RHYTHM™ BIOSCIENCES

geneType

An Overview of Genetype

ERIKA SPAETH, PhD SCIENTIFIC/CLINICAL AFFAIRS

About Rhythm Biosciences

We are committed to saving lives through the evaluation of cancer risk and early detection of cancers

Early detection of cancer gives individuals the best possible opportunity for favorable treatment outcomes.

Addressing large under-served global markets worth >USD$50bn and heavily supported by public and private health care systems.

geneType™ commercially available now and ColoSTAT® anticipated commercial launch in 2H CY2025.

Patent protected, fully characterised proteomic, genomic technology that can be readily adopted in routine laboratories.

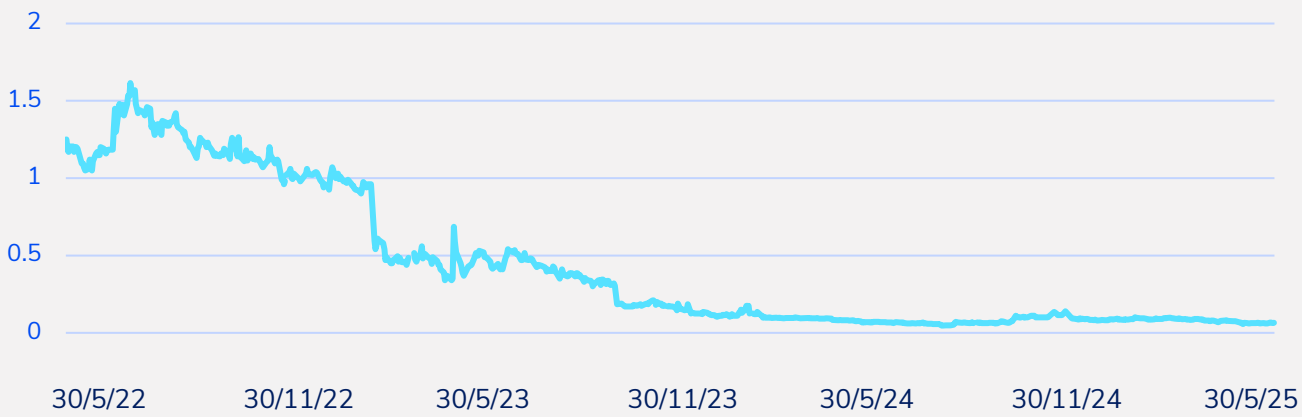
A valuable development pipeline of high quality, impactful cancer risk assessment and detection products

Corporate overview

CORPORATE SNAPSHOT

ASX Code	RHY
Share Price (17th June 2025)	**$0.060**
Shares on Issue	283,597M
Unlisted & Listed Options	53.4M
Market Capitalisation	**$17.61M**
Cash in Bank (31 March 2025)	$2.3M
Top 20 Shareholders	43.3%

SHARE PRICE CHART - ASX:RHY



BOARD AND MANAGEMENT

David Atkins, PhD
CEO & MD

Former CEO of Congenica (UK) & Synevo Diagnostics, Sr. Executive at Johnson & Johnson and Danaher.

Founder of Veridex – cancer molecular and cellular diagnostics (USA).

Experience in product development and commercial leadership in the global medical device and diagnostic industry.

Otto Buttula
Non-Executive Chairman

Extensive financial, investment, IT & biotech experience.

Co-Founder and CEO of IWL (ASX: IWL); Founder / former CEO of Investors Mutual

Formerly a Director of Imugene (ASX:IMU), Chairman of Investorfirst, now HUB (ASX: HUB), HITIQ (ASX: HIQ) & Oncosil Medical (ASX: OSL).

Sue MacLeman
Non-Executive Director

30 years in Pharma, Biotech and Medtech including Amgen, BMS and Merck and SME's.

Experienced Board member, former CEO of NASDAQ, ASX, & AIM entities. Currently Chair of Medicines Australia, NED at Viral Vector Manufacturing Facility, Smartways Logistics, Healthcare Translation Group, ATSE & OMICO & member of the National Research Infrastructure (NRI) Advisory Group.

Gavin Fox-Smith
Non-Executive Director

38 years as a leader and champion of Medical Technology in Australia/NZ and Asia.

Gavin is Chair of ANDHealth (Australia's National Digital Health Initiative), Board Director for Bowel Cancer Australia and Board Director for SAN Foundation.

Gavin was previously CEO of Omnigon, a private Australian company in the Ostomy Care market.

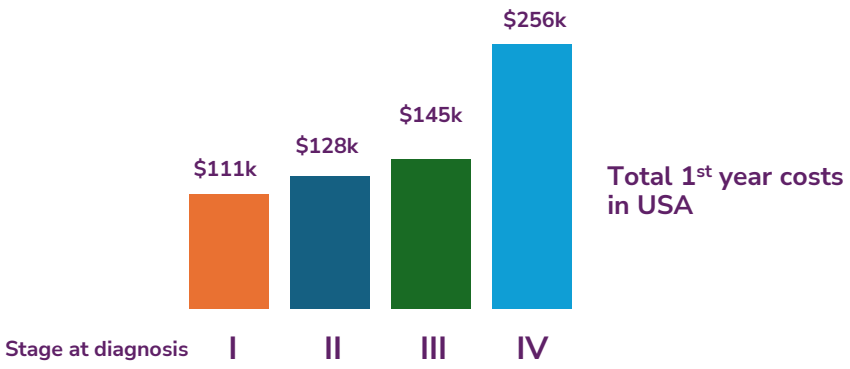
When diagnosed early, cancer can be successfully treated

Disease stage for colorectal cancer diagnosis is the key predictor of survival

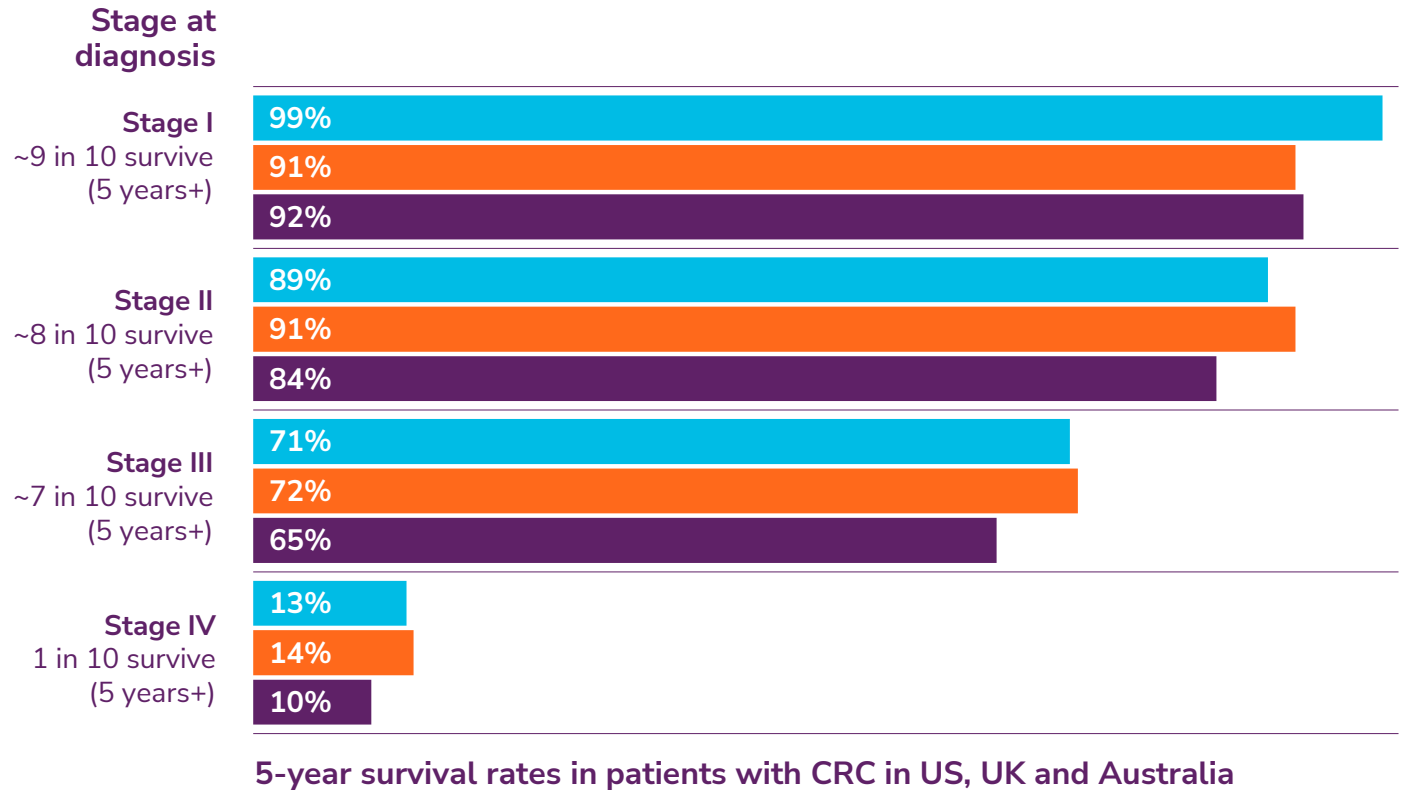
Diagnoses at Stage I or II only represent less than half of all CRCs diagnosed in:

