

# ASX Market Announcement



## Q1 FY23 Investor Webinar Details on 4 November 2022

**Genetic Technologies (ASX:GTG, NASDAQ:GENE)**, a global leader in guideline driven Genomics based tests in health, wellness and serious disease will be sharing the attached presentation at an investor webinar discussing the first quarter results (Q1 FY23).

Chief Executive Officer, Simon Morriss, will be hosting the investor webinar tomorrow and participants will have the opportunity to ask questions via an online facility.

### Webinar Details:

**Date:** Friday, November 4 (Thursday November 3, New York)

**Time:** 11:00 AEDT (8:00pm New York EDT)

To register, please click the link below:

[https://us02web.zoom.us/webinar/register/WN\\_DfSoWT0oSZulRmqvhL5-7w](https://us02web.zoom.us/webinar/register/WN_DfSoWT0oSZulRmqvhL5-7w)

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Authorised for release by the board of directors of Genetic Technologies Limited

### Enquiries

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## About Genetic Technologies Limited

Genetic Technologies Limited (ASX: GTG; Nasdaq: GENE) was founded in 1989. A global leader in guideline driven genomics-based tests in health, wellness and serious disease through its geneType and EasyDNA brands. In addition to our patented GeneType polygenic based risk tests, our portfolio includes pharmacogenomics, Non-Invasive Prenatal Testing (NIPT), carrier screen testing, oncogenetic diseases, and pet care.

GTG offers cancer predictive testing and assessment tools to help physicians to improve health outcomes for people around the world. The company's patented Polygenic Risk Scores (PRS) platform is a proprietary risk stratification tool developed over the past decade integrating clinical and genetic risk delivering actionable outcomes for physicians and individuals. Sporadic disease occurs in people with no family history of that disease and with no inherited change in their DNA making the risk difficult to predict with traditional methods.

Leading the world in risk prediction in Oncology, Cardiovascular and Metabolic diseases. Genetic Technologies continues to develop a pipeline of risk assessment products. The recent introduction of geneType Multi-Risk test risk assessments in one test covering breast cancer, colorectal cancer, prostate cancer, ovarian cancer, coronary artery disease and Type-2 diabetes, first in class test can predict a person's risk in up to 70% of annual mortalities and morbidities before onset. These tests along with integration of recently acquired DNA based products underpin a broad and complementary portfolio of genomic based tests creating a significant competitive advantage.

For more information, please visit [www.genetype.com](http://www.genetype.com)



# Genetic Technologies

## Q1 FY23 Investor Webinar

November 4, 2022

Authorised by the Board of Directors of Genetic Technologies Limited

ASX: GTG  
NASDAQ: GENE

# Notice: Forward looking statements

The purpose of the presentation is to provide an update of the business of Genetic Technologies Limited (the Company) ACN: 009 212 328 (ASX:GTG; NASDAQ:GENE). These slides have been prepared as a presentation aid only and the information they contain may require further explanation and/or clarification. Accordingly, these slides and the information they contain should be read in conjunction with past and future announcements made by the Company and should not be relied upon as an independent source of information. Please refer to the Company's website and/or the Company's filings to the ASX and SEC for further information.

The views expressed in this presentation contain information derived from publicly available sources that have not been independently verified. No representation or warranty is made as to the accuracy, completeness or reliability of the information. Any forward looking statements in this presentation have been prepared on the basis of a number of assumptions which may prove incorrect and the current intentions, plans, expectations and beliefs about future events are subject to risks, uncertainties and other factors, many of which are outside the Company's control. Important factors that could cause actual results to differ materially from assumptions or expectations expressed or implied in this presentation include known and unknown risks. Because actual results could differ materially to assumptions made and the Company's current intentions, plans, expectations and beliefs about the future, you are urged to view all forward looking statements contained in this presentation with caution.

This presentation should not be relied on as a recommendation or forecast by the Company. Nothing in this presentation should be construed as either an offer to sell or a solicitation of an offer to buy or sell shares in any jurisdiction.

# Unlocking personalised preventative medicine

Transforming the conversation from a one-size-fits-all model to personalised, preventive health

Identify risk of serious disease before onset beyond family history.

Where each person has the information, they need to manage their health according to their own risk.

Empowering physicians and enabling a new era of personalised medicine.





# World leading portfolio

Most comprehensive guideline driven portfolio for human and animal health.

- Patented GeneType Multi Risk Test
- Non-Invasive Prenatal Testing (NIPT)
- Carrier screen testing
- Pharmacogenomics
- Oncogenetic diseases
- Pet care

Revenues anchored by our 3 brands to seize a multi Billion-dollar opportunity.





# Patented\* Genetype tests Integrate polygenic risk and clinical risks for critical medical conditions

Genetype tests integrate individual's familial, clinical and genetic information to actionable clinical insights.

A non-invasive saliva based test combines genetic and clinical risk models with cutting-edge research. We're leading a personalised healthcare revolution.

Our medical practitioners, scientists and technicians have developed the next generation of integrated predictive genetic testing and assessment tools – empowering physicians and patients to proactively manage health.

