

Corporate Presentation

November 2026

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 forward-looking 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. January 1, 2026]

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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.

NOTE: *The mdxhealth logo, mdxhealth, Confirm mdx, Select mdx, Resolve mdx, Genomic Prostate Score, Exosome Diagnostics, ExosomeDx, ExoDx, ExoDx Prostate Intelliscore (EPI), and Monitor mdx are trademarks or registered trademarks of MDxHealth SA and its affiliates. The GPS test was formerly known as and is frequently referenced in guidelines, coverage policies, reimbursement decisions, manuscripts and other literature as Oncotype DX Prostate, Oncotype DX GPS, Oncotype DX Genomic Prostate Score, and Oncotype Dx Prostate Cancer Assay, among others. The Oncotype DX trademark, the Bio-Techne trademark, and all other trademarks and service marks, are the property of their respective owners.*

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Nasdaq

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

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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 & Exo mdx Prostate Test)
- Expanding US commercial footprint

Established focus & execution

- World-class CLIA certified multi-state lab operations
- Experienced and expanded channel into urology
- Over 500,000 patients tested

Potential opportunities

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

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Experienced leadership team

Track record of success



Michael K. McGarrity

Chief Executive Officer

Joined mdxhealth in 2019
Nanosphere
(Luminex/DiaSornin)
Stryker



Ron Kalfus

Interim
Chief Financial Officer

Joined mdxhealth in 2019
Rosetta Genomics
Mabcure



Joseph Sollee

Executive Vice President
Corp. Dev. General Counsel

Joined mdxhealth in 2008
Triangle Pharmaceuticals
TherapyEdge



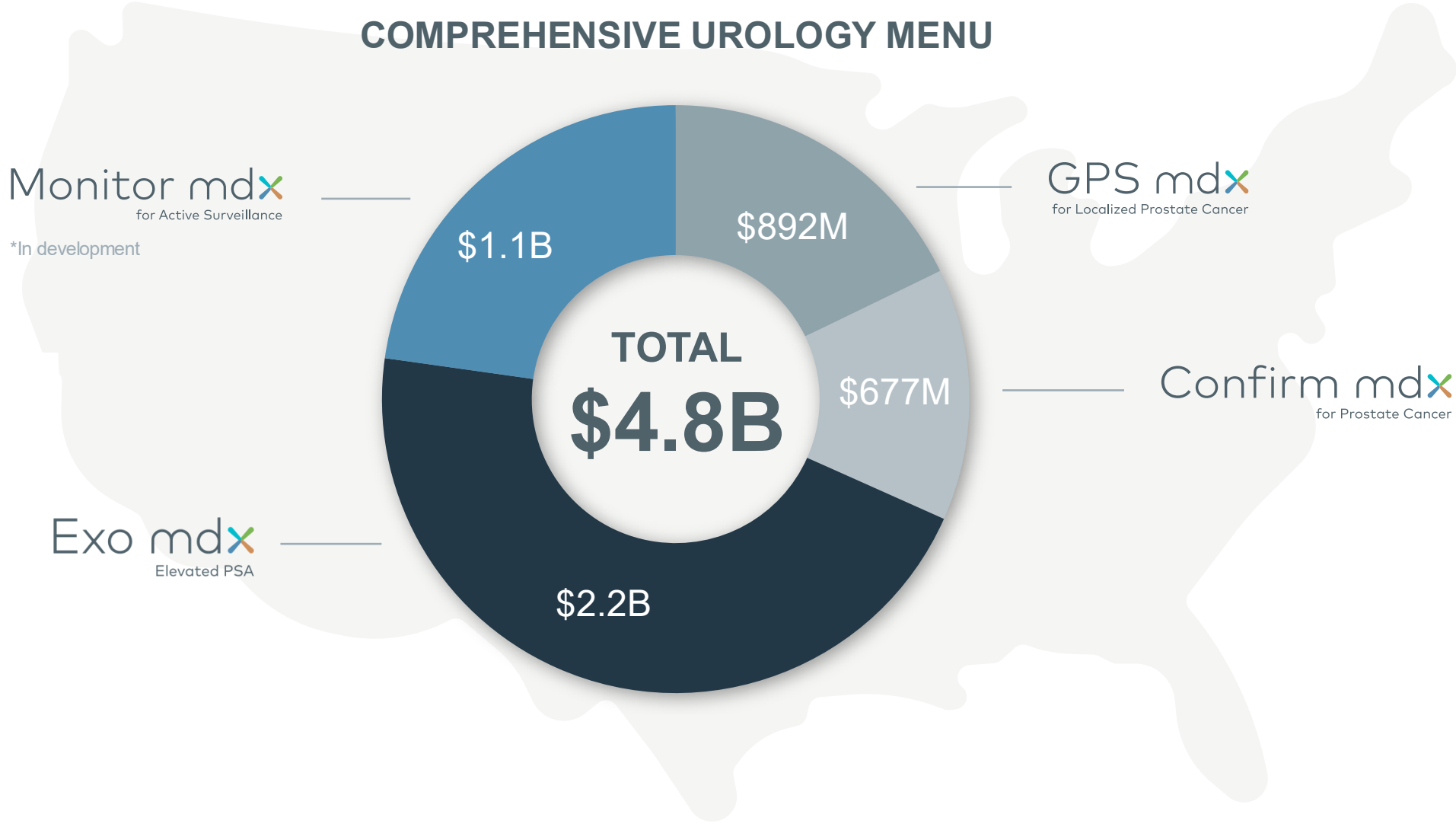
Kim Leroux

Executive Vice President
Revenue Cycle Mgmt.

Joined Mdxhealth in 2025
Invitae
CombiMatrix
LabCorp

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Our menu addresses a $4.8B U.S. market opportunity[1-4]



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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



Acquired Exosome Diagnostics' Exo mdx Prostate test

- Established brand with broad customer base
- Reimbursed by Medicare

Exo mdx
Elevated PSA

ACQUIRED SEPTEMBER 2025

GPS mdx
for Localized Prostate Cancer

ACQUIRED AUGUST 2022

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Current challenges with diagnosing prostate cancer

Prostate cancer screening

~3 million elevated PSA results annually[1-2]

60% of biopsies DO NOT reveal cancer and may lead to increased complications and hospitalization[3-6]

Prostate cancer diagnosis

~500K men undergo biopsies annually[2]

30% of cancer-negative biopsies are false negatives, meaning these patients actually have cancer[7]

Prostate cancer risk stratification

~300K prostate cancers diagnosed annually[8]

69% of new prostate cancer diagnosis are localized; Active Surveillance or treatment decision[8]