	Stage I	Stage II
AUSTRALIA	22%	23%
US	37%	37%
UK	16%	21%

Disease treatment costs increase with later stage#



Missed detection of early-stage CRC results in poor survival rates

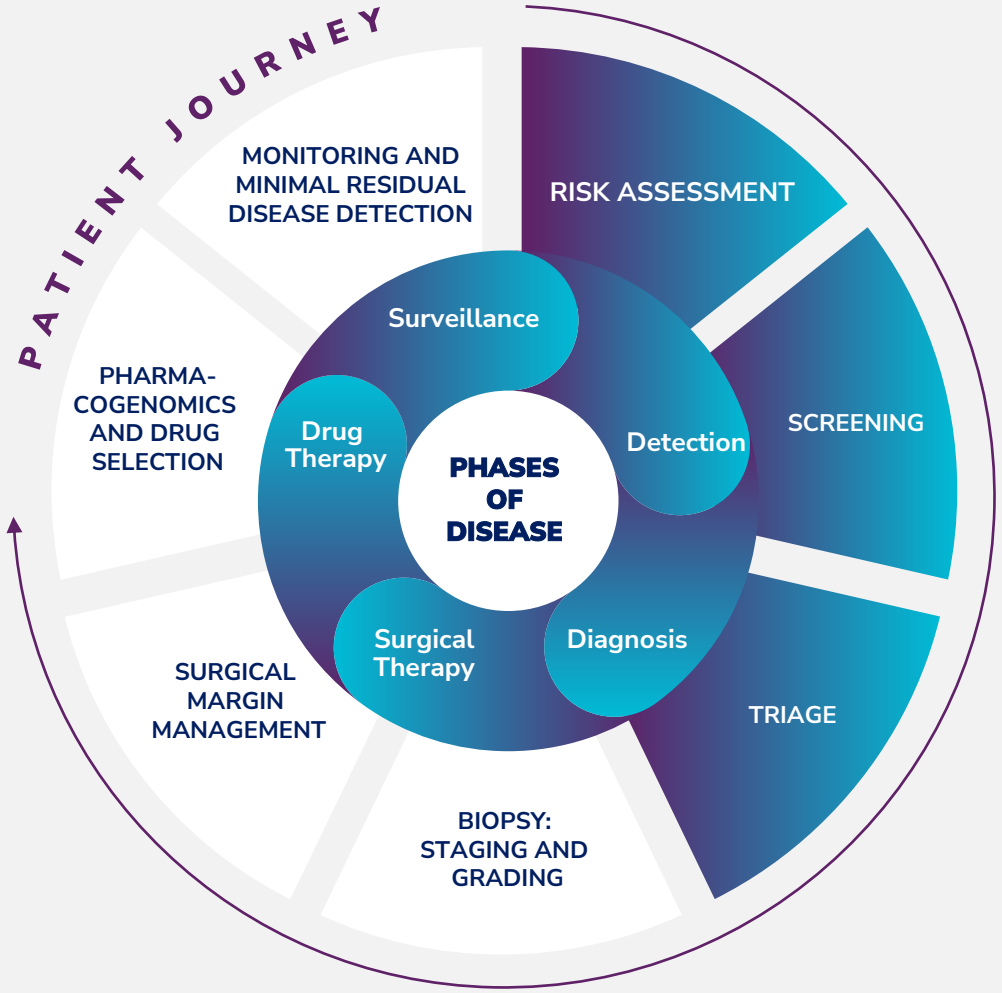


5-year survival rates in patients with CRC in US, UK and Australia

McGarvey et al. BMC Health Services Research (2022) 22: 1155

Detecting cancer earlier and maintaining wellness

The power of the combination of the Rhythm capabilities and portfolio



geneType

Risk Assessment

Determination of risk profile

Personalised management of health

COLOSTAT®

Disease Screening

Minimally-invasive detection of disease

Early detection of disease

A powerful combination enabling:

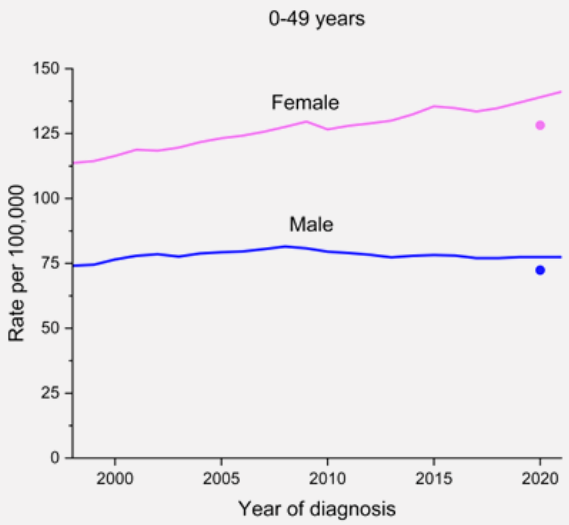
- Supports preventative measures to maintain wellness
- Increase the likelihood of earlier disease detection
- Promote better treatment outcomes for detected disease
- Potential use in drug clinical studies for patient stratification
- Potential for development as companion diagnostic tests

Suitable for 100s millions of individuals/patients globally

Example: geneType™ bowel cancer risk assessment of the general population to help guide usage of ColoSTAT®. Potentially leads to improved screening compliance, earlier disease detection and improved outcomes.

Cancer screening is critical to managing cancer burden

Detection of cancer as early-stage disease leads to better outcomes



Rates are increasing in adults under 50

40%

of adults will get cancer

Adults that are non-compliant screeners

35 - 57%

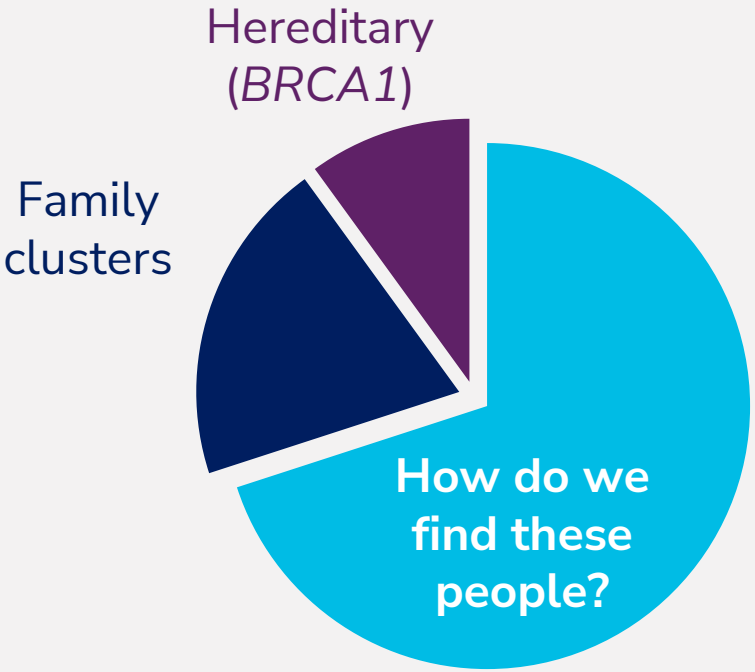
25%

https://www.cancer.org/research/acs-research-news/cancer-incidence-rate-for-women-under-50-rises-above-mens.html
https://www.cancer.gov/about-cancer/understanding/statistics
Kim RY, Rendle KA, Mitra N, et al. Adherence to Annual Lung Cancer Screening and Rates of Cancer Diagnosis. JAMA Netw Open. 2025;8(3):e250942. doi:10.1001/jamanetworkopen.2025.0942
https://nccrt.org/our-impact/data-and-progress/
https://www.cdc.gov/pcd/issues/2023/23_0071.htm#:~:text=(RTI%20International).-,Results,(Tables%202%20and%203).