- ✓ 10 Patent families covering the GeneType products
- ✓ 4 Patents granted in the US
- ✓ 2 Patents granted in China
- ✓ 9 Patents pending Worldwide



# Global Overview



57

Employees  
globally

40

Countries

25

Patents  
Granted\*  
(9 Pending  
Worldwide\*)

14

Test  
Categories

51

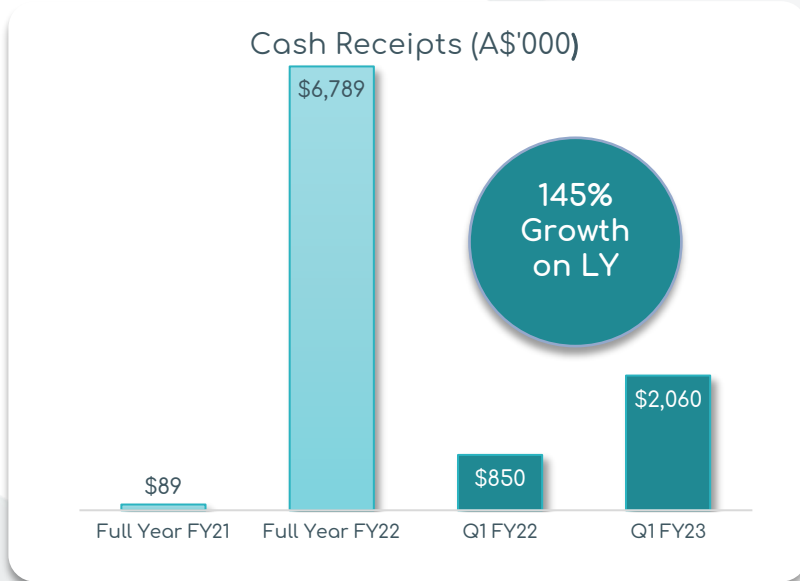
Tests

12

Partner  
Laboratories



# Delivering Revenue and Growth – Q1 FY23



Q1 CASH RECEIPTS

A\$2.06m

CASH BALANCE

A\$7.9m\*

GROSS MARGIN

A\$0.9m

GROSS MARGIN

44%

## Strategic & Operational Highlights:

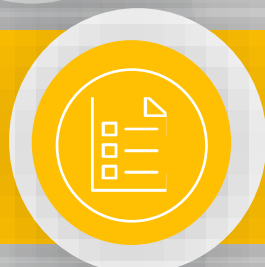

- Cash receipts from customers A\$2.06m with +145% on last year;
- Revenue A\$1.93 million for the quarter, up 375% from (Q1 FY22)
- 5 consecutive qtrs. of growth on prior year
- GeneType Multi-Risk Test is implemented in 64 clinics building our geneType hub strategy
- Promoting to over 10,000 General practitioners (GPs) across Australia by leveraging Breast Cancer Awareness Month
- Clinical utility demonstrated by the peer review publication of Genetype for Breast Cancer in the Journal of Precision Medicine
- GeneType Risk Test outperforms traditional risk assessments for breast cancer in identifying risk by up to 9 times
- Material progress in USA with Alva10 and large payer engagement – 11 Active discussions
- New USA business manager is making great progress with concierge medicine groups and independent doctor network

\*Sept '22 quarter end cash and cash equivalents of A\$8.0 million as announced on ASX 25 October 2022

# All revenues for the period '21 & '22 are 'out of pocket' our strategy for reimbursement should become effective in 2023 FY

# Our FOCUS

## Core '4'

-  Execute the B2B commercialisation of the geneType multi-risk test
-  Demonstrate clinical validity & clinical utility of geneType tests
-  EasyDNA & Affinity DNA Revenue Growth: Tests, Channels. & Markets
-  Innovation: Next Generation of capability – Starting with Epigenetics

# Our Innovation – Multi-Risk Test

GeneType can identify patients 'at risk' before onset and aid in the early detection and treatment.

GeneType Risk assessment test for breast cancer has demonstrated improved early stage detection by 18% and saving approx. US\$1.4B per annum<sup>4</sup> for the US payer

GeneType Multi-test covers  
>70% of mortality  
& morbidity

## Diseases Areas

### Oncology

Breast Cancer  
Colorectal Cancer  
Prostate Cancer  
Melanoma  
Pancreatic Cancer  
Ovarian Cancer