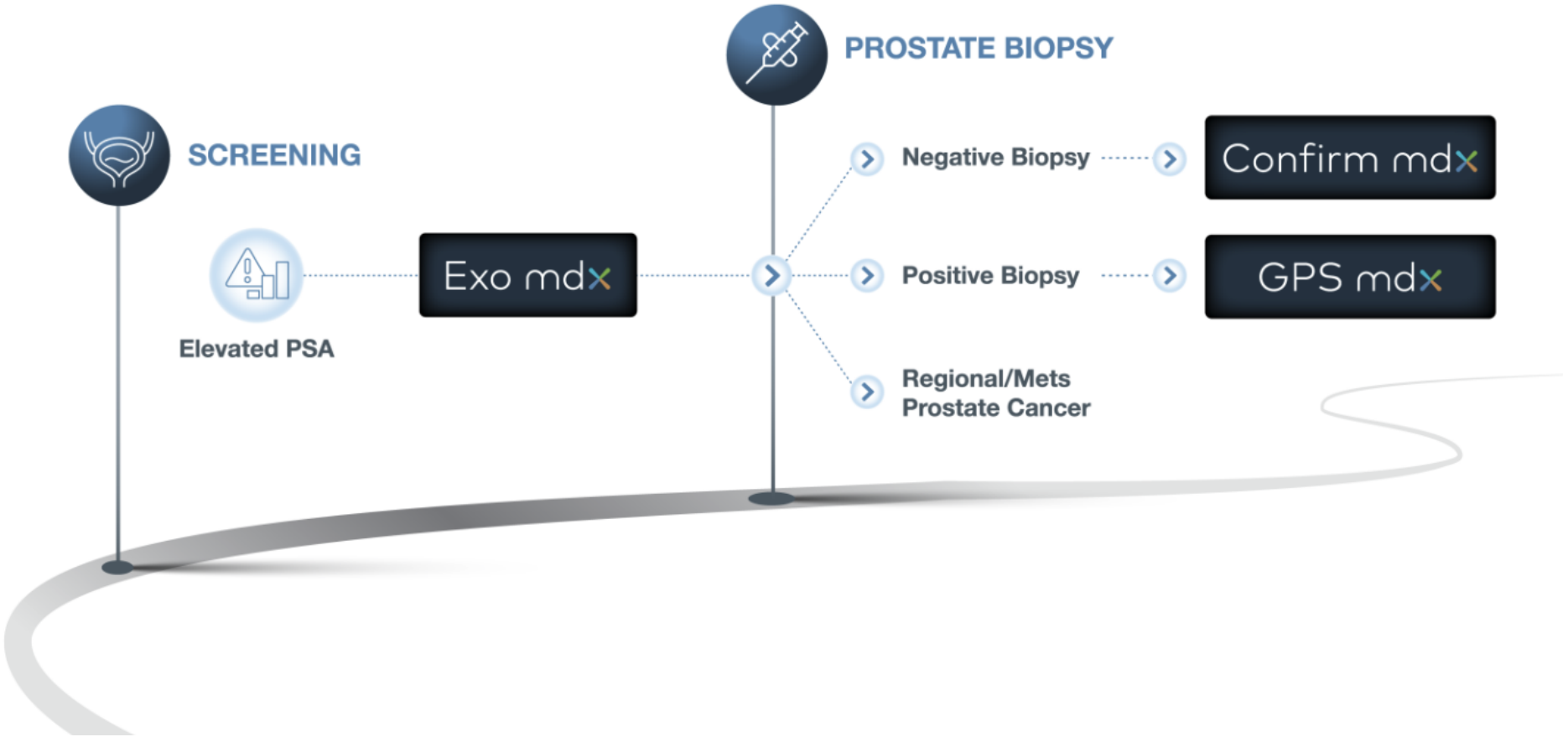


Prostate cancer is the most common cancer and the 2nd deadliest cancer in U.S. men[1]

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Expanding menu in the prostate cancer diagnostic pathway

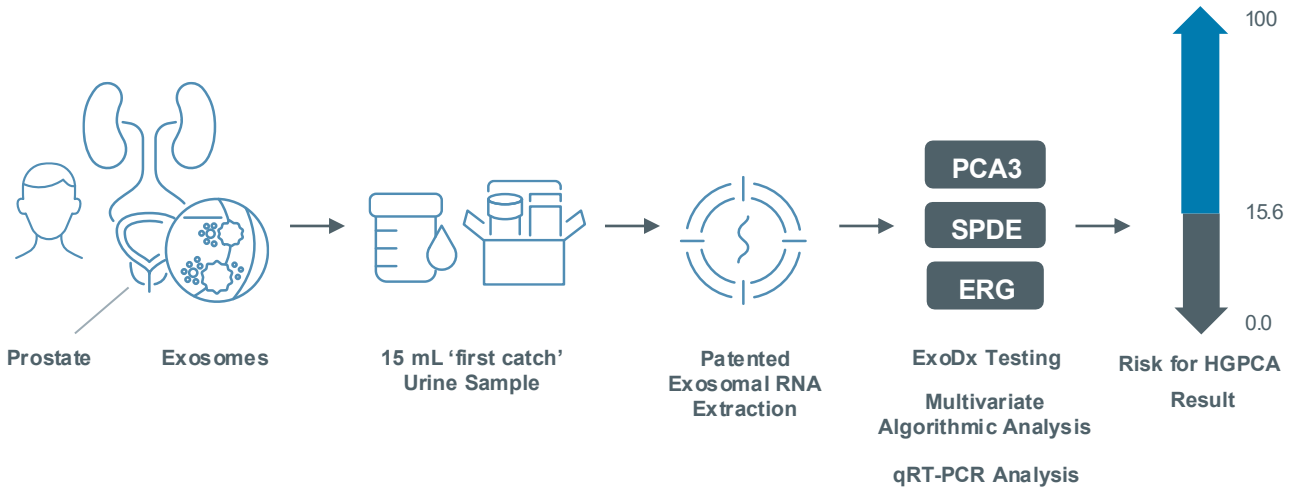
One of the most comprehensive menus in prostate cancer



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Exo mdx Elevated PSA 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[1]

