



INOVIQ investor briefing

Key programs update:
EXO-OC and CAR-exosomes

14th July 2025



This presentation has been prepared by INOVIQ Limited (“INOVIQ” or the “Company”) based on information available to it as at the date of this presentation. This presentation contains general and background information about the Company’s activities current as at the date of the presentation and should not be considered to be comprehensive or to comprise all the information that an investor should consider when making an investment decision and does not contain all information about the Company’s assets and liabilities, financial position and performance, profits and losses, prospects, and the rights and liabilities attaching to the Company’s securities necessary to make an investment decision. The information in this presentation should be read in conjunction with the Company’s other periodic and continuous disclosure announcements lodged with the Australian Securities Exchange (ASX), available at www.asx.com.au. The information in this presentation is based on the Company’s own information and estimates and has not been independently verified. The Company is not responsible for providing updated information and assumes no responsibility to do so. Any investment in the Company should be considered speculative and there is no guarantee that they will make a return on capital invested, that dividends would be paid, or that there will be an increase in the value of the investment in the future.

This Presentation may contain certain “forward-looking statements” that are based on management’s beliefs, assumptions and expectations and on information currently available to management. The words “expect”, “anticipate”, “estimate”, “intend”, “believe”, “guidance”, “should”, “could”, “may”, “will”, “predict”, “plan” and other similar expressions are intended to identify forward-looking statements. Any indications of, and guidance on, future operating performance, earnings, financial position and performance are also forward-looking statements. Forward-looking statements, opinions and estimates provided in this Presentation are based on assumptions and contingencies which are subject to change without notice, as are statements about market and industry trends, which are based on interpretations of current market conditions.

Actual results, performance or achievements could be significantly different from those expressed in, or implied by, these forward-looking statements. No representation, warranty or assurance (express or implied) is given or made in relation to any forward-looking statement by any person (including INOVIQ or any of its advisers). In particular, no representation, warranty or assurance (express or implied) is given that the occurrence of the events expressed or implied in any forward-looking statements in this Presentation will actually occur. Actual operations, results, performance, targets or achievement may vary materially from any projections and forward-looking statements and the assumptions on which those statements are based.

Nothing contained in this Presentation constitutes investment, legal, tax or other advice. This Presentation does not purport to be all inclusive or to contain all information which its recipients may require in order to make an informed assessment of the Company’s prospects.

You should note that any past performance is given for illustrative purposes only and should not be relied on as (and is not) an indication of the Company’s views on its future financial performance or condition. Past performance, including past share price performance, of INOVIQ cannot be relied on as an indicator of (and provides no guidance as to) future performance including future share price performance.



INOVIQ overview

[p4](#)

EXO-OC test results

[p8](#)

CAR-Exosomes in vitro data

[p16](#)

Summary and Q&A

[p21](#)



Proprietary **exosome platform** with multiple research, diagnostic and therapeutic applications



Exosome research tools commercially available through global distribution partner



Clinical-stage **OC screening test** and **BC monitoring test**



Preclinical-stage next-gen **exosome therapeutic** in development for TNBC



Partnering and strategic acquisitions to expedite commercialisation and growth



Leadership team and Advisory Board with experience in **exosome science, development and commercialisation**

Financial snapshot (ASX:IIQ)

Market capitalisation	A\$41.9m
Share price (11 July 2025)	A\$0.375
52-week H/L	A\$0.690-0.345
Ordinary shares	111,632,802
Listed / Unlisted options	9,753,913 / 8,775,000
Cash at bank (31 March 2025)	A\$8.01m
Shareholder profile	
Top 20	29.9%
Board/KMP	6.6%
Institutional/Funds	14.1%

IIQ 12-month share price performance





FY25 Achievements

Expand exosome platform across research tools, diagnostics and therapeutics

- ✓ **EXO-NET** customers hit 60 in pre-launch phase
- ✓ **EXO-OC** test se 77% / sp >99.6% all-stages and detects 100% Stage I/II
- ✓ **CAR-EVs** kill 88% TNBC & NSCLC cells *in vitro* and collaboration with Peter Mac
- ✓ **NeuCA15-3** peer reviewed publication
- ✓ **Advisory Board** established & leadership team expanded

FY26 Catalysts

Partner diagnostic programs, accelerate development of exosome therapeutics and grow revenues

- **EXO-NET** >200% customer growth & first diagnostic partner
- Partner **EXO-OC** test for LDT commercialisation and progress IVD development
- *in vivo* data for **CAR-EV** in TNBC mouse model & commence IND-enabling studies
- Partner **NeuCA15-3** test

2-Year Objectives

INOVIQ established as a leading exosome company with best-in-class diagnostics and therapeutics for cancer

- ❖ **EXO-NET** established as a best-in-class EV isolation technology
- ❖ **EXO-OC** established as a best-in-class screening test for ovarian cancer
- ❖ **CAR-NK-EV** validated as a potential first-in-class exosome therapeutic for cancer
- ❖ **NeuCA15-3** generating partner revenue
- ❖ **YoY growth** across partner, product and revenue metrics



1 Exosome platform

Proprietary exosome technology platform underpinning products & pipeline

- Establishes INOVIQ as a leading exosome company
- Delivers solutions for precise exosome isolation, engineering and loading
- Enables transformative applications across research, diagnostics and therapeutics

Embedded value in INOVIQ products and services

2 Research tools

Exosome isolation tools for biomarker discovery and diagnostics

- Global distribution partner in place for market development and commercial success
- Delivers early revenue from sales of research tools and services
- Potential licensing income from future commercial diagnostics using EXO-NET

US\$794.2m global exosome research market by 2030¹

3 Diagnostics

Exosome tests for screening, liquid biopsies & companion diagnostics

- Faster-to-market diagnostics to deliver mid-term partners and revenue
- Commercialisation pathway established with existing exosome diagnostics on-market as LDTs and BDD from US FDA

US\$5.5b global ovarian cancer diagnostics market by 2030²

4 Therapeutics

Exosome therapeutics to target and destroy solid tumours

- High-value therapeutics to deliver blue-sky ROI
- Leverages existing exosome technology, capabilities & expertise
- Potential first-in-class CAR-exosome therapy with cost, logistics, safety & efficacy advantages