Current Screening programs

The standard of care varies in each geography

One Size Fits All



Breast

- Start at 40 or 45
- Mammogram
- Biennial

Colorectal

- Start at 45
- FIT, Cologuard, colonoscopy
- Frequency dependent on method

Prostate

- Start at 55
- PSA
- Frequency/ start dependent on risk

Cancer is unique to each individual

Detection of disease needs to reflect this uniqueness

Improve the current standard of care from *one-size-fits-all* screening

Personalised screening approaches

- Precisely identify who is at risk
- Provide tailored risk-reduction options

Risk Assessment is the Gateway to Precision Diagnostics

The first step to employing personalised screening approaches

RHYTHM™ BIOSCIENCES

Risk assessment | Screening | Diagnosis | Personalised treatment | Prognostic response | Recurrence

WHAT?

Predicting a person's chance of developing a condition/disease

WHY?

To provide more appropriate screening/risk-reduction to those who need it

HOW?

Validated Assessment tool that integrates genomics

geneType™ sets the stage for personalised screening options

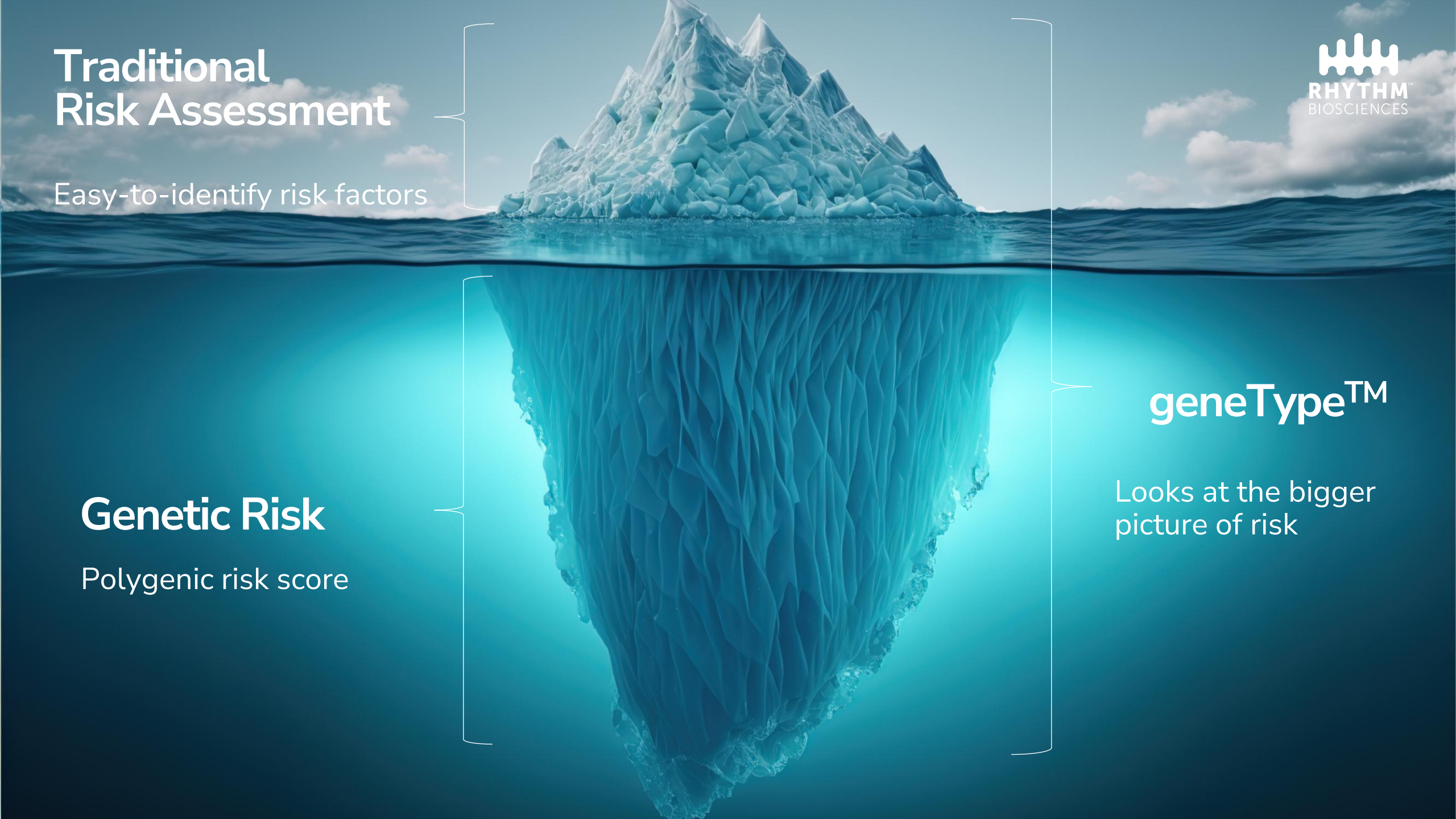
Risk assessment allows us to move away from a one-size-fits all screening approach

Our understanding of the range of risk factors has advanced

Each individual's risk is a factor of multiple variables

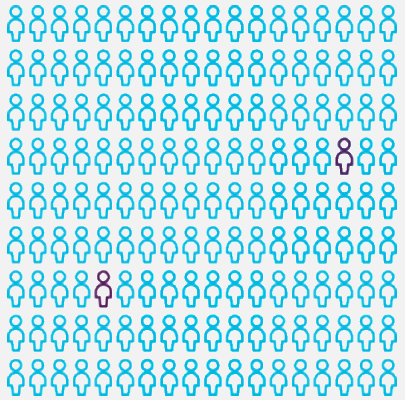
Scientists can assign VALUEs to risk factors:

- Family history
- Low BMI
- High BMI
- Cholesterol levels
- Blood pressure
- Number of live births
- Smoking habits
- Use of aspirin
- Last colonoscopy
- Last mammogram
- **Genetic variants**


Traditional
Risk Assessment
Easy-to-identify risk factors
RHYTHM
BIOSCIENCES
Genetic Risk
Polygenic risk score
geneType™
Looks at the bigger
picture of risk

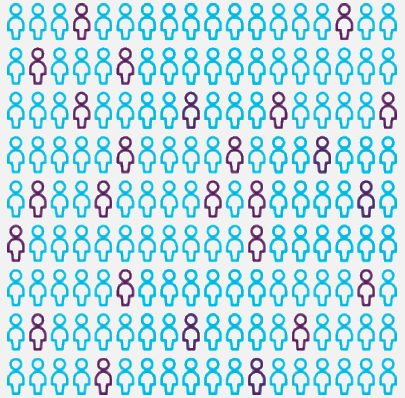
geneType™ is different from other genetic testing

Genetype detects many common low penetrance genetic variants vs. individual mutations.



BRCA1/2

- 1 mutation
- Very high risk
- Rare in the population (0.2-1%)
- Sonic, Healius, LabCorp, Myriad