NPV of 91.3% for Gleason ≥ 3+4

NPV of 97% for Gleason ≥ 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

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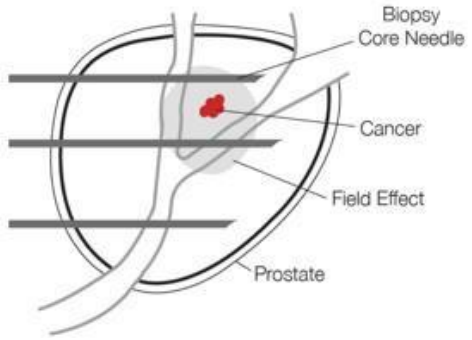
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Confirm mdx
for Prostate Cancer

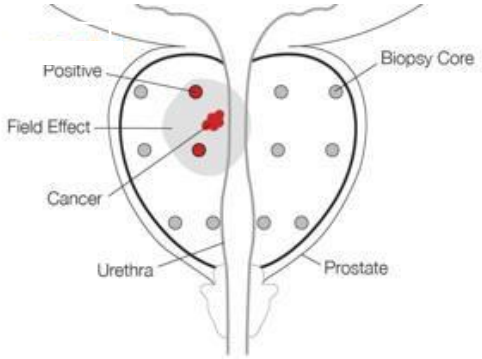
improves diagnostic confidence of biopsy result

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

False-negative biopsy



96% NPV (1)



Positive → **Biopsy/MRI**

Negative → **Avoid Biopsy/MRI**

Non-invasive

"Rule-out" test performed on previous biopsy tissue

Accurate

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

Validated

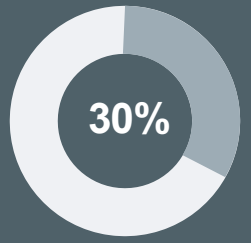
Over 55 published studies on genes and technology

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)

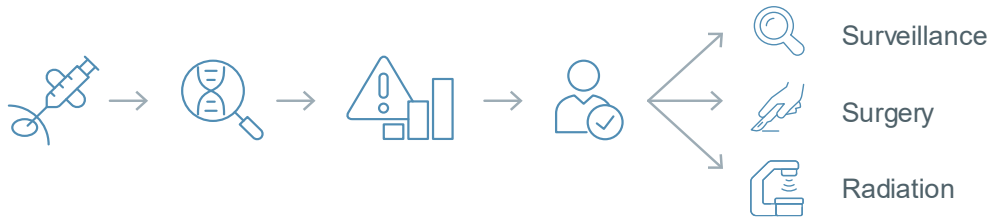
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GPS mdx for Localized Prostate Cancer guides treatment decisions for localized prostate cancer

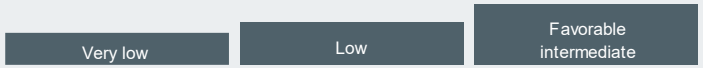
The test analyzes prostate cancer gene activity to predict disease aggressiveness and provide clinically meaningful endpoints[1-23]

HOW THE TEST CAN HELP YOU



Low Risk ····▶ **Active Surveillance**

WHEN TO TREAT



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



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

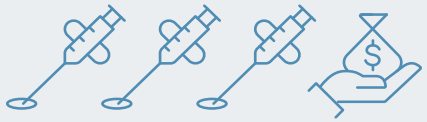
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Monitor mdx
for Active Surveillance

Prostate Cancer Pipeline

Active surveillance monitoring (Localized prostate cancer)