US\$55.3b global breast cancer therapeutics market in 2027³



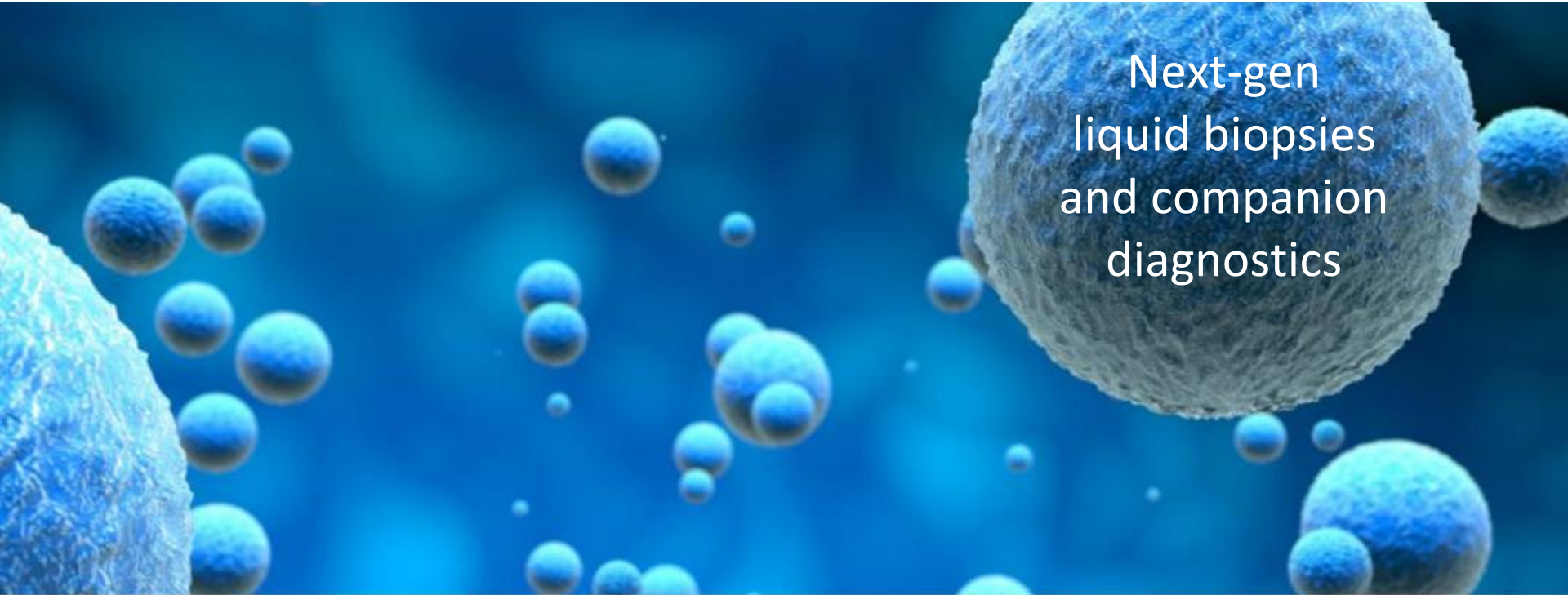
- **Product portfolio** includes commercial-stage exosome isolation products, clinical-stage diagnostics for ovarian and breast cancers, and a preclinical-stage CAR-exosome therapeutic program for solid tumours
- **Pipeline priorities** are our exosome screening test for OC and exosome therapy for TNBC

RESEARCH TOOLS	INDICATION	USE	DISCOVERY	VERIFICATION	VALIDATION	IN-MARKET	NEXT MILESTONE
EXO-NET	Multiple	Pan-EV Capture				Promega RUO	Sales Growth & Collaborations
NEURO-NET	Neurology	Brain Derived-EV Capture				RUO	Collaborations
TEXO-NET	Oncology	Tumour Derived-EV Capture	RUO				Validation data 2H25
DIAGNOSTICS	INDICATION	USE	DISCOVERY	ASSAY DEVELOPMENT	CLINICAL	IN-MARKET	NEXT MILESTONE
★ EXO-OC	Ovarian Cancer	Screening	LDT / IVD				Commence clinical validation 2H25
neuCA15-3	Breast Cancer	Monitoring	LDT				Partnering 2H25
THERAPEUTICS	INDICATION	USE	DISCOVERY	PRE-CLINICAL	CLINICAL	APPROVAL	NEXT MILESTONE
★ EEV-001	Breast Cancer	CAR-Exosome therapy					In vivo data 2H25

Exosome Platform

SubB2M Technology

Exosome Diagnostics

A microscopic image showing numerous spherical exosomes of varying sizes against a dark blue background. The exosomes have a textured, granular surface. One large exosome on the right contains white text.

Next-gen
liquid biopsies
and companion
diagnostics

Ovarian Cancer screening is a significant unmet need



no approved test for early detection in asymptomatic, average risk women

#1

Deadliest gynaecological cancer & 8th most common cancer in women

325k

New cases pa¹

207k

Deaths pa¹

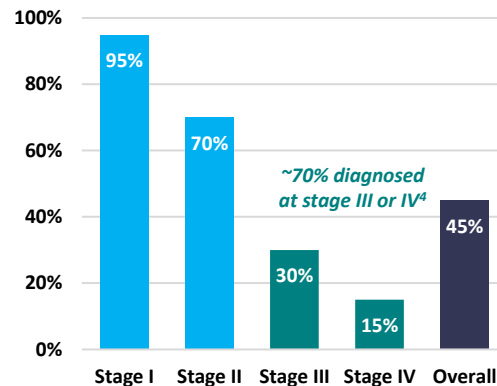
90%

70-90% recurrence within 5 years due to late-stage diagnosis²

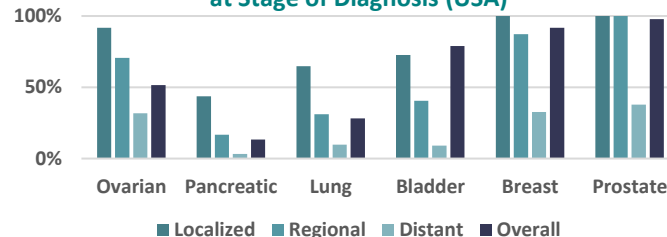
95%

Survival improves from ~30% to 95% with early diagnosis³

5-Year Survival following Diagnosis (UK)³



Cancer Types and 5-year Relative Survival at Stage of Diagnosis (USA)⁵



What are exosomes and how are they revolutionizing health care?



- Cells release EVs (including exosomes) that carry information from their parent cell
- These EVs can interact with other cells, transferring this information to change the cell's behaviour
- INOVIQ's proprietary technology leverages these properties to develop next-gen diagnostics and therapeutics

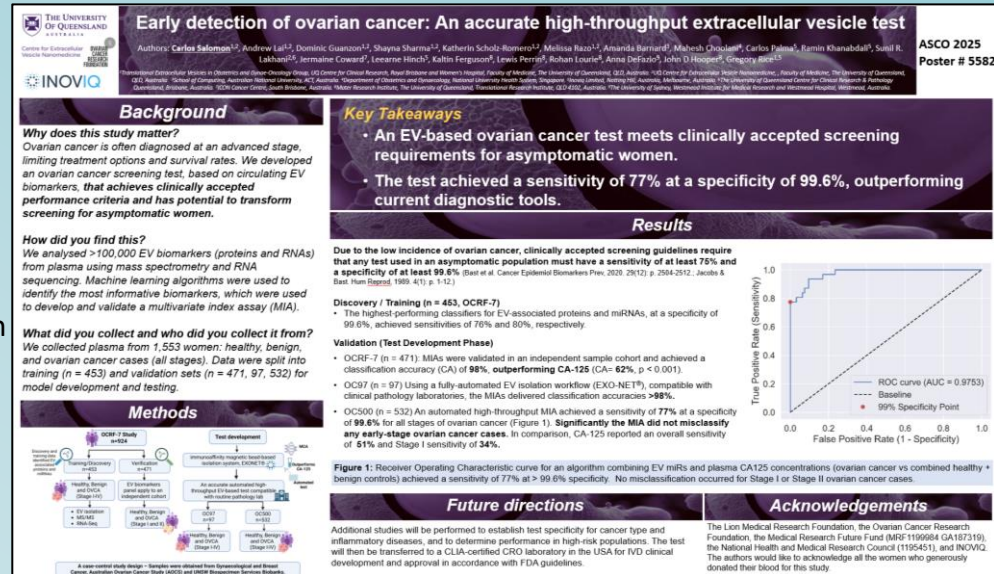
Exosome diagnostics and therapeutics are in development for
Oncology, Neurology, Infectious Disease & Cardiovascular applications

Exosome diagnostics | Ovarian cancer screening test



- Australian **exosome diagnostic innovation** developed in a collaboration between INOVIQ and UQ^{1,2}
- Poster presentation at ASCO 2025** titled *Early detection of ovarian cancer: An accurate high-throughput extracellular vesicle test*³
- Combines **proprietary EXO-NET® technology** to isolate exosomes and **multiple exosomal biomarkers** (UQ IP) in an AI-enhanced algorithm to enable the early and accurate detection of ovarian cancer
- AI machine learning algorithms** developed by a leading computational scientist to meet clinically accepted performance criteria for OC screening in general population
- Fully-automated, high-throughput test** ready for clinical laboratories
- Provisional **patent application** filed to protect breakthrough technology⁴