geneType™

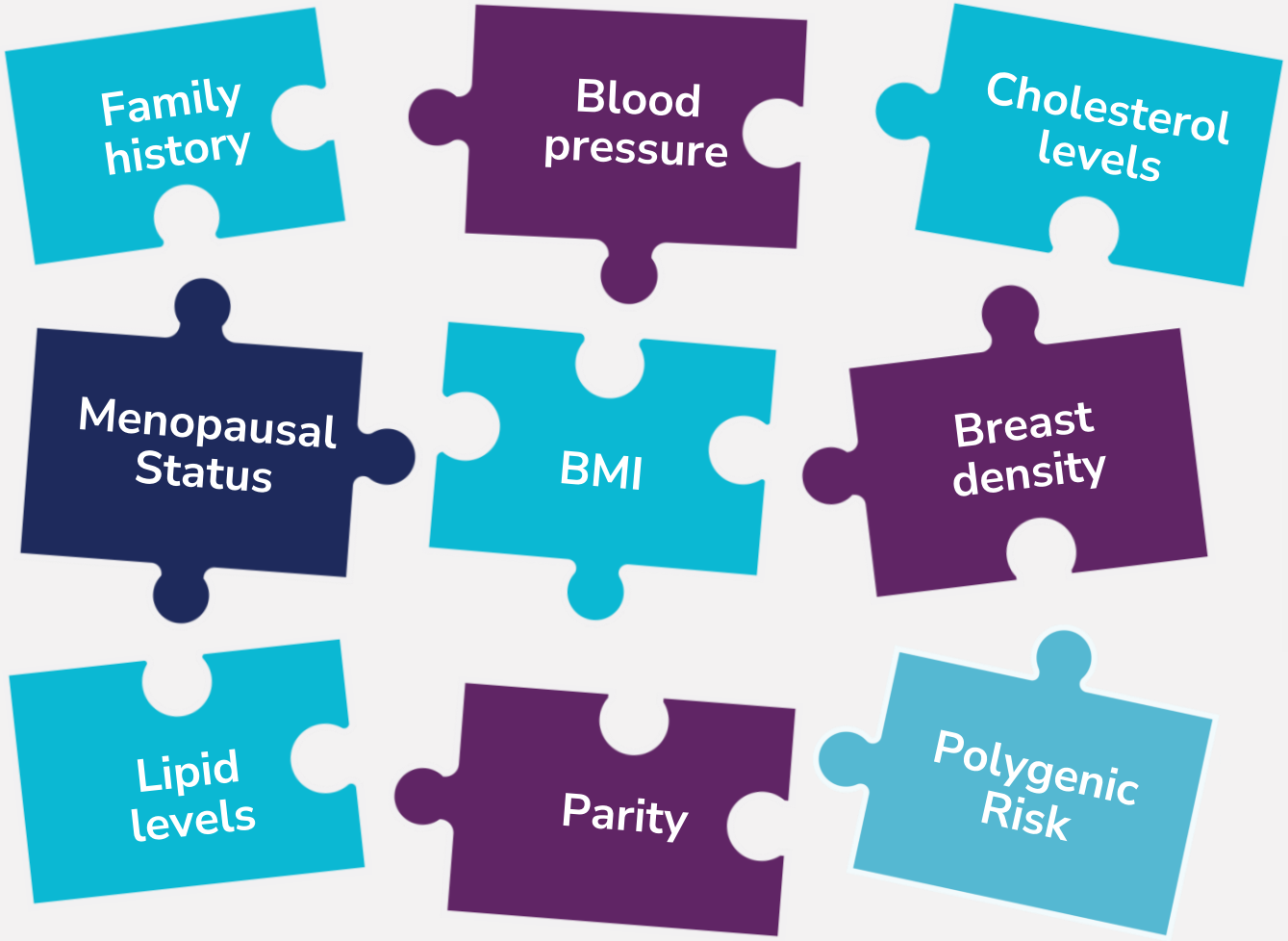
- Many risk factors: genetic and clinical
- increased risk
- Up to 20% of the population

Hickmann, E., et al. BMC Health Serv Res 22, 1116 (2022).
Venner, E., et al Commun Biol 7, 174 (2024).
HU et al. N Engl J Med 2021;384:440-451

geneType™ risk assessment

Disease risk prediction is strongest when combining multiple risk factors

RHYTHM BIOSCIENCES



% Chance of developing disease

Risk Assessment Test Report Summary

GeneType Multi-Suite

Laboratory Accession Number: HG01342
Date of Specimen Collection: 02-Feb-2022
Date of Laboratory Receipt: 09-Feb-2022
Date of Report: 10-Jun-2025

Patient Name: Jane Doe
Date of Birth: 28-Dec-1974
Patient Address: 1 Example Road
Suburbia, VIC 3000

Ordering Medi
Dr Sam Bloggs
42 Demo Stree
Sampletown,

This patient received 8 disease risk prediction results and is at increased risk for 2 diseases.

Disease	Result Summary	Clinical Action Available
Atrial Fibrillation	HIGH	see supplemental screening and ris
Breast Cancer	INCREASED	see supplemental screening and ris
Coronary Artery Disease	LOW	average risk screening
Colorectal Cancer	AVERAGE	average risk screening
Melanoma	AVERAGE	average risk screening
Ovarian Cancer	AVERAGE	average risk screening
Pancreatic Cancer	AVERAGE	average risk screening
Type 2 Diabetes	MODERATE	see supplemental screening and ris

Interpretation Summary

This patient has an increased risk of developing Atrial Fibrillation, Breast Cancer. Please read the appended reports for speci

This patient is considered within the average range of risk for an adult of the same age, sex and ethnicity for the remaining

The risk scores are patient-specific and cannot be used to estimate risk in relatives. Furthermore, the following results shoul patient's full clinical history, particularly for patients close to a threshold risk value.

Report continued on next page

Sequenced by Gene By Gene
CLIA# 45D1102202 | CAP# 7212851
1445 N Loop W STE 820 Houston, TX 77008
Analyzed and Reported by ichorDX Inc
CLIA# 99D2023356
1300 Baxter St STE 255, Charlotte NC 28204

Laboratory Director: Angie Purvis, PhD
Reported by designated pathologist: Dr. Peter Kaub
Compliant with ISO15189 and NPAAC requirements

Breast Cancer Risk Assessment Final Test Report

GeneType for Breast Cancer

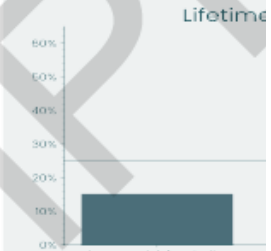
Laboratory Accession Number: HG01342
Date of Specimen Collection: 02-Feb-2022
Date of Laboratory Receipt: 09-Feb-2022
Date of Report: 07-Feb-2025

Patient Name: Cynthia Richardson
Date of Birth: 28-Dec-1974
Patient MRN:
Patient Address: 11 Bourke Street
Melbourne, VIC 3000

Ordering Medi
Dr Laura Jones
12357 Sandpipe
Melbourne, VIC

This patient is at an INCREASED risk of breast cancer

0.42%
Patient's 5 year risk



*The average risk is based on the same age, biological gender and race/ethnicity as the patient from the general Australian

Interpretation

This patient has a 31.53% chance of developing breast cancer within her remaining lifetime up to age 90 years which is consi not mean that the patient will develop breast cancer over this timeframe.

In accordance with the RACGP Guidelines for Preventive Activities in General Practice, any patient with a remaining lifetime ri their remaining lifetime risk is between >13% and <25% they are at a moderately increased risk and if their remaining lifetime r risk.

The patient should continue following general population breast screening protocols at a minimum, regardless of their estim risk scores are patient-specific and cannot be used to estimate risk in relatives. Furthermore, these results should be interpre context of the patient's full clinical history, particularly for patients close to a threshold risk value.

Report continued on next page

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1300 Baxter St STE 255, Charlotte NC 28204

Reported by designated pathologist: Dr. Peter Kaub
Compliant with ISO15189 and NPAAC requirements

Colorectal Cancer Risk Assessment Final Test Report

GeneType for Colorectal Cancer

geneType Oncology

Laboratory Accession Number: HG01342
Date of Specimen Collection: 02-Feb-2022
Date of Laboratory Receipt: 09-Feb-2022
Date of Report: 10-Jun-2025

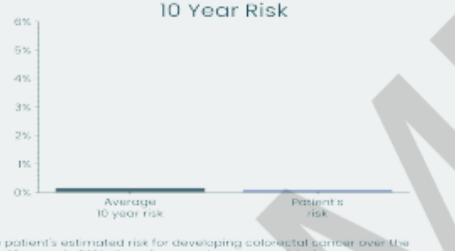
Patient Name: Jane Doe
Date of Birth: 28-Dec-1974
Patient MRN:
Patient Address: 1 Example Road
Suburbia, VIC 3000

Ordering Medical Practitioner:
Dr Sam Bloggs
42 Demo Street
Sampletown, VIC 3000

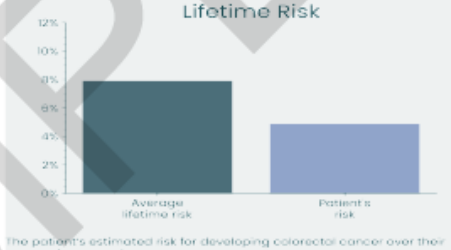
This patient is at an AVERAGE risk of developing colorectal cancer

0.10%
Patient's 10 year risk

4.89%
Patient's Lifetime risk



The patient's estimated risk for developing colorectal cancer over the next 10 years is 0.10%. For reference, the average risk* for a person without family history is 0.16%.



The patient's estimated risk for developing colorectal cancer over their lifetime (to age 90) is 4.89%. For reference, the average risk* for a person without family history is 7.92%.

*The average risk is based on the same age, biological gender and race/ethnicity as the patient from the general Australian population.

Interpretation

This patient has a 0.10% chance of developing colorectal cancer within 10 years, which is considered average risk.