### Cardiovascular

Atrial Fibrillation  
Coronary Artery  
Disease

### Metabolic

Type 2 Diabetes



Phase 1 Launch <sup>2</sup>



Phase 2 Launch <sup>3</sup>

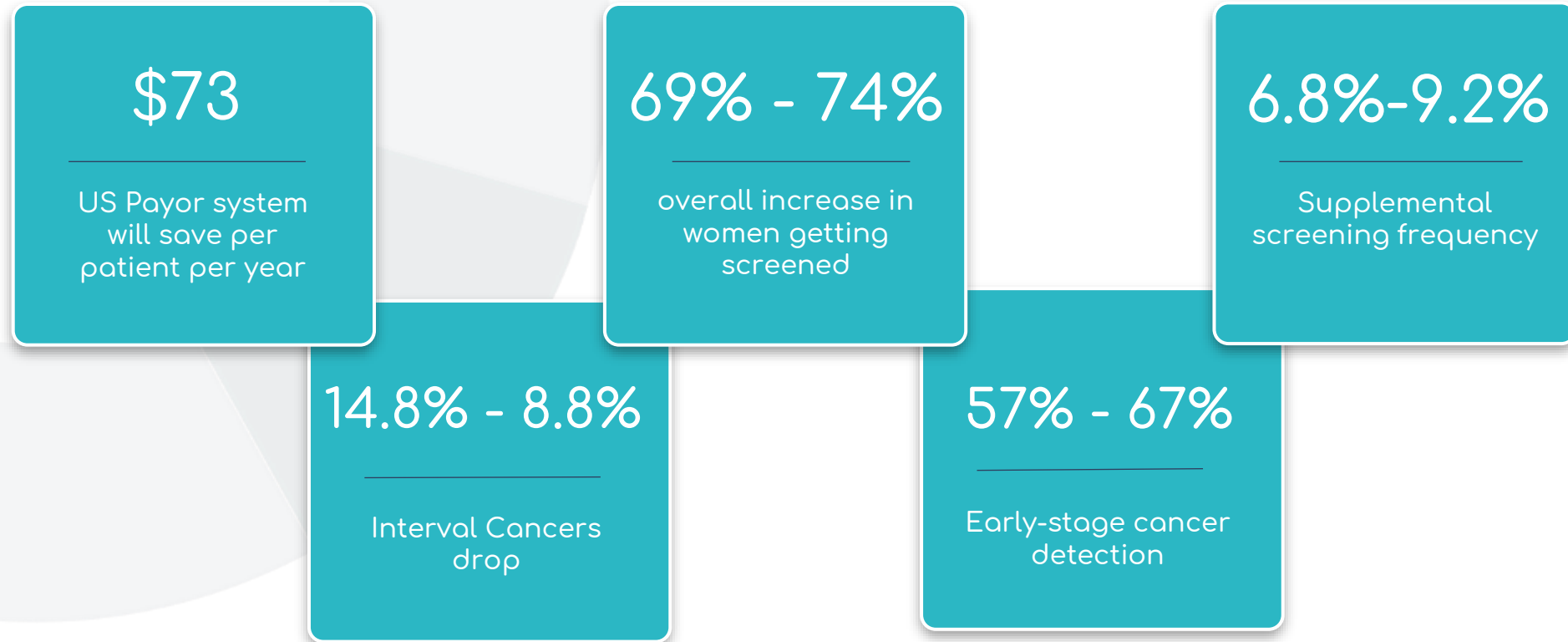


Guideline driven, Actionable results

1. TGA, FDA and EU regulatory approval granted to the sponsor, DNA Genotek
2. Commercial availability expected Q1 CY2022
3. Commercial availability upon regulatory approval
4. Budget Impact Model prepared by Alva10