No screening test approved for early detection of OC in asymptomatic, average-risk women





Study Design: Retrospective case-control study (n=497)¹

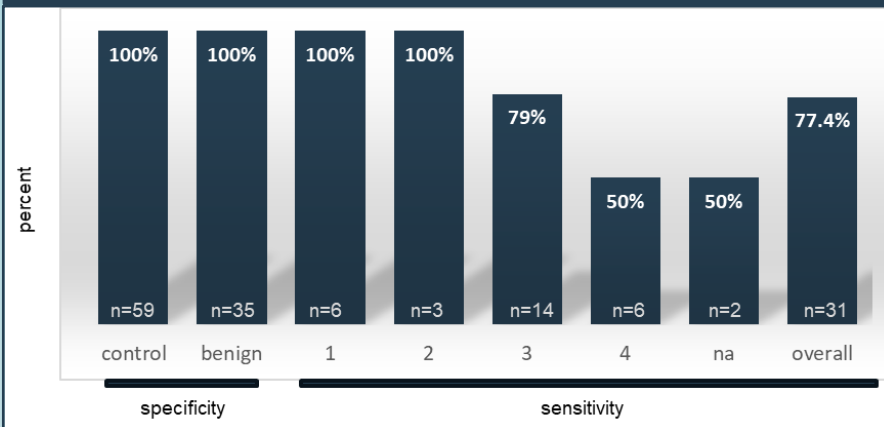
- Biobanked plasma samples from age-matched normal healthy women, benign masses and ovarian cancers
- Proprietary AI-enhanced machine learning algorithm developed and validated using the Training set (n=372)²
- Algorithm tuned to detect early-stage disease

Results: Meets screening performance criteria^{3,4}

Cross-validated EXO-OC algorithm was applied to an independent Test set (n=125)

- **77% sensitivity** for detection of ovarian cancer across all stages
- **100% sensitivity** for early-stage I and II cancers, with no missed diagnoses
- **>99.6% specificity** for women who don't have ovarian cancer
- **118 / 125 samples (= 94.4%)** in the Test set were correctly identified

Percent of Samples Correctly Identified by EXO-OC



Cohort	Control	Benign	Stage I	Stage II	Stage III	Stage IV	na
Training set	161	119	21	3	41	21	6
Test set	59	35	6	3	14	6	2

- *Meets screening performance criteria for the general population requiring sensitivity $\geq 75\%$ and specificity $\geq 99.6\%$ ³*
- *Suitable for further development as an OC screening test for asymptomatic, average-risk women*



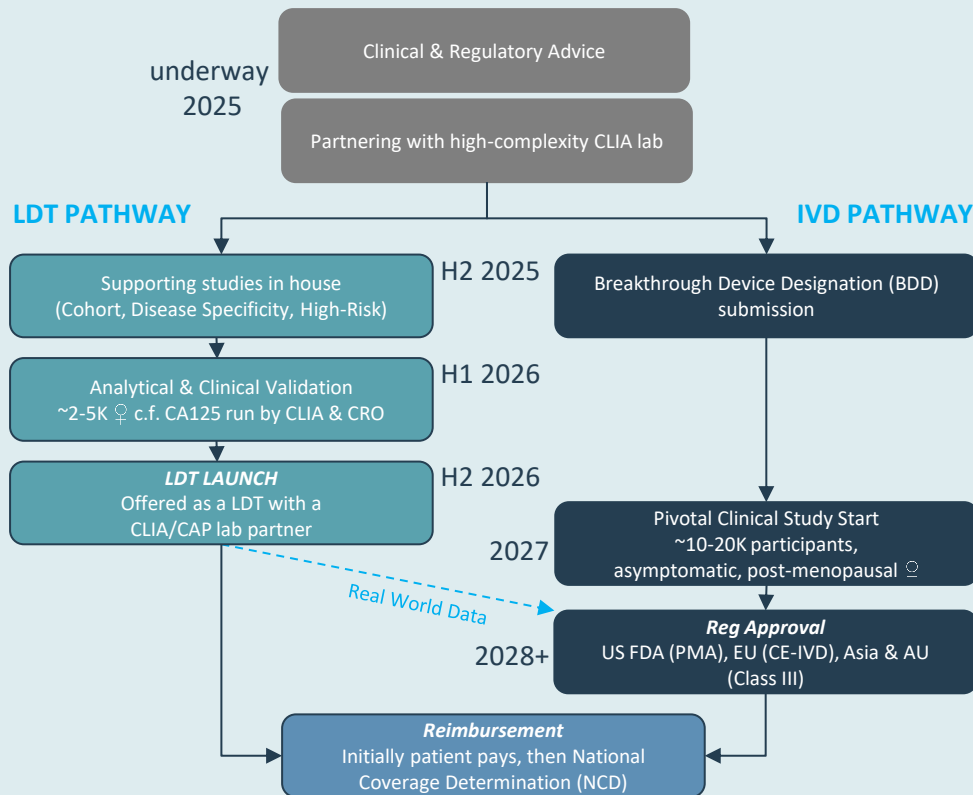
Subject	Details
Study Design	Single-site, retrospective case-control blinded evaluation study to confirm the performance of the EXO-OC test in 2040 plasma samples with performance compared to CA125 concentration alone
Intervention	Diagnostic test: EXO-OC ovarian cancer test
Intended use	Screening test for Ovarian Cancer in asymptomatic women
Biospecimen	<ul style="list-style-type: none"> • EDTA anticoagulated plasma • <5 years storage
Inclusion criteria	<ul style="list-style-type: none"> • Post-menopausal women • Stage I - IV ovarian cancers, benign adnexal mass, no cancer/no mass
Exclusion criteria	Active chemotherapy or immunotherapy
1° Endpoints	Specificity, Sensitivity and Classification Accuracy for (1) Control vs Stages I - III; and (2) Controls v Early-Stage disease (Stage I & II) and Late-Stage disease (Stages III & IV)
2° Endpoints	Control vs Stages I – IV, and; Accuracy by Subtype
Timeframe	3-6 months from collection of biobanked samples

Group	Samples	Percent Total	Percent Cancers
Healthy Controls	1400	69%	
Benign Adnexal Masses	400	20%	
Stage I Cancer	80	4%	33%
Stage II Cancer	30	1%	13%
Stage III Cancer	100	5%	42%
Stage IV Cancer	30	1%	13%

Outcomes:

1. Substantial equivalence of EXO-OC model performance achieved; or
2. Re-tune model and test on independent cohort

EXO-OC™ | Development & commercialisation roadmap

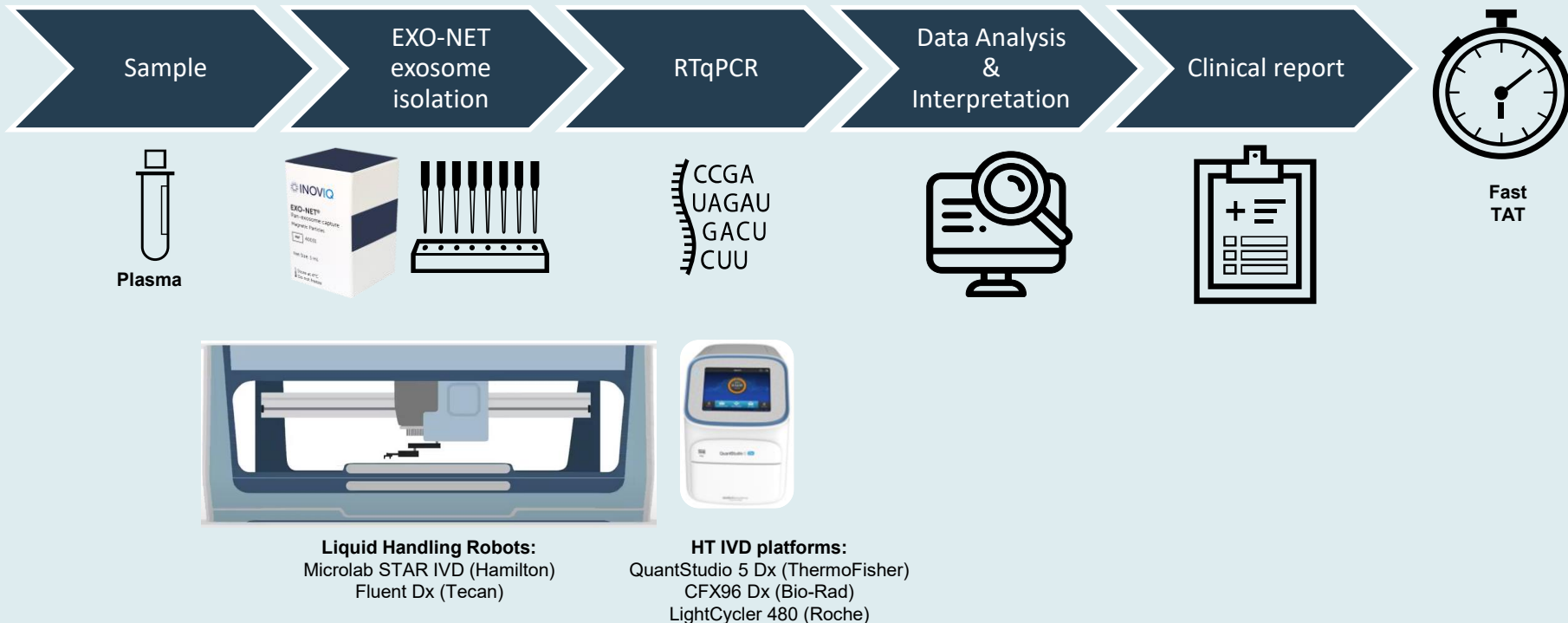


Multi-stage commercialisation strategy to ensure the rapid and broad availability of the EXO-OC™ test to women worldwide

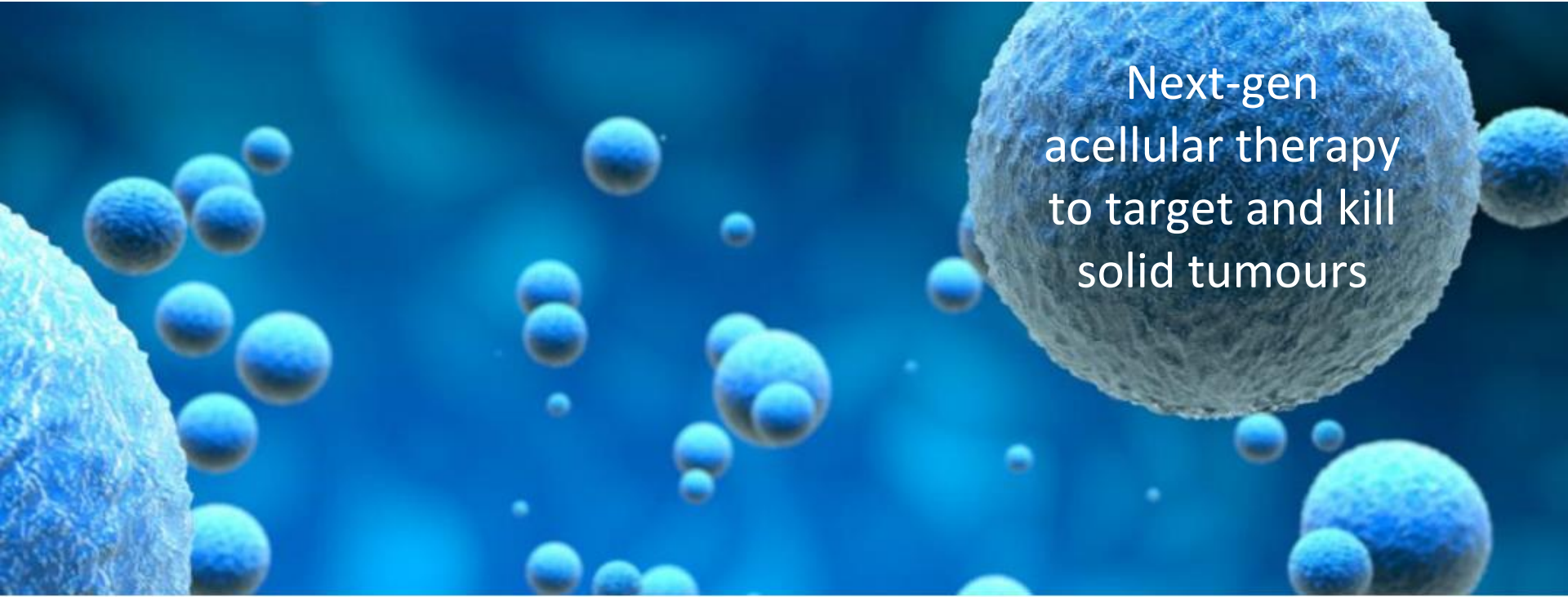
- **Expanded analytical and clinical validation studies:** Confirm EXO-OC's specificity for ovarian cancer vs other cancer types and inflammatory conditions, and to evaluate performance in high-risk populations. IIQ plans to partner with a CLIA-certified laboratory to complete analytical and clinical validation studies.
- **Clinical and regulatory pathway:** Leverage the fast-to-market LDT pathway for an expedited US market entry, simultaneously seek BDD and pursue US FDA approval via the PMA pathway. Conduct pivotal clinical study in asymptomatic post-menopausal women. Filings are also planned in Europe, Asia and Australia.
- **Commercialisation strategy:** Launch EXO-OC as an LDT initially with a US laboratory partner, enabling early access. Market EXO-OC as an IVD post regulatory approval to support broader clinical adoption and market reach. License use of EXO-OC reagents to a clinical laboratory for LDT development and EXO-OC kit to a diagnostics partner for IVD commercialisation.



Designed to integrate seamlessly with existing workflows and instruments in HT pathology labs



Exosome Therapeutics

A microscopic image showing numerous spherical exosomes of varying sizes against a dark blue background. The exosomes have a textured, granular surface. One large exosome on the right contains white text.

Next-gen
acellular therapy
to target and kill
solid tumours

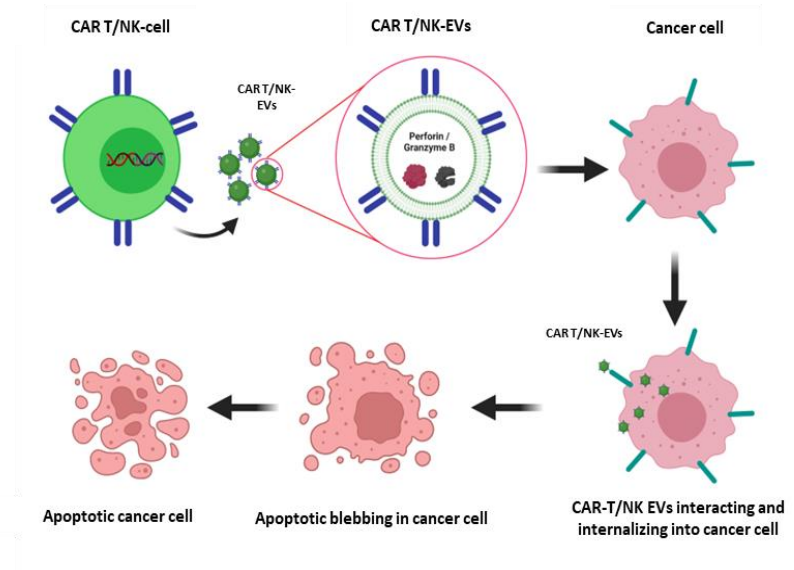


CAR-EVs inherit the targeting and cytotoxic properties of their parent CAR-T or CAR-NK cells