In accordance with Cancer Council Australia, any patient with a 10-year risk score <2x average risk is defined as average risk, between 2-4x moderately increased risk, and >4x at high risk.

The patient should continue following general population colorectal screening protocols at a minimum, regardless of their estimated risk score. Also note that the risk scores are patient-specific and cannot be used to estimate risk in relatives. Furthermore, these results should be interpreted by a medical practitioner in the context of the patient's full clinical history, particularly for patients close to a threshold risk value.

Report continued on next page

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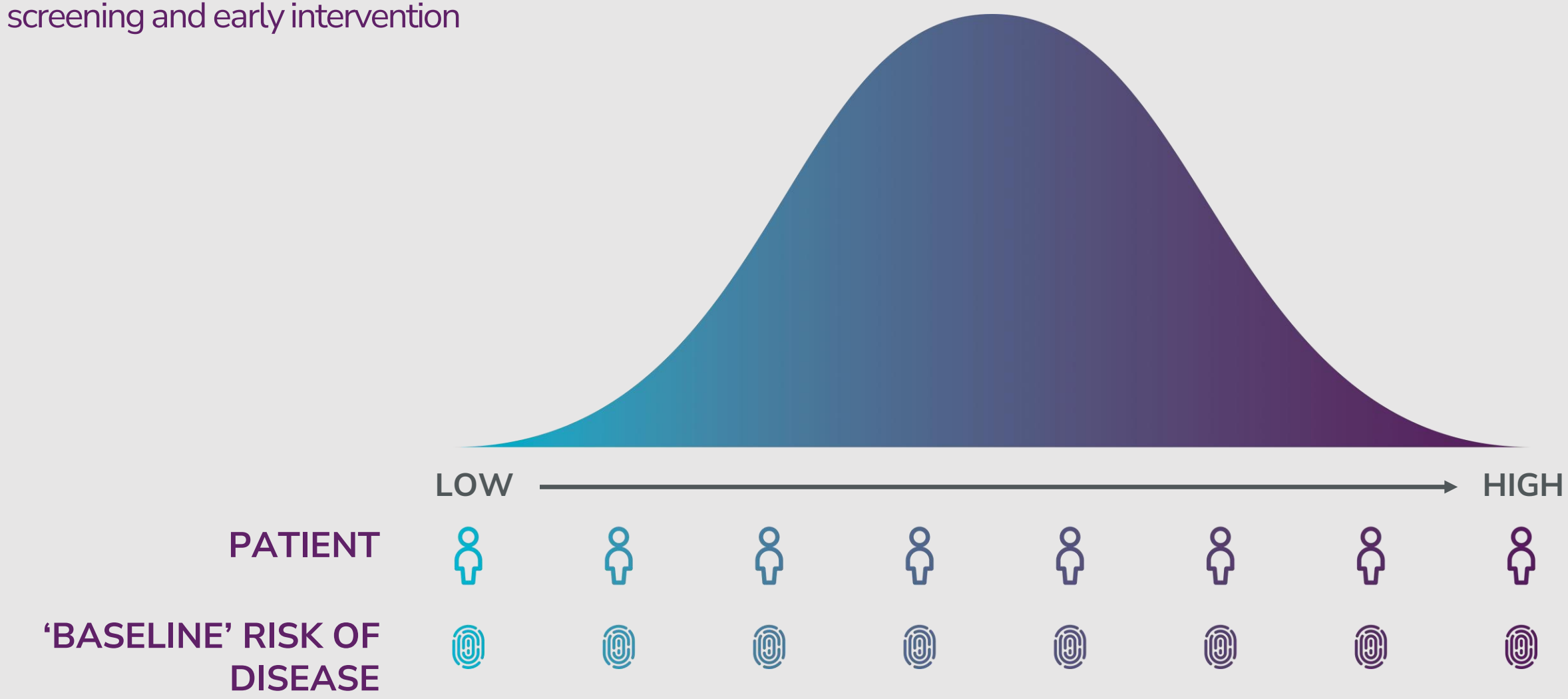
Compliant with ISO15189 and NPAAC requirements

customersupport@genetype.us
US Tel: +1.704.926.5700
AU Tel: +61 3 8256 2880

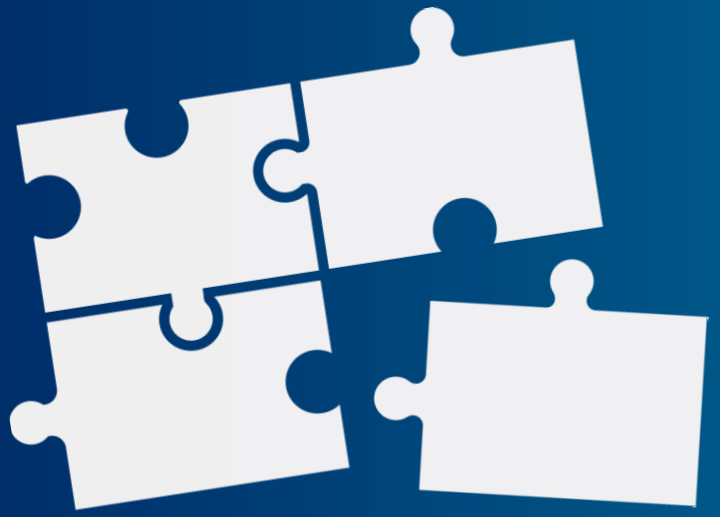
Inherent risk: We are all born with a polygenic risk profile

Understanding where a patient sits on the spectrum of risk unlocks new opportunities for precision screening and early intervention



Spaeth E. Chapter 2 - Polygenic risk scores: A conceptual overview to add PRS to your clinical toolbox. In: Kelly L, Stanford WP (eds). Implementation of Personalized Precision Medicine. Academic Press, 2025, pp 23-33.

The future of personalised medicine



Personalised healthcare

Risk assessment

geneType™ development

Creating a risk assessment that contains the fewest, but most impactful risk factors