# Economic Modeling in the US Payer System<sup>1</sup>

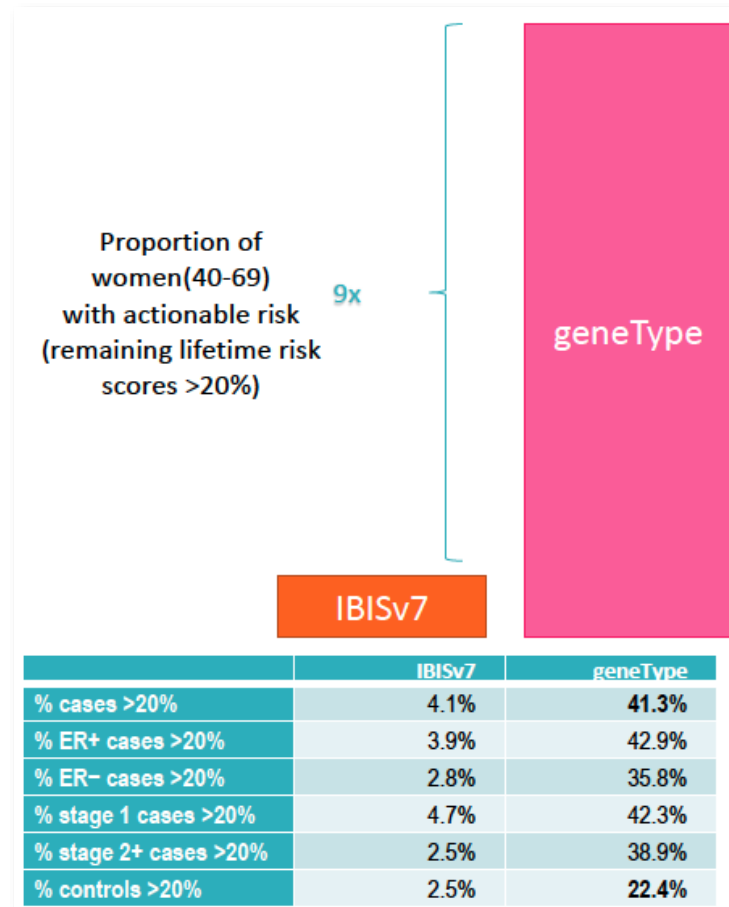
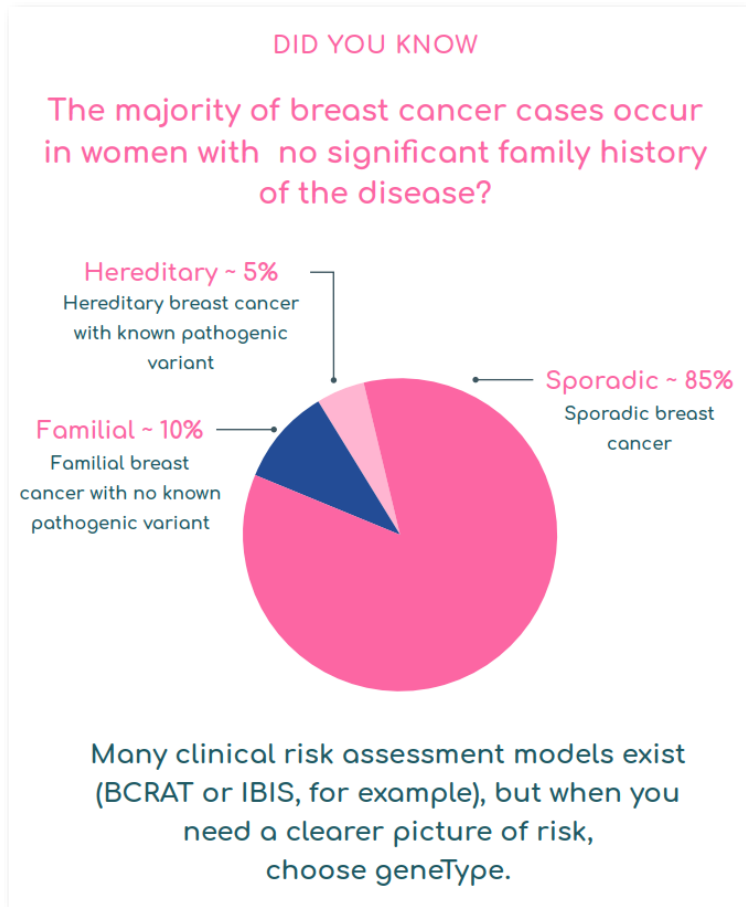
The economic benefit to the payers in the US is US\$1.4B per annum



3.6% in annual savings to a payer system in the screening and treatment of breast cancer.

