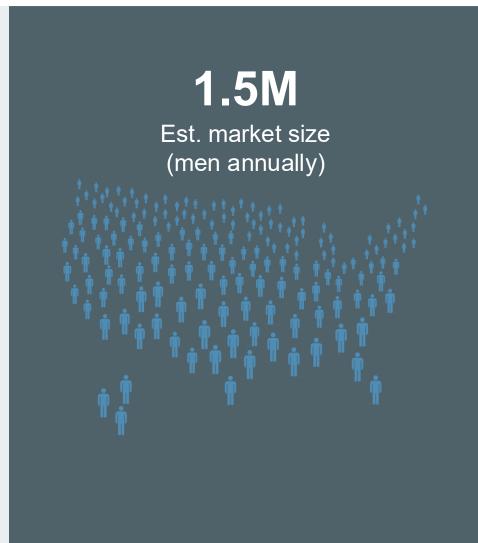
Patients under active surveillance are currently monitored by invasive and costly prostate biopsies



#### **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







# **Urinary Tract Infection (UTI) annual market** opportunity

## UTIs are the most common outpatient infection<sup>(1)</sup>



10M

suspected UTI cases present annually<sup>(2)</sup>

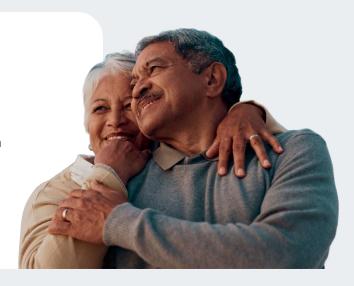


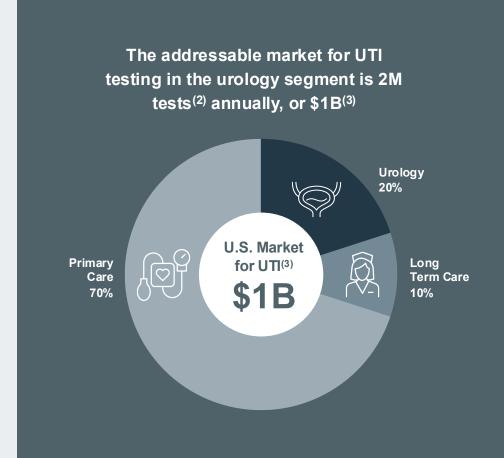
20%

of volume presents to urology<sup>(3)</sup>

#### 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









# Advance molecular urinary tract infection testing



As many as

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 quantities uropathogenic bacteria and associated antibiotics susceptibility
- improves antibiotic stewardship

#### **Guide antibiotic Positive** . . . . . . . . . . selection Rule out Negative infection

#### 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**

Three months ended (unaudited)			Nine months ended (unaudited)			
In \$'000 (except EPS)	Sept 30, 2025	Sept 30, 2024	% Change	Sept 30, 2024	Sept 30, 2023	% Change
Total revenue	\$27,433	\$23,317	+18%	\$78,330	\$65,310	+20%
Gross profit	\$17,875	\$14,275	+25%	\$50,946	\$39,624	+29%
Gross profit %	65.2%	61.2%	+4.0pp	65.0%	60.7%	+4.3pp
Net loss	(\$8,010)	(\$11,189)	(28%)	(\$24,591)	(\$31,228)	(21%)
Adjusted EBITDA <sup>1</sup>	\$952	(\$3,869)	n/a	\$981	(\$13,120)	n/a
EPS	\$(0.16)	\$(0.40)	(60%)	\$(0.50)	\$(1.14)	(56%)

<sup>1</sup> 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 3Q25** results and 2025 guidance

2025 REVENUE GUIDANCE OF

\$108-110M ►



representing
year-over-year revenue
growth of approximately

210

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 GPS and ExoDx tests
- 2025 guidance of \$108-110 million



## Gross margin leverage

- Driving additional payer coverage for full menu
- Accretion of GPS and ExoDx tests