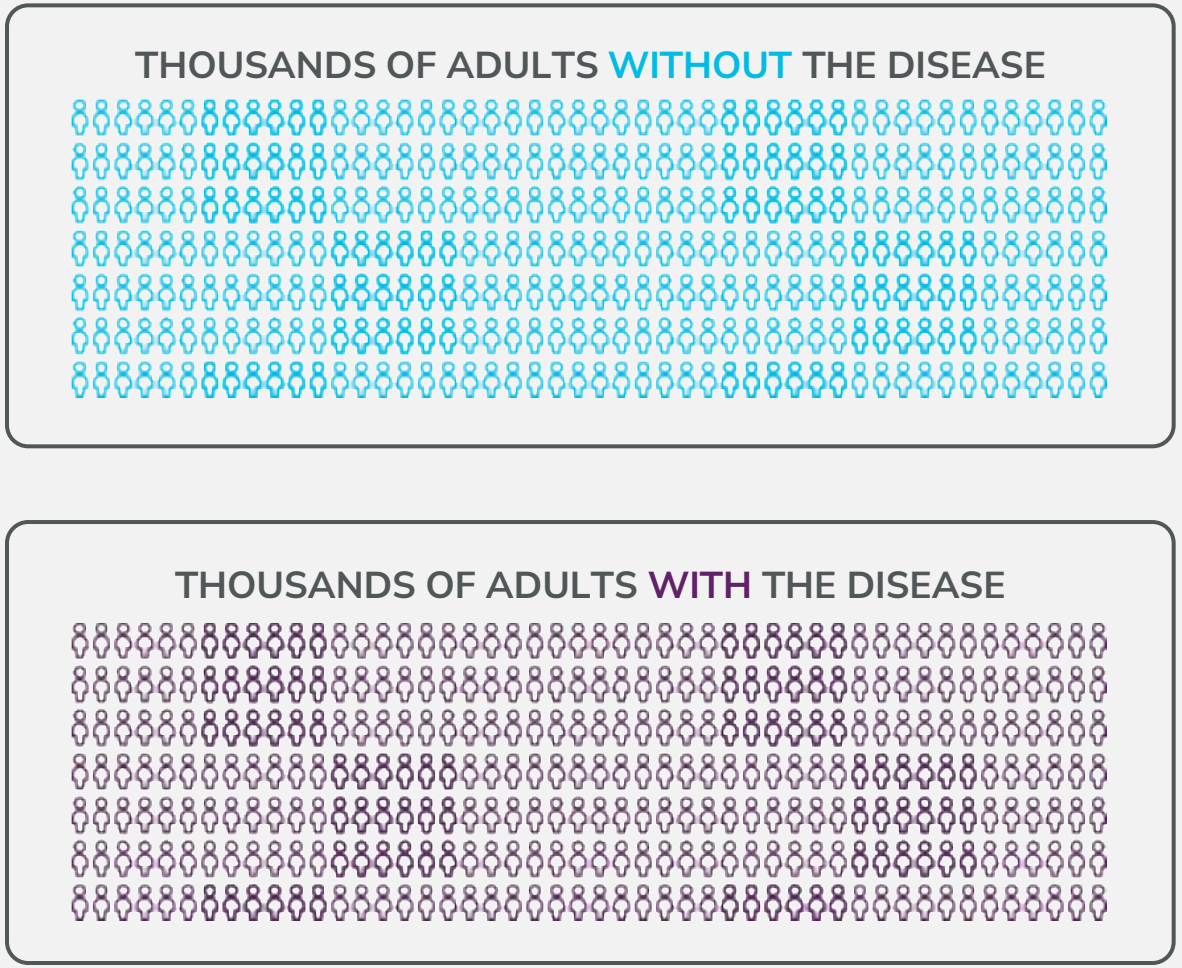
RHYTHM BIOSCIENCES

MAJOR CONSIDERATIONS

- Improve current binary risk (standard of care)
- Limit stress to healthcare provider (ease of implementation)

PROCESS

- Develop algorithm
  - literature review
  - access to large datasets for discovery/training
- Validate algorithm
  - access to large datasets for testing/validation
  - file IP/publish data
  - Tech transfer into accredited lab environment



geneType™ vs Gold Standard

Test portfolio consists of diseases that performed better than a current clinical standard tool

RHYTHM BIOSCIENCES

Outperforms

Across the following statistical metrics:

- ✓ Discrimination
- ✓ Calibration
- ✓ Net reclassification
- ✓ Net benefit

geneType™ Disease risk assessment
Breast[1,2]
Ovarian[3]
Prostate[4]
Colorectal[5,6]
Pancreatic[7]
Melanoma[8]
Coronary artery disease[9]
Atrial fibrillation[9]
Type 2 diabetes[9]

Peer-reviewed, published Clinical validation of the integrated cancer risk models

1. Allman R, Mu Y, Dite GS, Spaeth E, Hopper JL, Rosner BA. Validation of a breast cancer risk prediction model based on the key risk factors: family history, mammographic density and polygenic risk. Breast Cancer Res Treat 2023; 198: 335-347.
2. Spaeth EL, Dite GS, Hopper JL, Allman R. Validation of an Abridged Breast Cancer Risk Prediction Model for the General Population. Cancer Prev Res (Phila) 2023; 16: 281-291.
3. Dite GS, Spaeth E, Murphy NM, Allman R. A combined clinical and genetic model for predicting risk of ovarian cancer. Eur J Cancer Prev 2023; 32: 57-64.
4. Dite GS, Spaeth E, Murphy NM, Allman R. Development and validation of a simple prostate cancer risk prediction model based on age, family history, and polygenic risk. Prostate 2023.
5. Gafni A, Dite GS, Spaeth Tuff E, Allman R, Hopper JL. Ability of known colorectal cancer susceptibility SNPs to predict colorectal cancer risk: A cohort study within the UK Biobank. PLOS ONE 2021; 16: e0251469.
6. Spaeth Tuff EL, Gafni A, Dite GS, Allman R. Improvement of a clinical colorectal cancer risk prediction model integrating polygenic risk. Journal of Clinical Oncology 2023; 41: 81-81.
7. Dite GS, Spaeth E, Murphy NM, Allman R. Predicting 10-year risk of pancreatic cancer using a combined genetic and clinical model. Gastro Hep Advances 2023 in press
8. Wong CK, Dite GS, Spaeth E, Murphy NM, Allman R. Melanoma risk prediction based on a polygenic risk score and clinical risk factors. Melanoma Res 2023.
9. Wong CK, Makalic E, Dite GS, Whiting L, Murphy NM, Hopper JL et al. Polygenic risk scores for cardiovascular diseases and type 2 diabetes. PLoS One 2022; 17: e0278764.

geneType™ risk stratification supports screening and prevention strategies

RISK ASSESSMENT

RISK STRATIFICATION

TAILORED SCREENING

Intensified screening, Medication, surgery

Reduced intensity/ alternative screening methods

Complementing existing screening pathways

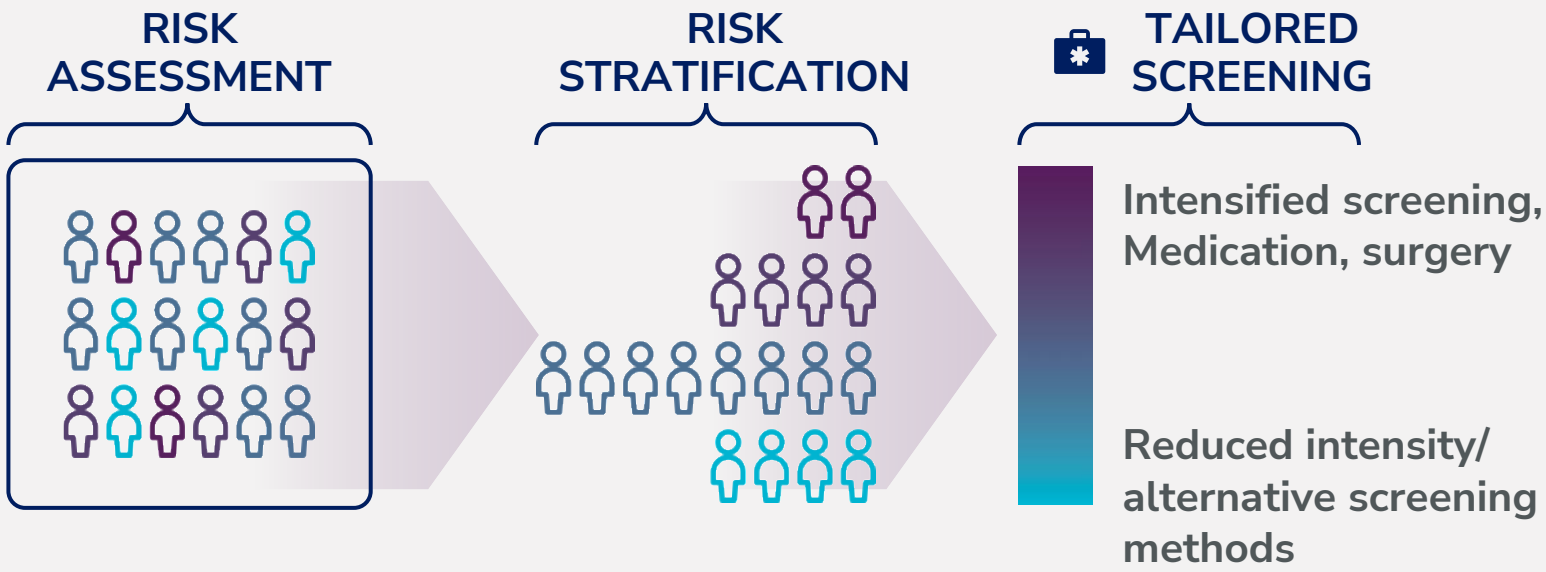
- Age of entry
- Frequency
- Modality

Novel screening technologies

- Single/Multi cancer early detection
  - ctDNA, cfDNA, protein, methylation
- Imaging
  - AI-software, ultrasound, MRI
- Specimen types
  - Blood, saliva, tears, urine, stool

Market entry: risk stratification across the healthcare ecosystem

From general practice to specialty care, and from private payors to public health programs—risk stratification enables targeted, value-driven decision-making at every level



Applications

- Applications
- Individualized patient care
- Primary care
- Specialty care services
- Imaging clinics, urologists, endoscopy clinics, family history/genetics clinics,
- Institutional/payor level care
- Self-insured employers
- US private payors
- Government sponsored care

geneType™ performance has a material and affordable impact

Breast cancer risk assessment on a population basis and health economics

Breast Cancer Risk

- Cases diagnosed annually (incidence) = 20,640
- Individuals living with disease (prevalence) = 79,720
- Average lifetime risk = 1 in 7 or 14%

Risk Assessment Methods#:

- Cross-validated in multiple cohorts of healthy women, age 40 – 69, followed for 5 years

	geneType™	traditional clinical models (Gail#, IBIS^)
Compared models:		
Data summary#: Out of 200K women:	○ ~23.9K women classified as increased risk	○ ~6.4K women classified as increased risk
Over 5 years, ~3.1K developed breast cancer:	○ 27% (861) were flagged by geneType	○ 6% of those (182) were flagged by traditional models

Economics of Risk Assessment

- Modelled on US costings assuming similar performance
- Assumed 55% adoption rate
- At-risk cases receive supplemental screening (MRI) and annual mammograms
- Increase in early-stage cancers detected
- Decrease in interval cancers
- Reduction in total cost to care

Net saving of $74 per participant per year

Spaeth et al Cancer Prev Res 2023;16:1–12
^Allman R, et al. Breast Cancer Res Treat 2023; 198: 335-347.