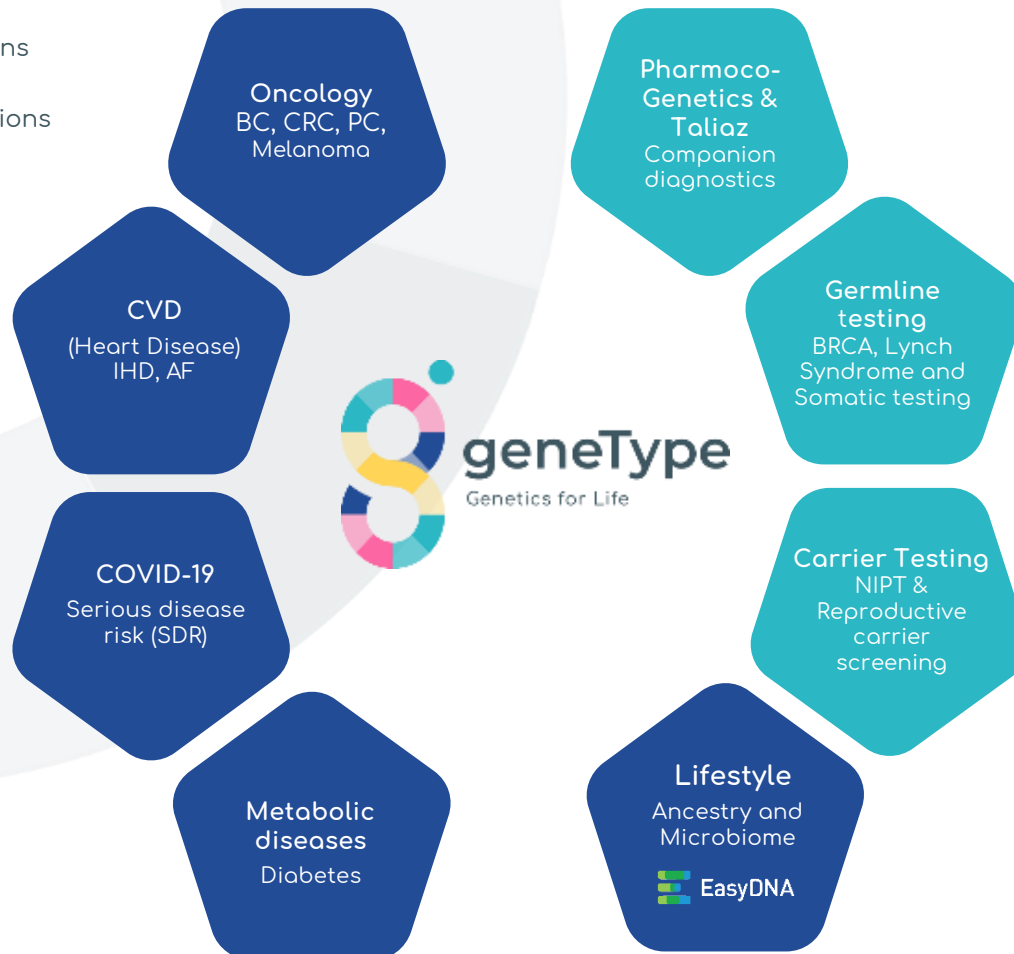


# GeneType Identifies up to 9 Times More Cancer Risk Patients Compared to Existing SoC Models<sup>1</sup>



# Divisions of Operations

- Existing divisions
- Emerging divisions



NEW Universal sample collection kit with TGA, FDA and EU regulatory approval<sup>1</sup>

# Pathways to Market

Executing a multi-brand strategy

## Medical & Payer Business to Business (B2B)



Oncology – GTG  
Cardiovascular  
Prenatal NIPT  
Carrier testing  
Clinical & Molecular  
Metabolic

## Consumer initiated testing (CIT) with medical supervision



Expanded Carrier testing & NIPT  
Oncology – MultiTest  
Cardiovascular – MultiTest  
Metabolic – MultiTest  
COVID Rick Test  
Pharmacogenomics

## Direct to Consumer Testing (DTC) with no medical supervision

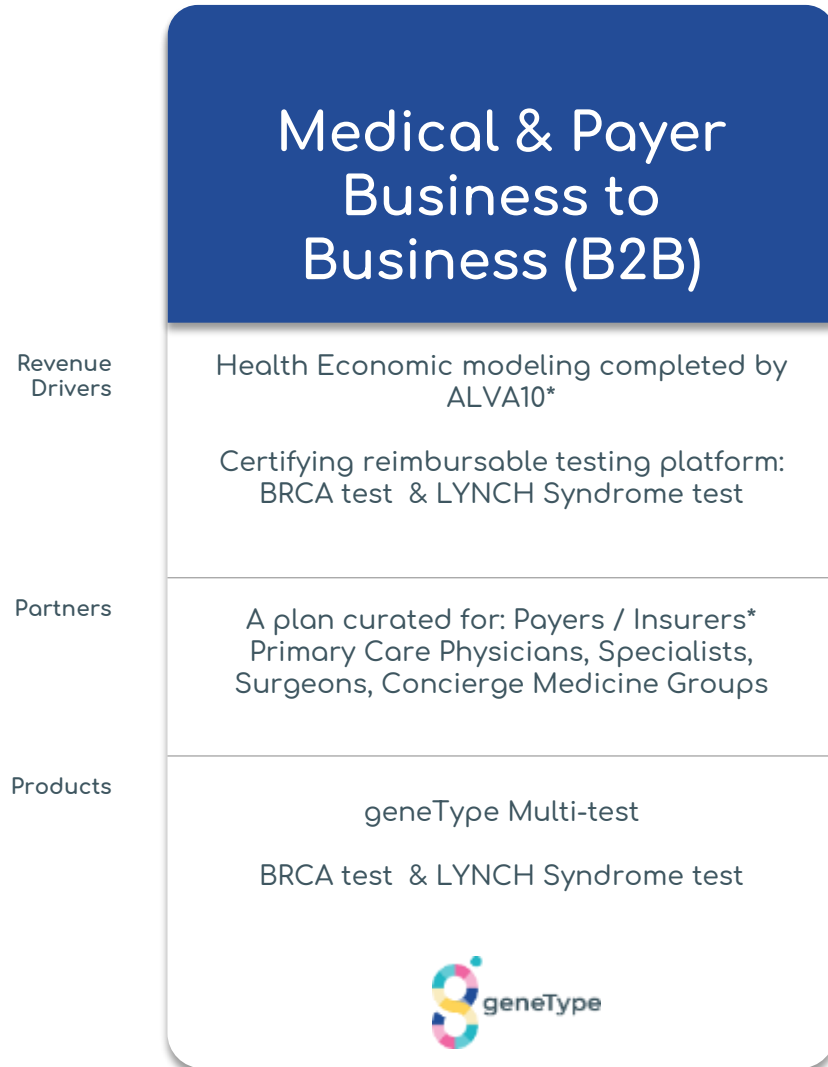


Ancestry  
Paternity  
Health & Wellbeing  
Pharmacogenetics



Animal  
Drug testing  
Relationship  
DNA Storage

# Pathways to Market – highest priority



Payer coverage is the key driver of revenues for geneType

Coverage from payers in the US will accelerate adoption of geneType Risk Assessment Tests more widely

Budget Impact Model (BIM) demonstrates significant health & economic benefits of implementing the geneType Breast Cancer Risk Assessment Test

BIM demonstrated significant economic benefits enabling:

- Direct engagement with a wide range of US payers
- Publication of results in respected peer reviewed journal(s)

US Payers include:

- Humana – 17 million lives covered
- Aetna – 22.1 million live covered
- Independence Blue Cross – 3 million lives covered

Smaller payers such as employer groups have potential to move quickly

BIM validates the benefits of implementing geneType

\* Corporates and Insurance market entry assessment in progress and Health Economic Model being completed by ALVA10.