# **Experienced and expanded channel into urology**

- Commercial team of > 80
- Additional channel opportunities as they present



# Leadership team and operating discipline

Focus and execution across all operating disciplines

# Thank you



#### **INVESTOR RELATIONS**

LifeSci Advisors, LLC
US +1.949.271.9223
ir@mdxhealth.com



#### **GLOBAL OPERATIONS**

US Headquarters & Laboratory 15279 Alton Parkway, Ste 100 Irvine, CA 92618 United States



CAP Business Center Rue d'Abhooz, 31 4040 Herstal, Belgium





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#### 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- Exodx a non-invasive (No DRE) test for the detection of clinically significant prostate cancer

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#### mdxhealth

#### Slide 12 - ConfirmMDx improves diagnostic confidence of biopsy result

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#### Slide 13 –(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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- Mdxhealth management estimates are informed by the Company's knowledge of the industry.



# Select mdx robust clinical evidence

12 published studies on genes and technology











#### **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









# **ExoDx robust clinical evidence**

11 published studies on ExoDx









#### **PIVOTAL CLINICAL STUDIES**

Clinically validated for a 91% NPV	McKiernan et al., JAMA Oncology, 2016
Prospective Utility Study	McKiernan et al., European Urology 2018
Exodx improves patient stratification for biopsy	Tuturone et al., Prostate Cancer and Prostatic Disease 2020

## **ExoDx Prostate Test**

JAMA Oncology





# Confirm mdx robust clinical evidence

Over 55 published studies on genes and technology











#### **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		





Transactions of the American Climatological Association

The Prostate





# **GPS** robust clinical evidence

Over 20 published clinical validation and utility studies











#### **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		











# Select mdx, ExoDx, Confirm mdx and GPS technology

#### The most comprehensive menu in prostate cancer

	Select mdx <sup>(1)</sup>	ExoDx <sup>(2)</sup>	Confirm mdx <sup>(3)</sup>	GPS(4)	
Curaciusau					
Specimen 	Urine	Urine	Prostate tissue	Localized PCa tissue	
Science	mRNA RT-PCR assay	RNA Exosomes	DNA Methylation Specific PCR assay	Multi gene expression RT-PCR Assay	
Biomarkers	DLX1, HOXC6	PCA3, ERG, SPDEF	GSTP1, APC RASSF1	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	N/A	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	91% NPV for clinically significant prostate cancer	96% NPV for clinically significant prostate cancer	Predicts adverse pathology, distant metastases, PCa mortality	

<sup>4.</sup> 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



<sup>1.</sup> 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.

<sup>2.</sup> McKieman J., (2016) A Novel Urine Exosome Gene Expression Assay to Predict High-Grade Prostate Cancer at Initial Biopsy. Jama Oncology

<sup>3.</sup> Van Neste, et al. (2016) Risk Score Predicts High-Grade Prostate Cancer in DNA-Methylation Positive, Histopathologically Negative Biopsies. J Urology.

# Unaudited reconciliation of IFRS to non-IFRS financial measures

	Three Months Ended September 30,		Nine Months Ended September 30,	
Thousands of \$	2025	2024	2025	2024
IFRS net loss	(8,010)	(11,189)	(24,591)	(31,228)
Amortization of intangible assets	1,297	1,327	3,939	3,575
Depreciation expense	957	821	2,828	2,271
Impairment	367	-	367	-
Share-based compensation expense	447	365	1,518	1,059
Interest expense, net	2,816	2,033	7,330	4,962
Income tax (benefit) expense	(6)	334	(285)	334
Debt extinguishment cost	-	-	-	3,130
Provision for inventory obsolescence	266	-	794	
Reduction in force severance costs	(16)	-	335	174
ExoDx acquisition expenses	1,566	-	1,566	
Fair value adjustments (1)	2,100	2,661	7,735	2,478
Other adjustments (2)	(832)	(221)	(555)	125
Adjusted EBITDA	952	(3,869)	981	(13,120)

#### 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 the Company 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, impairment, share-based compensation, fair-value adjustments, debt extinguishment costs, provision for inventory obsolescence, reduction in force severance costs, ExoDx acquisition expenses, amendments related to the Exact Sciences earnout, income tax benefit (expense), 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.



<sup>1)</sup> Primarily related to GPS contingent consideration and Exact Sciences 5-year warrants

<sup>2)</sup> Bank fees and other non-cash expenses