- CAR-EVs are produced by CAR-T/NK cells
- CAR-EVs contains cytotoxic proteins (perforin, granzyme A,B,K FasL/TRAIL, granulysin, IFN- γ /TNF- α)
- CAR-EVs interact and internalise into cancer cell
- Cytotoxic proteins from CAR-EVs induce cancer cell death (apoptosis)

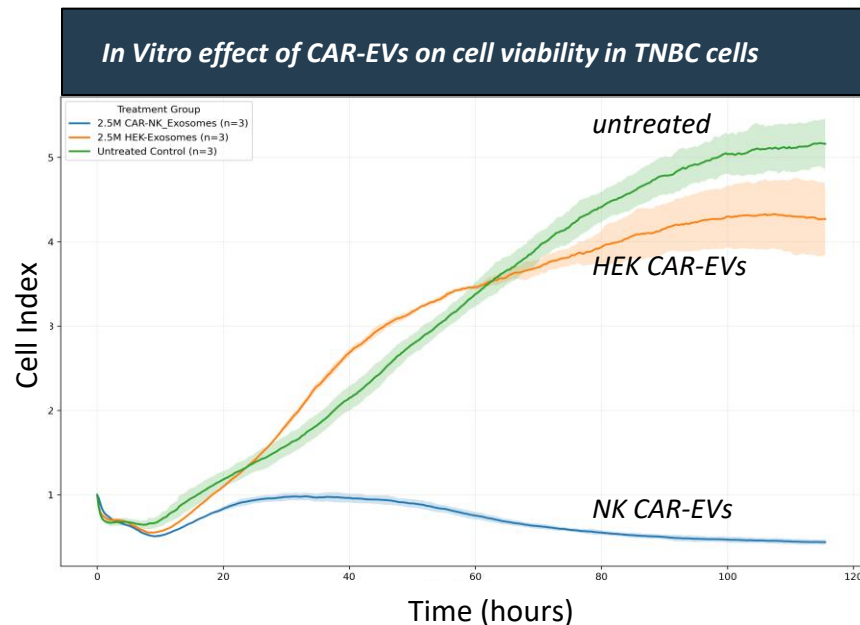
CAR-EVs for drug delivery

- Chemotherapy, peptides and RNAs for targeted drug delivery





- Unlike other breast cancer types there are **no approved targeted therapies** available
- TNBC lacks the **three most common drug targets for breast cancer treatment**: estrogen receptor [ER], progesterone receptor [PR] and human epidermal growth factor receptor 2 [HER2] protein
- **Limited treatment options**: hormone therapy and HER2-targeted treatments are ineffective. Chemotherapy remains the most common treatment option for TNBC
- **Higher risk of recurrence**: initially responds well to chemotherapy (anthracyclines, taxanes, platinum agents), **resistance often develops, leading to relapse**
- **Clinical need for targeted treatment**



CAR-NK-EVs **killed 88% of cells** in two aggressive cancers *in vitro*: **Triple Negative Breast Cancer (TNBC)** and **Non-Small Cell Lung Cancer (NSCLC)** within 96 hours

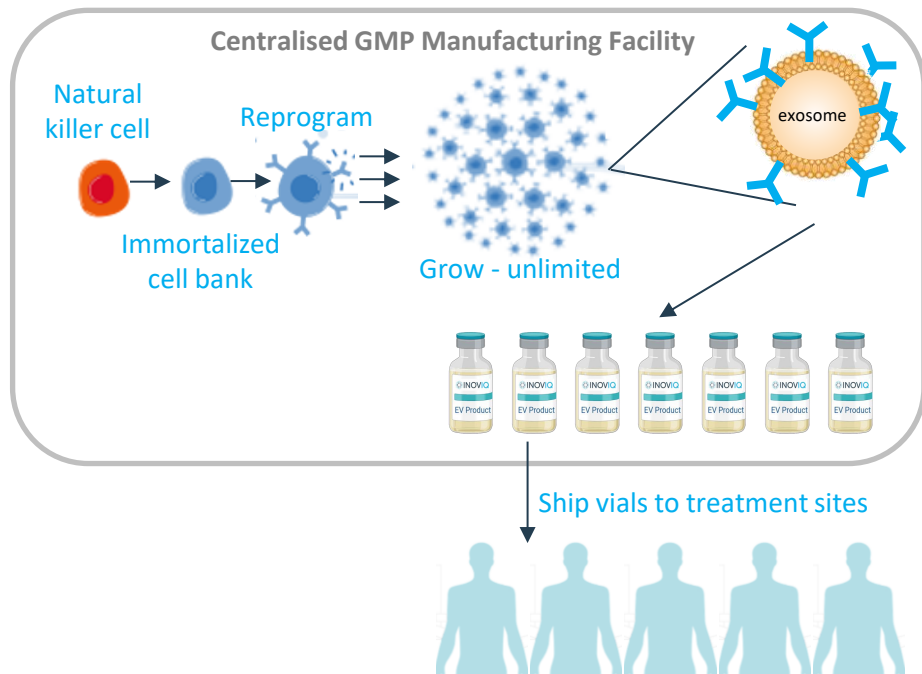
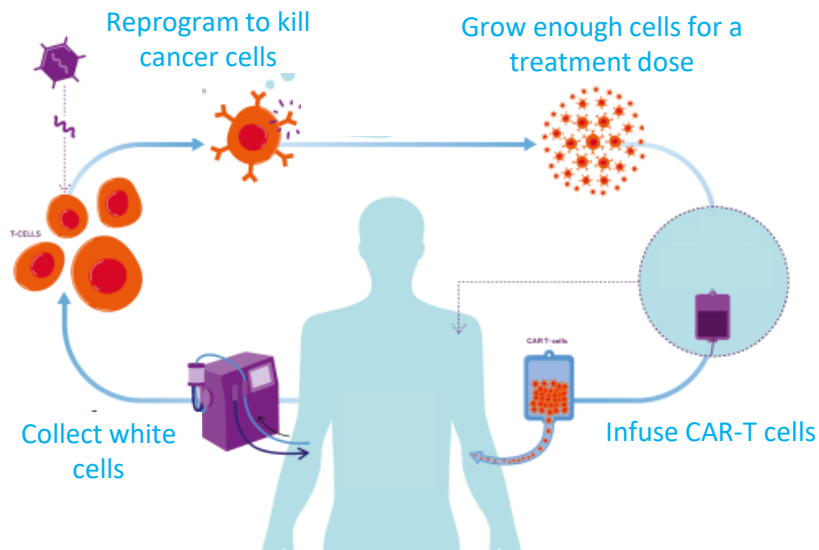
CAR-Exosomes | Cost-effective process compared to Cell Therapy