# Collaborations

Professor Bernard  
Rosner



Channing Division of Network Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts, USA – Principal Investigator of the Nurses' Health Study (International expert in Biostatistics and breast cancer epidemiology).

Collaborating on a project to improve the GeneType Breast Cancer Test and to Cross-validate the Ovarian cancer test in the Nurses Health Study

Professor Graham  
Colditz



Deputy Director, Institute for Public Health. Washington University School of Medicine, St. Louis, Missouri (International expert in Biostatistics and breast cancer epidemiology).

Collaborating on a project to validate the GeneType for Breast Cancer Test in African American patients

Professor John  
Hopper



Professorial Fellow at the Centre for Epidemiology and Biostatistics in the School of Population Global Health, Melbourne University

Collaborating on a project to improve the GeneType for Breast Cancer Test and on a joint project with Prof Emery to develop clinical utility evidence for the GeneType tests

# Collaborations

Professor Jon  
Emery



THE UNIVERSITY OF  
MELBOURNE



VCCC  
Alliance  
Overcoming cancer together

Professor of Primary Care Cancer Research at the University of Melbourne, and the Victorian Comprehensive Cancer Centre

Collaborating on a joint project with Prof Hopper to develop clinical utility evidence for the GeneType tests

Memorial Sloane  
Kettering Cancer



Memorial Sloan Kettering  
Cancer Center

Collaborating on a project to investigate modification of risk in BRCA-positive patients by polygenic risk scores

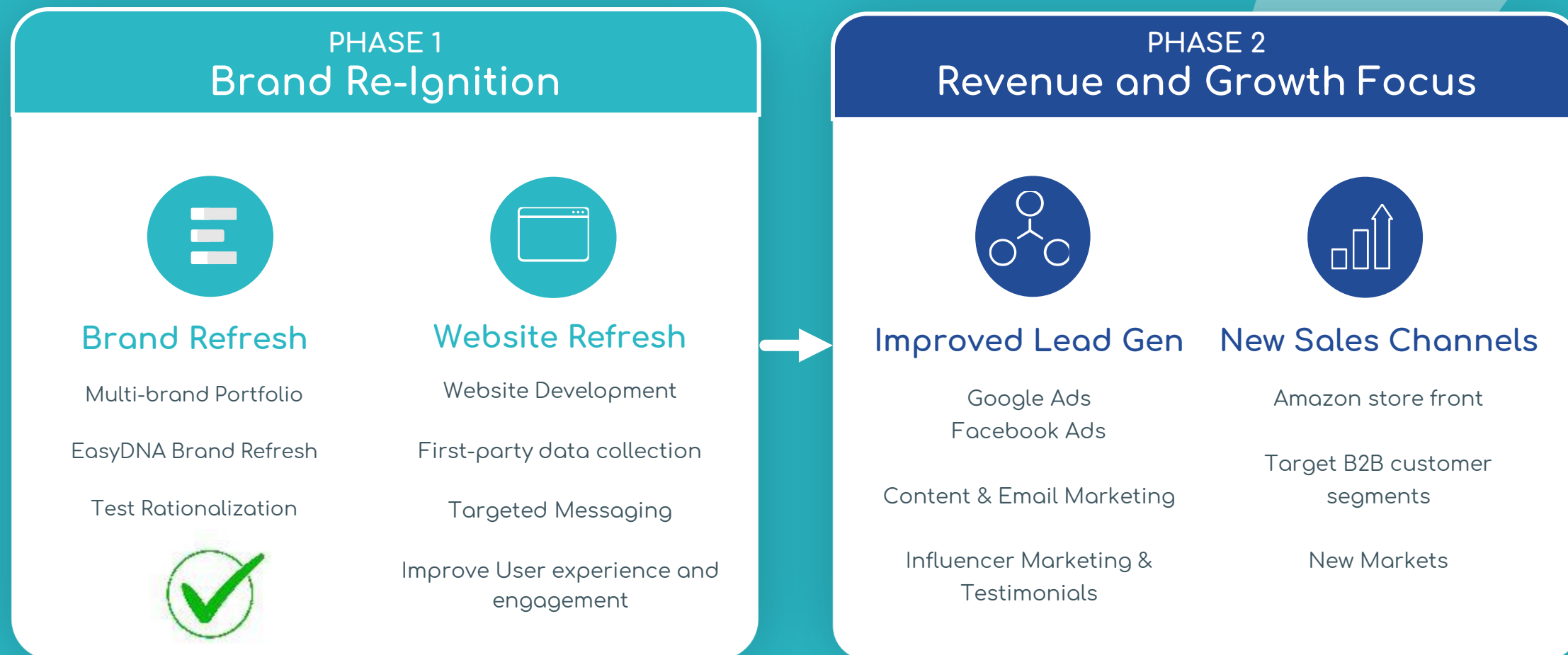
Ohio State  
University



THE OHIO STATE  
UNIVERSITY

Collaborating on a project to investigate modification of risk in BRCA-positive patients by polygenic risk scores