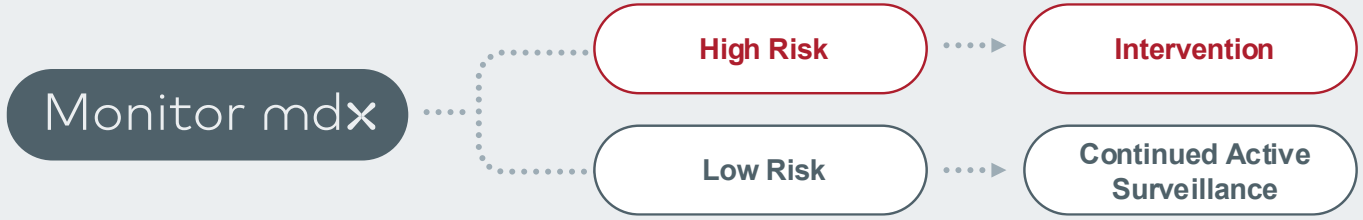
Current Standard of Care

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



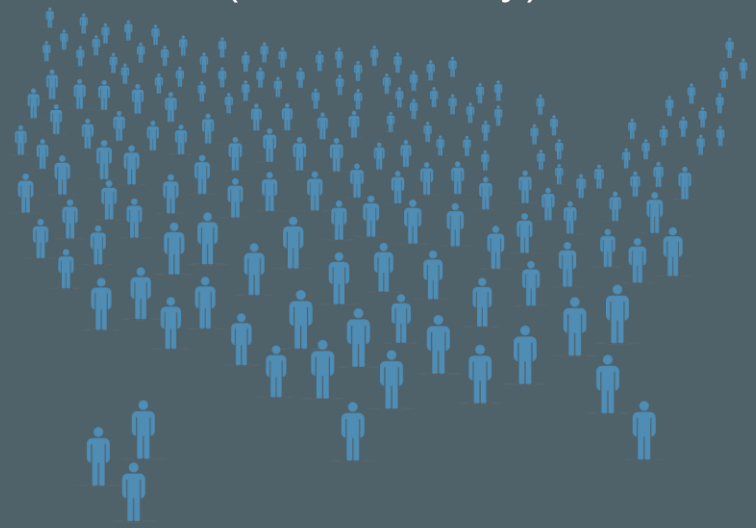
Monitor mdx

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



1.5M

Est. market size
(men annually)



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Selected Financial Data (from continuing operations)

In $'000 (except EPS)	Three months ended (unaudited) Jun 30, 2026	Jun 30, 2025 (*re-presented)	% Change	Six months ended (unaudited) Jun 30, 2026	Jun 30, 2025 (*re-presented)	% Change
Total revenue	$27,209	$23,394	+16%	$51,106	$44,957	+14%
Gross profit	$17,889	$16,059	+11%	$32,559	$30,519	+7%
Gross profit %	65.7%	68.6%	-2.9pp	63.7%	67.9%	-4.2pp
Net loss	($9,478)	($6,960)	36%	($19,174)	($16,262)	18%
Adjusted EBITDA[1]	($2,294)	$1,071	n/a	($7,633)	($530)	n/a
EPS	($0.18)	($0.14)	29%	($0.37)	($0.33)	12%

* Comparative information has been re-presented to reflect the classification of the Resolve business as a discontinued operation

[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 H1 2026 results and 2026 guidance

2026 REVENUE GUIDANCE OF

$110-115M

Representing year-over-year (continuing operations) revenue growth of approximately **23%** at the midpoint



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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

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Thank you

INVESTOR RELATIONS

John Fraunces, Managing Director

(917) 355-2395

jfraunces@lifesciadvisors.com

GLOBAL OPERATIONS

US Headquarters & Laboratory

15279 Alton Parkway, Ste 100

Irvine, CA 92618

United States

EU Headquarters

CAP Business Center

Rue d'Abhooz, 31

4040 Herstal, Belgium



mdxhealth®

References

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

1. MDxHealth management estimates
2. Welch. et. Al., Prostate-Specific Antigen Levels in the United States: Implications of Various Definitions for Abnormal. JNCI 2005.
3. NIH Cancer Trends Progress Report. July 2021. https://progressreport.cancer.gov/detection/prostate_cancer
4. NIH Surveillance, Epidemiology and end Results Program. Aug 2026. https://seer.cancer.gov/statfacts/html/prost.html

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

1. NIH 6/10/2024 Website: https://seer.cancer.gov/statfacts/html/prost.html
2. Mdxhealth management estimates.
3. Moyer VA, U.S. Preventive Services Task Force. Screening for prostate cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012;157:120–134.
4. Bhindi B, Mamdani M, Kulkarni GS, et al. Impact of the U.S. Preventive Services Task Force recommendations against prostate specific antigen screening on prostate biopsy and cancer detection rates. J Urol. 2015;193:1519–1524.
5. Loeb et al. European Urology 2013.
6. Loeb et al. Journal of Urology 2011.
7. Stewart et al. Journal of Urology 2013.
8. NIH Cancer Stat Facts: Prostate Cancer. https://seer.cancer.gov/statfacts/html/prost.html

Slide 11- Exodx a non-invasive (No DRE) test for the detection of clinically significant prostate cancer