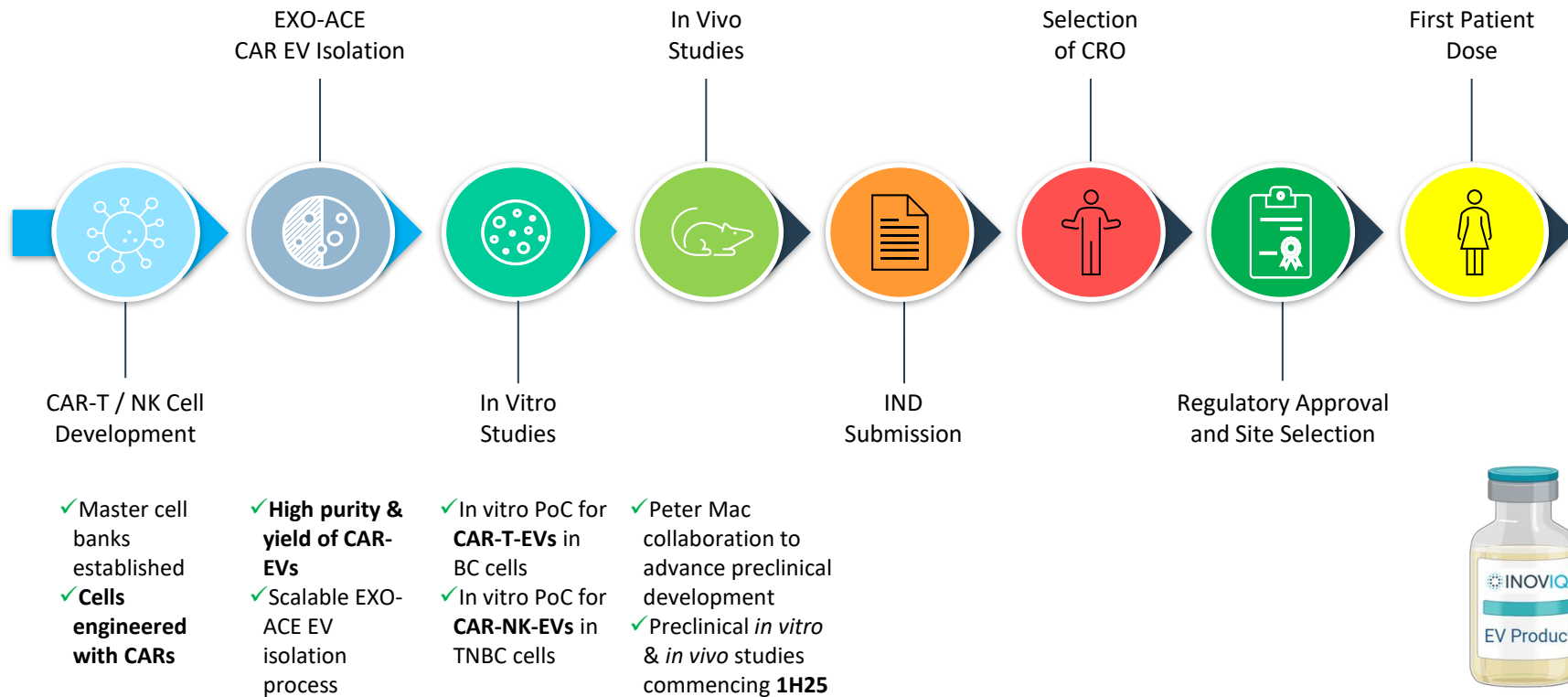


Cell Therapy

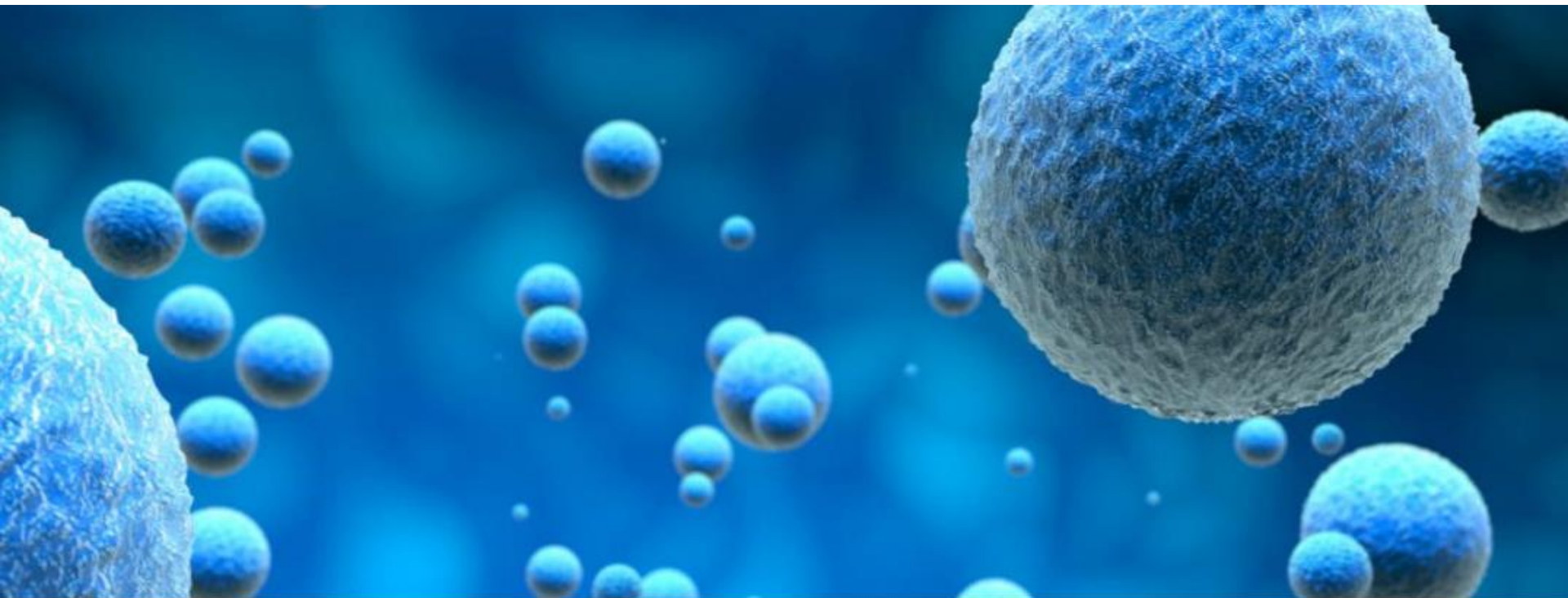
next generation

CAR-EV NK Therapy





Summary and Q&A



Summary| Positioned for growth



Leading exosome company with proven technology platform and best-in-class research tools, diagnostics and therapeutics



Exosome research tools partnered, on-market and generating initial revenue with potential for future licensing income



Clinical-stage EXO-OC screening test targeting significant unmet need in US\$5.5B market



Preclinical-stage CAR-exosome program with potential cost, safety & efficacy advantages over CAR-T therapy



Focus on partnering and strategic acquisitions to expedite commercialisation and growth