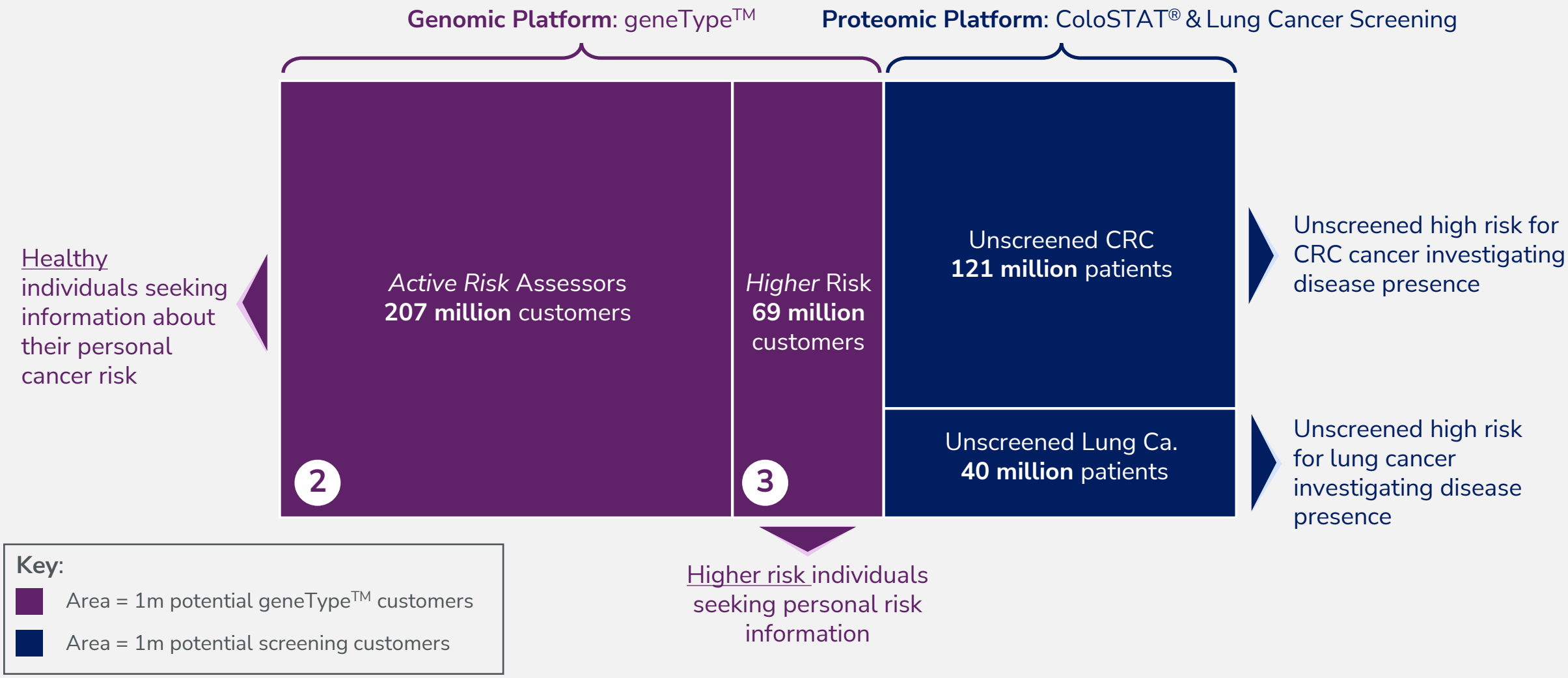
geneType™ customer segment summary

Three distinct customer segments where geneType™ would add significant value

	1 Worried well – Proactive Preventers	2 Active Risk Assessors – Actively engaged in assessment	3 At Higher Risk – Seeking more information
Summary	A desire to understand their risks.	Encounter a reason to believe their risk is higher than average – typically age.	Urgency in need to assess risk. Available information unsatisfactory.
Use case	Otherwise, healthy but intervene to ensure longer healthspan.	Are engaged in population screening initiatives due to age, family or clinical history.	Possibly symptomatic or considered high risk. Reflex test for negative mutation testing or negative biopsy.
Sales channel	Corporate programs, primary carers, functional clinics, General Practice.	General Practice, Clinical geneticists, Specialists, Corporate programs.	Clinical geneticists, Specialists

Rhythm is targeting a significant global market

A global market of >0.5bn individuals potentially served by the Rhythm product platform.



Calculated using 11 geographies: AUS, USA, JPN, DEU, UK, FRA, ITA, KOR, ESP, CAN, NLD. References available on request

There are multiple emerging drivers of geneType™ adoption

Rhythm is well positioned to participate in a major change in clinical practice

	Major Driver	Impact on geneType™ adoption
Clinical Trials: large cohorts	BARCODE1[1], WISDOM[2]	Efficacy and validation
Implementation Studies	CASSOWARY[3], ROBIN[4], GenoVA[5], eMERGE[6]	Utility and usability
Clinical guidelines	Medical bodies/Gov't: US, EU, ASU	Guidance for routine use
Value Based Care	Public and private payors	Focus on outcomes
Health Economics & Reimbursement	AMA Coding, CMS coverage	Mainstream adoption
Advances in genomics	Massive growth in databases and cost of delivery	Validation data, novel algorithms and reduced COGS
EMR Integration	Availability of test ordering in EMR platforms	Patient and physician engagement

24

1 – 6: References available on request

Ordering geneType™ in Australia using an HCP

The ordering options are continuously expanding

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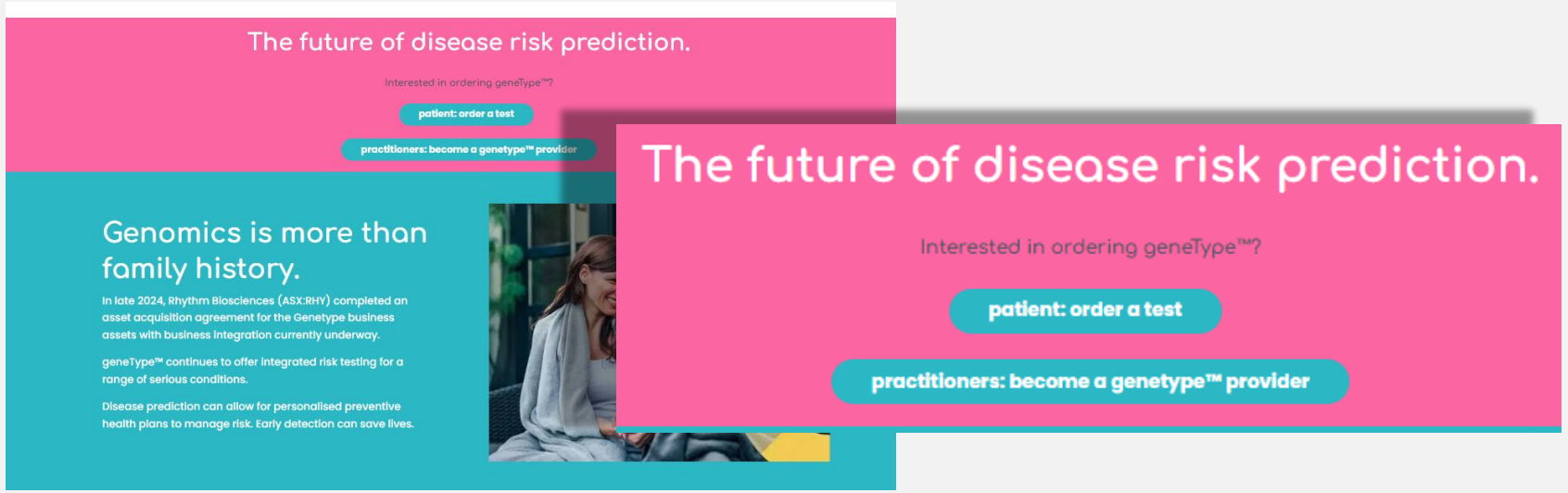