1. McKiernan et al., A Novel Urine Exosome Gene Expression Assay to Predict High-grade Prostate Cancer at initial Biopsy. Jama Oncology 2016;2;(7):882-889. doi:10.1001/jamaoncol.2016.0097

Slide 12 – 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.
2. Aubry. Et al., Budget Impact Model: Epigenetic Assay Can Help Avoid Unnecessary Repeated Biopsies and Reduce Healthcare Spending. American Health &. Drug Benefits 2013.
3. 2022 National Cancer Center Network Guidelines. Early Detection for Prostate Cancer. Version 1.2022 – July 16, 2022.
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 Biop sies: Results of the MATLOC Study. Journal of Urology

Slide 13 –(f/k/a Oncotype DX) Genomic Prostate Score (GPS) to guide treatment decisions for localized prostate cancer

1. Brooks MA, et al. Validating the associate on of adverse pathology with distant metastasis and prostate cancer mortality 20-years after radical prostatectomy. Urol Oncol. 2022;40(3):104.e1-104.e7.
2. Mehralivand S, et al. A grading system for the assessment of risk of extraprostatic extension of prostate cancer at multiparametric MRI. Radiology. 2019;290(3):709-719.
3. Brooks MA et al. GPS assay association with long-term cancer outcomes: twenty-year risk of distant metastasis and prostate cancer-specific mortality. JCO Precis Oncol. 2021;5:PO.20.00325.
4. Cullen J, et al.,. The 17-gene genomic prostate score test as a predictor of outcomes in men with unfavorable intermediate risk prostate cancer. Urology. 2020;143:103-111.
5. Klein EA, et al. A 17-gene assay to predict prostate cancer aggressiveness in the context of Gleason grade heterogeneity, tumor multifocality, and biopsy under sampling. Eur Urol. 2014;66(3):550-560.
6. Cullen J, et al. A biopsy-based 17-gene genomic prostate score predicts recurrence after radical prostatectomy and adverse surgical pathology in a racially diverse population of men with clinically low- and intermediate-risk prostate cancer. Eur Urol. 2015;68(1):123-131.
7. Van Den Eeden SK, et al. A biopsy-based 17-gene genomic prostate score as a predictor of metastases and prostate cancer death in surgically treated men with clinically localized disease. Eur Urol. 2018;73(1):129-138.
8. Eggener S,, et al. A 17-gene panel for prediction of adverse prostate cancer pathologic features: prospective clinical validation and utility. Urology. 2019;126:76-82.
9. Lin DW, et al. 17-gene genomic prostate score test results in the Canary Prostate Active Surveillance Study (PASS) cohort. J Clin Oncol. 2020;38(14):1549-1557.
10. Badani KK,, et al. The impact of a biopsy based 17-gene genomic prostate score on treatment recommendations in men with newly diagnosed clinically prostate cancer who are candidates for active surveillance. Urol Pract. 2015;2(4), 181-189.
11. Dall'Era MA, et al.,. Utility of the Oncotype DX® prostate cancer assay in clinical practice for treatment selection in men newly diagnosed with prostate cancer: a retrospective chart review analysis. Urol Pract. 2015; 2(6), 343-348.
12. Albala D, et al. Health economic impact and prospective clinical utility of Oncotype DX® Genomic Prostate Score. Rev Urol. 2016;18(3):123-132.
13. Eure G, et al. Use of a 17-gene prognostic assay in contemporary urologic practice: results of an interim analysis in an observational cohort. Urology. 2017;107:67-75.
14. Lynch JA, et al. Improving risk stratification among veterans diagnosed with prostate cancer: impact of the 17-gene prostate score assay. Am J Manag Care. 2018;24(1 Suppl):S4-S10.
15. Leapman MS, et al. Association between a 17-gene genomic prostate score and multi- parametric prostate MRI in men with low and intermediate risk prostate cancer (PCa). PLoS One. 2017;12(10):e0185535.
16. Kornberg Z, et al. Genomic Prostate Score, PI-RADS version 2 and progression in men with prostate cancer on active surveillance. J Urol. 2019;201(2):300-307.
17. Salmasi A, et al. A 17-gene genomic prostate score assay provides independent information on adverse pathology in the setting of combined multiparametric magnetic resonance imaging fusion targeted and systematic prostate biopsy. J Urol. 2018;200(3):564-572.
18. Magi-Galluzzi C, et al. The 17-gene genomic prostate score assay predicts outcome after radical prostatectomy independent of PTEN status. Urology. 2018;121:132-138.
19. Cullen J, et al. Multicenter comparison of 17-gene genomic prostate score as a predictor of outcomes in African American and Caucasian American men with clinically localized prostate cancer. J Urol. 2021;205(4):1047-1054.
20. Murphy AB, et al. A 17-gene panel genomic prostate score has similar predictive accuracy for adverse pathology at radical prostatectomy in African American and European American men. Urology. 2020;142:166-173.
21. Moschovas M, et al. Association between Oncotype DX genomic prostate score and adverse tumor pathology after radical prostatectomy. Eur Urol Focus. 2021;S2405-4569(21)00094-8.
22. Aboushwareb, et al. Active surveillance or watchful waiting in clinically low-risk prostate cancer patients in the SEER database with and without an Oncotype Dx genomic prostate score assay. J Urol. 2021;206(3S):e1094 (MP62-06).
23. Brand TC, et al. Patient-specific meta-analysis of 2 clinical validation studies to predict pathologic outcomes in prostate cancer using the 17-gene genomic prostate score Urology. 2016;89:69-75.