Significant upside potential in FY26 catalysts and ASX: IIQ share price¹



Dr Leearne Hinch BVMS MBA
Chief Executive Officer

e. lhinch@inoviq.com



Prof Gregory Rice PhD MHA
Chief Scientific Officer

e. grice@inoviq.com



Mark Edwards BAcc CA
CFO & Company Secretary

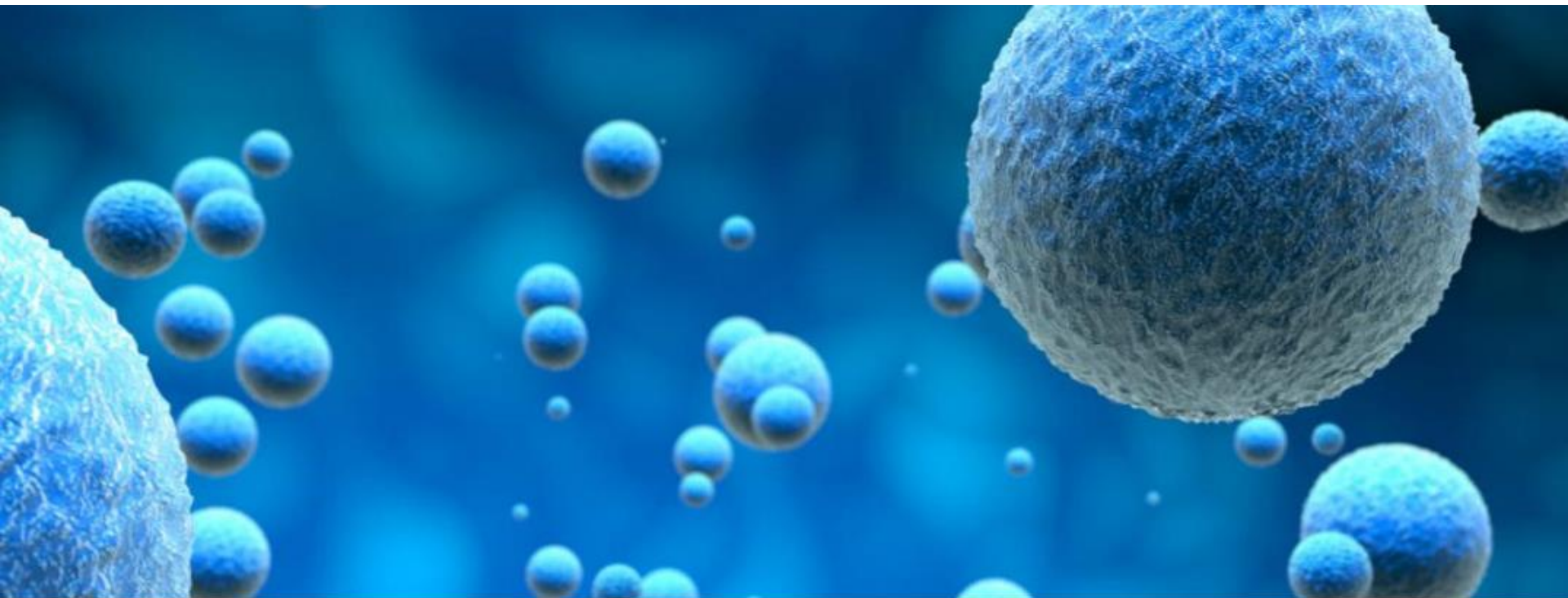
e. medwards@inoviq.com



Dr Emma Ball PhD MBA GAICD
Chief Commercial Officer

e. eball@inoviq.com

Appendices



Board | Capital markets, healthcare and biotech experience



DAVID WILLIAMS
Non-Executive Chairman

Experienced biotechnology director and investment banker with extensive strategic, corporate and financial markets experience.

Currently Chairman PolyNovo Ltd, Chairman of RMA Global Ltd and Managing Director of corporate advisory firm Kidder Williams Ltd.

Previously Chairman and major shareholder Medical Developments International Ltd. Major shareholder Healthily Pty Ltd.



MAX JOHNSTON
Non-Executive Director

Healthcare industry director and international business leader with extensive experience across medtech, pharmaceuticals, consumer healthcare and consumer goods.

Currently NED Neurotech International. Previously President and CEO of Johnson & Johnson Pacific, Chairman of AusCann Ltd, NED of PolyNovo Ltd, Medical Developments International Ltd, Tissue Repair Ltd and CannPal Animal Therapeutics Ltd.



PHILIP POWELL
Non-Executive Director

Healthcare industry director and chartered accountant with extensive investment banking experience specialising in capital raisings, IPOs, mergers and acquisitions and other transactions across pharma, food and agriculture.

Previously at OAMPS Ltd and Arthur Andersen, and NED at RMA Global Ltd, Polynovo Ltd and Medical Developments International Ltd.



DR GEOFF CUMMING
Non-Executive Director

Healthcare and biotechnology director with extensive diagnostics industry experience.

Currently NED AnteoTech Ltd.

Previously Managing Director Roche Diagnostic Systems (Oceania), MD/CEO Biosceptre international Ltd and MD/CEO of Anteo Diagnostics Ltd.



MARY HARNEY
Non-Executive Director

Experienced Non-Executive Director and Chief Executive bringing a deep understanding of applied life science research, in addition to experience in biopharmaceutical regulatory affairs and commercialisation.

Current Chair of Oncology One Pty Ltd. Previously Chair of Race Oncology (ASX: RAC) and Microbio Limited.

Leadership| Corporate, scientific, clinical and commercial expertise



MANAGEMENT



DR LEEARNE HINCH BVMS MBA
Chief Executive Officer

Biotechnology CEO with a proven track record in corporate strategy, capital raising, product development, business development and partnering across diagnostics, medical devices, therapeutics and animal health.

Past leadership and consulting roles in ASX-listed biotechnology, multinational and private companies including Eustralis Pharmaceuticals, HealthLinx, OBJ, Holista Colltech, Chemeq, Virbac and Mars.



DR GREG RICE PhD MHA
Chief Scientific Officer

Internationally recognised, award-winning scientist with over 35 years' experience and a successful track record in oncology research, exosome science, biomarker discovery, and diagnostics development.

Previous leadership roles in academia and industry including at The University of Queensland Centre for Clinical Research, Baker Heart Institute, University of Melbourne, Monash University and HealthLinx.



MARK EDWARDS BAcc CA
CFO & Company Secretary

Experienced finance executive with expertise in financial leadership and management, corporate governance, investor relations and corporate transactions.

Previous senior roles in ASX listed pharmaceutical, medical device and healthcare companies, including Medical Developments International and Cogstate.



EMMA BALL PhD MBA GAICD
Chief Commercial Officer

Experienced biotechnology commercialisation executive with expertise in business development, licensing, and strategic partnerships across therapeutics, vaccines and diagnostics.

Currently Non-Executive Chair of BioMelbourne Network. Previous senior business development/ licensing roles in multinational biotechnology companies CSL Ltd and Illumina Inc.

ADVISORS



PROF MILES PRINCE
AM MBBS (Hons) MD FRACP FRCPA AFRCMA
AFRACD FAHMS

Clinical Haematologist & Oncologist

Leading Clinical Haematologist and Oncologist and Professor at both Melbourne and Monash universities. He is an NHMRC Investigator Fellow and has been principal investigator of over 100 clinical trials including targeted therapeutics (CAR-T therapy) for haematological conditions and cancers.



PROF PHIL DARCY
PhD FAHMS
Immunotherapy expert

Co-leader of the Cancer Immunology program, Group Leader of the Cancer Immunotherapy Laboratory at the Peter MacCallum Cancer Centre and NHMRC Principal Research Fellow, focusing on novel T cell-based immunotherapy approaches for cancer in preclinical mouse models and clinical translation.



PROF CARLOS SALOMON
BBiochem MCLinMed PhD
Exosome expert

Director of the University of Queensland Centre for Extracellular Vesicle Nanomedicine, Head of the Translational Extracellular Vesicles in Obstetrics and Gynaecology Group and NHMRC Investigator Fellow, specialising in exosome biology and its clinical translation to diagnostics and therapeutics for ovarian cancer and obstetrical syndromes.












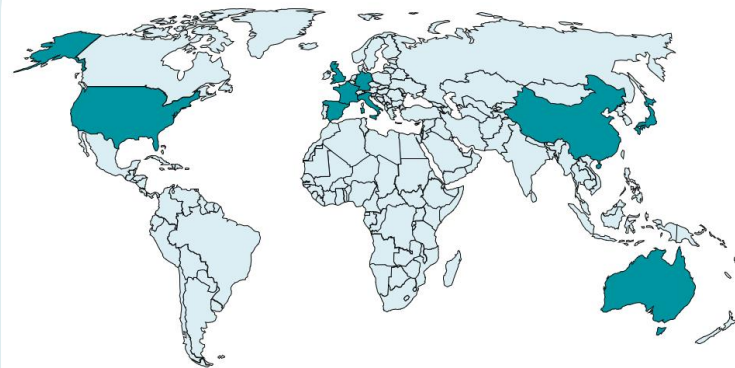
DR JAMES MCCracken
MBBS FRACP DipPsych MPHA
Medical Oncologist

Leading Medical Oncologist specialising in breast cancer treatment at Epworth Healthcare and the Peter MacCallum Cancer Centre. His research interests include the field of liquid biopsies for cancer to personalise treatment and minimise toxicity.