# DTC - Growth strategy for EasyDNA



# Thank you

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[www.genetype.com](http://www.genetype.com)

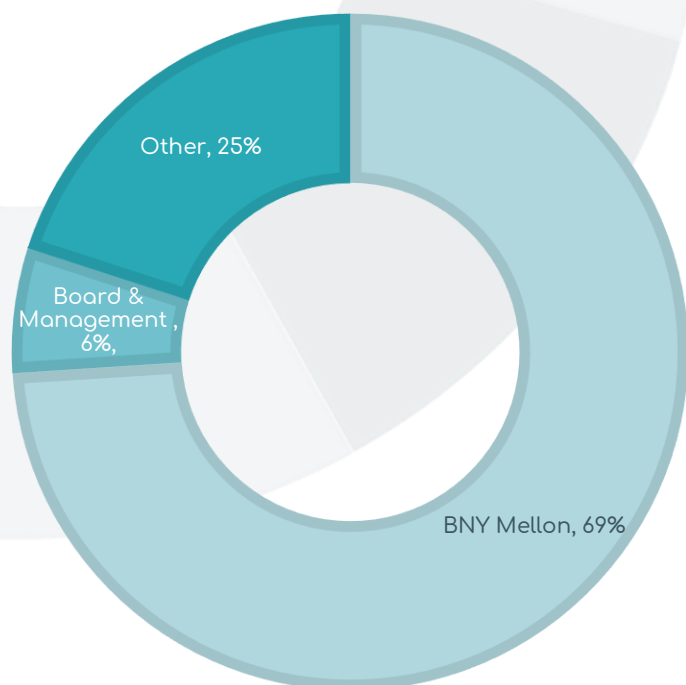


# Appendices

# Corporate Overview

Top 50 share registry breakdown

■ BNY Mellon ■ Board & Management ■ Other



## Dual Listed on the ASX and Nasdaq

### Financial Information

Share price (AUD) as at 25 October 2022	0.3c
ADR price (USD) as at 25 October 2022	\$1.20
Ord Shares on Issue (M)	9,234
ASX 52-week trading (AUD low/high)	0.3/0.8c
Nasdaq 52-week trading (USD low/high)	0.95/3.04
<b>Market Cap (A\$/US\$M)</b>	<b>32.31/18.47</b>
Cash at 30 September 2022	A\$7.9m
Cash at 30 June 2022	A\$11.7m
Debt (30 June 2022 and 30 September 2022)	nil

# Financial Overview

- Net cash outflow of A\$3.4 million in Q1 FY'23 (compared to Q4 FY'22 inflow of: A\$197k) as we continue to grow EasyDNA and Affinity DNA brand sales and develop and commercialize our geneType tests
- Cash reserves of A\$7.9 million at 30 September 2022 will be directed to:
  - Drive the commercialization of geneType products in United States, Europe and Australia
  - Develop the direct-to-consumer sales channel through EasyDNA and AffinityDNA
  - US Payer model development for geneType for breast cancer;
  - General product research and development; and
  - For general working capital.

A\$'000	30-Sep-22	30-Jun-22	Change
Net operating cashflow	(3,410)	197	-1831%
Receipts from customers	2,056	2,013	2%
Research and Development and Staff costs	(2,126)	(1,429)	49%
Cash	7,495	11,733	-32%

<sup>1</sup> Based on cashflow projections

# Board and Management: Sales and Scientific expertise leading GTG



**Mr. Peter Rubinstein**  
BEC, LLB  
Chairman - Non –  
Executive Director



**Dr. Lindsay Wakefield**  
MBBS  
Non – Executive  
Director



**Mr Nick Burrows**  
B.Com, FAICD, FCA,  
FGIA, FTIA, F Fin  
Non – Executive  
Director



**Simon Morriss**  
GAICD  
Chief Executive Officer



**Dr. Jerzy “George”  
Muchnicki**  
MBBS  
Non-Executive Director



**Erika Spaeth**  
PhD  
Director of Clinical  
Affairs & Medical  
Education



**Richard Allman**  
BSc, PhD  
Scientific Advisor



**Mike Tonroe**  
BSc, FCA, MAICD  
Company  
Secretary



**Carl Stubbings**  
Chief Commercial  
Officer



# Strong Scientific Leadership: Advisory Board



**Professor Jon Emery**

MBBCh MA DPhil FRACGP MRCGP  
Research & Education Lead,  
Primary Care Integration,  
Victorian Comprehensive Cancer  
Centre Herman Chair of Primary  
Care Cancer Research,  
University of Melbourne



**Professor Finlay Macrae AO**

MBBS, MD, FRACP, FRCP, AGAF  
MWGO is Principal Fellow and  
Professor, Department of  
Medicine, University of  
Melbourne, and Head of  
Colorectal Medicine and  
Genetics, The Royal Melbourne  
Hospital



**Ora K. Gordon, M.D.**

MD, MS, FACMG  
Regional Medical Director,  
Center for Clinical Genetics &  
Genomics. Clinical Director, PSJH  
Population Health Genomics  
Program. Chair, Integrated  
Network Cancer Program,  
Professor of Genetics, St John  
Cancer Institute



**A.Prof Ron Dick**

MBBS, FRACP, FCSANZ,  
Chairman of Cardiovascular  
Institute at Epworth Healthcare,  
an Honorary Cardiologist at the  
Alfred Hospital and Bendigo  
Healthcare Group.