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Appendix



mdxhealth®

Exo mdx robust clinical evidence

11 published studies on ExoDx

Exo mdx
Elevated PSA

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

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

JAMA Oncology

EUROPEAN UROLOGY

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Confirm mdx robust clinical evidence

Over 55 published studies on genes and technology

Confirm mdx
for Prostate Cancer

- **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

BMC Urology

THE JOURNAL of UROLOGY

Transactions of the American Clinical and Climatological Association

The Prostate

AMERICAN HEALTH & DRUG BENEFITS

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GPS robust clinical evidence

Over 20 published clinical validation and utility studies

GPS mdx
for Localized Prostate Cancer

- **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

BMC Genomics

EUROPEAN UROLOGY

UROLOGY

American Urological Association
UROLOGYPRACTICE
An Official Journal of the American Urological Association

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ExoDx, Confirm mdx and GPS technology

The most comprehensive menu in prostate cancer

	ExoDx[1]	Confirm mdx[2]	GPS[3]
Specimen	Urine	Prostate tissue	Localized PCa tissue
Science	RNA Exosomes	DNA Methylation Specific PCR assay	Multi gene expression RT-PCR Assay
Biomarkers	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	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	91% NPV for clinically significant prostate cancer	96% NPV for clinically significant prostate cancer	Predicts adverse pathology, distant metastases, PCa mortality

1. McKiernan J., (2016) A Novel Urine Exosome Gene Expression Assay to Predict High-Grade Prostate Cancer at Initial Biopsy. Jama Oncology
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

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Unaudited reconciliation of IFRS to non-IFRS financial measures

Thousands of $	Three months ended June 30, 2026	Three months ended June 30, 2025 (re-presented*)	Six months ended June 30, 2026	Six months ended June 30, 2025 (re-presented*)
IFRS net loss from continuing operations	**(9,478)**	**(6,960)**	**(19,174)**	**(16,262)**
Amortization of intangible assets	1,256	1,312	2,513	2,626
Depreciation expense	998	796	1,992	1,568
Impairment	0	0	0	0
Interest expense, net	3,538	2,640	6,351	4,483
Share-based compensation expense	605	680	1,167	1,071
Reduction in force severance costs	0	351	0	351
Income tax expense	0	(416)	0	(279)
Fair value adjustments (1)	686	3,088	(711)	5,635
Other adjustments (2)	101	(420)	229	277
Adjusted EBITDA	**(2,294)**	**1,071**	**(7,633)**	**(530)**

1) Primarily related to GPS and ExoDx contingent considerations, option to pay Bio-Techne and Exact Sciences earnout in shares, and Exact Sciences 5-year warrants
2) 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 and adjusted EBITDA margin, non-IFRS measures that the Company determines to be useful in evaluating its operating performance. The Company defines adjusted EBITDA as net loss from continuing operations less interest expense, depreciation and amortization of intangible assets, impairment, share-based compensation, fair-value adjustments, 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. Adjusted EBITDA margin is calculated as adjusted EBITDA divided by total revenue. 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.

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