Tasman Health Care
Day Infusion Unit • Research • Pharmacy

GenomicHealth

BFWC

DR NICOLE YAP
ONCOPLASTIC SURGEON

Brisbane Genetics

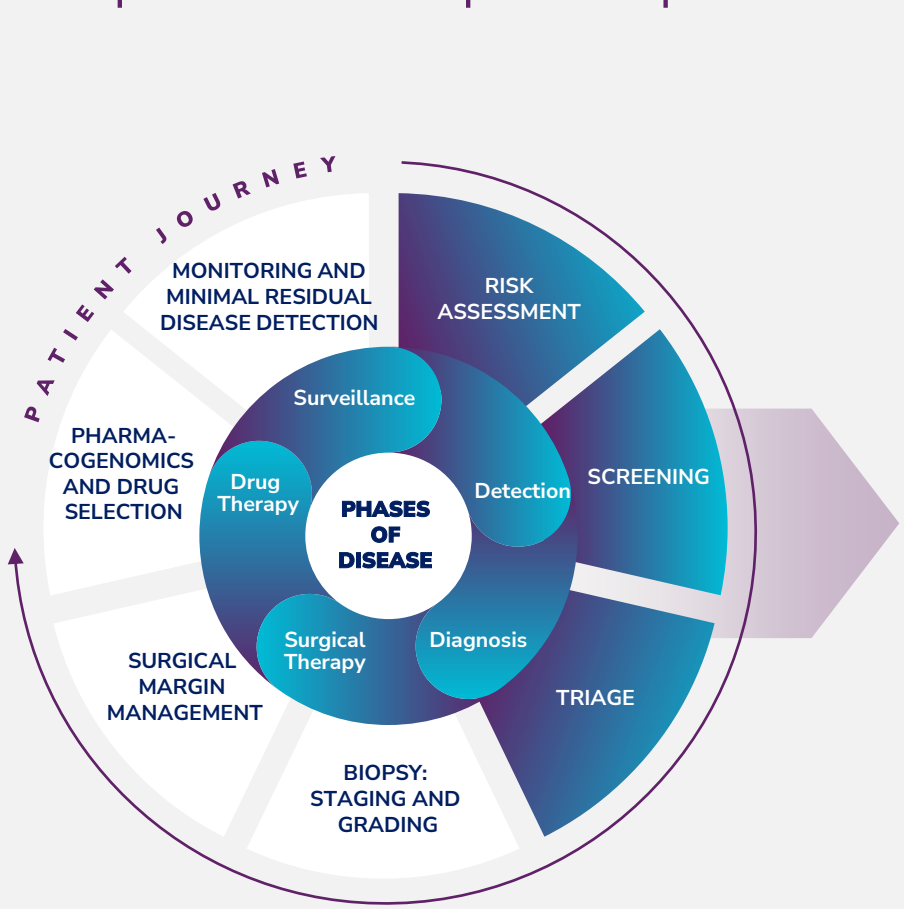
EVERGREEN DOCTORS

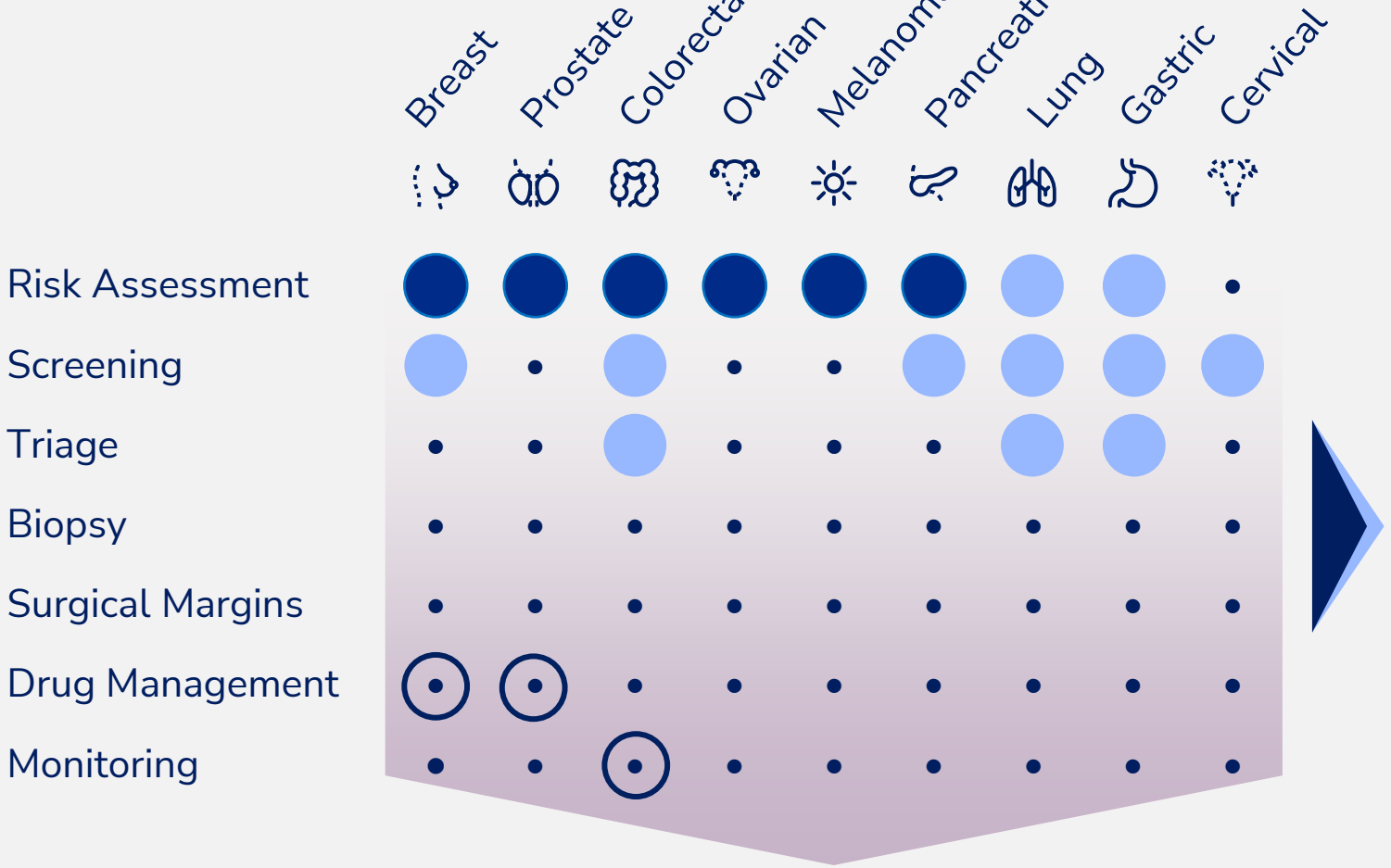
silveshealth

NOOSA HEARTS

Our combined platforms supports a highly comprehensive approach to cancer diagnostics

The potential RHY product portfolio addresses a huge total available market





Commercial product · Active development program · Advanced planning · Opportunity

Upcoming value inflection points

PRODUCT	ITEM	DESCRIPTION	COMPLETION DATE
ColoSTAT®	**Kit Validation Ready**	Kit Verification completion, production kits ready	Q2 CY 2025
ColoSTAT®	**Final clinical validation**	Evaluation of final system	Q3 CY 2025
geneType™	**geneType™ strategic partnerships**	Establishment of key commercial partners	Q3 CY 2025
geneType™	**geneType™ menu expansion**	Expansion of existing commercial portfolio	Q4 CY 2025
ColoSTAT®	**Commercialisation**	ColoSTAT® Partner's In House IVD launch	Q4 CY 2025
Lung cancer screening assay	**Complete pre-clinical evaluation**	Design of assay prototype	Q1 CY 2026

Rhythm Bioscience: An attractive investment opportunity

Overview

Rhythm's mission is to detect cancer earlier and reduce the burden of cancer. We are developing and selling proprietary, high value products and services designed to detect cancer earlier.

Growth

Rhythm is solving an important clinical and economic problem. We are preparing for rapid global commercial growth.

Reasons to Invest

1. Multi-product portfolio
2. Addressing a significant TAM
3. Planning for growth acceleration

RHYTHM™
BIOSCIENCES

Thank you!

david.atkins@rhythmbio.com
www.rhythmbio.com