Completed his MBBS in 1979 and  
became a Fellow of the  
Australian College of Physicians  
in 1986. His interventional  
cardiology fellowship was from  
the University of Michigan  
Medical Centre USA.

# Our Intellectual Property

## 4 Patents granted in the US

- Patent No: US 11,257,569, Methods of assessing risk of developing a severe response to Coronavirus infection
- Patent No: US 11,072,830, Methods for breast cancer risk assessment
- Patent No: US 10,683,549, Methods for assessing risk of developing breast cancer
- Patent No: US 10,920,279, Methods for assessing risk of developing breast cancer

## 2 Patents granted in PRC (China & HK)

- Patent No. 201080033130.5 Methods for Breast Cancer Risk Assessment
- Patent No. 201580063966.2 Methods for assessing risk of developing breast cancer

## 9 Patent families pending

- Breast cancer risk assessment
- Methods for assessing risk of developing prostate cancer
- Methods for assessing risk of developing ovarian cancer
- Methods of assessing risk of developing a severe response to Coronavirus infection
- Methods of assessing risk of developing a disease
- Methods for assessing risk of developing breast cancer
- Improved methods for assessing risk of developing breast cancer
- Methods of assessing risk of developing breast cancer
- Methods for assessing risk of developing colorectal cancer

# Defined Terms

**Common Complex Diseases (CCP)** – A complex disease is caused by the interaction of multiple genes and environmental factors. Complex diseases are also called multifactorial. Examples of common complex diseases include cancer and heart disease.

**Polygenic risk score** – a number associated with one's disease risk based on the aggregated effects of individual risk variants through a multiplicative algorithm.

**Variant** – Single Nucleotide polymorphism (SNP), an alteration in DNA that may be a common or rare event.

**Genomic** – pertaining to function of genetics from structure to relationship between genetic events.

**Genetic** – pertaining to a gene.

**GWAS** – genome-wide association studies are large population level studies which enable scientists to identify genes and genetic markers involved in human disease. This method searches the genome for SNPs that occur more frequently in people with a particular disease than in people without the disease. Each study can look at hundreds or many thousands of SNPs at the same time. Researchers use data from this type of study to pinpoint genetic variations that may contribute to a person's risk of developing a certain disease.

**SNP** – Single nucleotide polymorphisms, frequently called SNPs (pronounced “snips”), are the most common type of genetic variation among people. Each SNP represents a difference in a single DNA building block, called a nucleotide. For example, a SNP may replace the nucleotide cytosine (C) with the nucleotide thymine (T) in a certain stretch of DNA.

**Serious Disease Risk (SDR)** – Risk associated with acquiring COVID-19 and requiring hospitalisation with its associated morbidities and mortalities.

**Germline Testing** – Germline testing is done on cells that do not have cancer. It is done to see if a person has a gene mutation that is known to increase the risk of developing cancers and other health problems. This test uses cells (such as blood or skin cells) that do not have any cancer cells. Germline mutations can sometimes be passed down from parents.

**Clinical Laboratory Improvement Amendments (CLIA)** – Regulates laboratory testing and require clinical laboratories to be certified by the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing

**National Association of Testing Authorities (NATA)** – the authority responsible for the accreditation of laboratories, inspection bodies, calibration services, producers of certified reference materials and proficiency testing scheme providers throughout Australia. It is also Australia's compliance monitoring authority for the OECD Principles of GLP. NATA provides independent assurance of technical competence through a proven network of best practice industry experts for customers who require confidence in the delivery of their products and services.

**Next Generation Sequencing (NGS)** – Next-generation sequencing (NGS), also known as high-throughput sequencing, is the catch-all term used to describe a number of different modern sequencing technologies. These technologies allow for sequencing of DNA and RNA much more quickly and cheaply than the previously used Sanger sequencing, and as such revolutionised the study of genomics and molecular biology.

**Laboratory Developed Tests (LDT)** – A type of in vitro diagnostic test that is designed, manufactured and used within a single laboratory.

**Consumer Initiated Tests (CIT)** – laboratory testing that is initiated by the consumer without a physician order but reviewed and communicated back to the consumer via a physician.

**Direct to Consumer (DTC)** – laboratory testing that is initiated by the consumer without a physician order. The results are reported back directly to the consumer.

**Health Care Professionals (HCP)** – physician, GP, or specialist authorized to receive the patient results