Ovarian Cancer in 9 Major Markets



Market	Incidence	Prevalence (5-year)	Eligible Population (45-74yo) ¹	General Screening Participation	Annual Addressable Population ¹¹
China 	61,060	180,870	282,713,102	51.4% ²	145,201,449
USA 	21,179	68,388	60,689,385	75.7% ³	45,941,864
Japan 	10,693	33,732	24,907,722	46.9% ⁴	11,681,721
Germany 	7,547	21,475	17,197,363	51.0% ⁵	8,770,655
UK 	6,390	19,325	12,639,038	64.6% ⁶	8,164,818
Italy 	6,021	17,652	12,968,521	43.0% ⁷	5,576,464
France 	5,696	15,485	12,674,444	60.0% ⁸	7,604,666
Spain 	3,455	11,122	10,279,808	74.7% ⁹	7,676,961
Australia 	1,799	5,722	4,636,304	54.2% ¹⁰	2,512,877
TOTAL	123,840	373,771	438,705,684	57.9%^{av}	243,131,475



potential to reach
~243M women every 1-2y
 across 9 major markets

Triple Negative Breast Cancer | Unmet need for effective targeted therapies



limited availability
of targeted therapy
for TNBC results in
reliance on chemo,
higher recurrence &
poorer prognosis

2.3m

Breast Cancer new cases pa¹

15%

TNBC is 10-15% of all breast cancer cases⁴

#1

TNBC is one of the deadliest subtypes

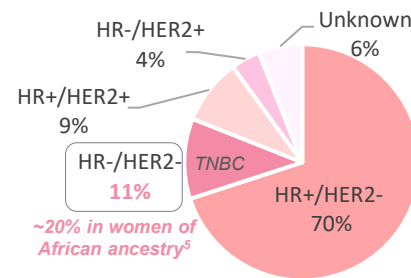
40%

10-40% recurrence within 5 years
for stage I-III TNBC²

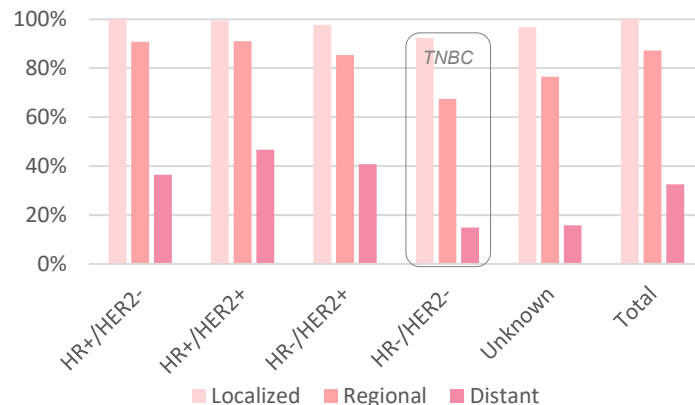
2yr

Median time to distant metastasis of TNBC³

Percent of ♀ BC by Subtype⁴












Relative 5-year Survival by Subtype⁴



Breast Cancer in 9 Major Markets | TNBC ~15% of cases



Market	Incidence	Prevalence (5-year) ^{1,2}	TNBC incidence ³
USA 	274,375	1,194,271	179,141
China 	357,161	1,160,496	174,074
Japan 	91,916	389,650	58,448
Germany 	74,016	313,465	47,020
France 	65,659	271,977	40,797
UK 	58,756	253,839	38,076
Italy 	57,480	232,993	34,949
Spain 	34,735	149,437	22,416
Australia 	21,931	96,970	14,546
TOTAL	1,036,029	4,063,098	609,465



Potential to reach
~609K TNBC patients pa
across 9 major markets

1. [WHO Cancer Today, Population factsheets \(2022\)](#); 2. 5-year prevalence = all people alive on a specific date who were diagnosed with cancer in the previous 5 years; 3. [Triple-negative Breast Cancer | American Cancer Society](#)



- **Next-gen cell-free therapy** to target and kill solid tumours
- **Versatile and flexible technology platform** with multiple therapeutic applications
- **Targeting specificity:**
 - EVs inherit targeting specificity (CAR) from parent CAR-NK cells
 - EVs lack PD-1 expression, avoiding suppression by tumour expressed PD-L1
- **Antitumour efficacy:**
 - NK-derived EVs deliver cytotoxic molecules (granzymes, perforin) to kill tumours
 - Drug-loaded EVs (chemotherapy, RNA) enhance tumour-killing efficacy and minimise off-target effects
- **Safety:** Reduced risk of immune rejection, cytokine release syndrome, CRES and GvHD
- **Durability:** Short-lived with transient activity, reducing risk of sustained immune activation or exhaustion

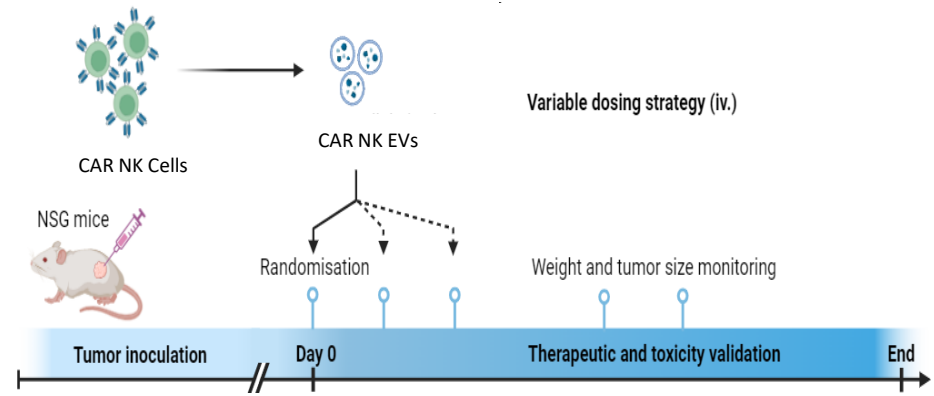


Objective

- Evaluate anti-tumour efficacy of CAR-NK EVs on a TNBC – immunodeficient mouse model (CDX)

Methods

- [NSG mouse model MDA-MB-231](#)
- Evaluate dose and time effects of CAR-EVs (and appropriate controls) on tumour volume.





AUC	area under the curve	IVD	in vitro diagnostic
BC	breast cancer	KOL	key opinion leader
CA125	cancer antigen 125 biomarker (used in ovarian cancer)	LDT	laboratory developed test
CA15-3	cancer antigen 15-3 biomarker (used in breast cancer)	MIA	in vitro multivariate index assay
CAGR	compound annual growth rate	MRD	minimal residual disease
CAR	chimeric antigen receptor	MRI	magnetic resonance imaging
CDx	companion diagnostic (for therapeutic product)	MSC	mesenchymal stem cell
CLIA	clinical laboratory improvement amendments (US regulatory standards)	NK	natural killer (cell)
CRES	CAR-related encephalopathy syndrome	OC	ovarian cancer
CRO	contract research organization	PMA	premarket approval (FDA)
ctDNA	circulating tumour DNA	PR	progesterone receptor
Dx	diagnostic	ROC	receiver operating characteristic curve
EGFR	epidermal growth factor receptor	RUO	research use only
ER	estrogen receptor	Se	sensitivity
EV	extracellular vesicle	SOC	standard of care
GvHD	graft vs host disease	Sp	specificity
HER2	human epidermal growth factor receptor 2	TAM	total addressable market
HT	high throughput	TNBC	triple negative breast cancer
ICC	immunocytochemistry	TVUS	transvaginal ultrasound
IDE	investigational device exemption (FDA)	Tx	therapeutic
IND	Investigational new drug	UQ	The University of Queensland
		US	ultrasound



1. [United Nations, Data Portal, Population Division, 2024 data](#)
2. [The Lancet, Volume 55, Special Issue 101426, February 2025](#)
3. [Up-to-Date Breast, Cervical, and Colorectal Cancer Screening Test Use in the United States, 2021, CDC,
https://www.cdc.gov/pcd/issues/2023/23_0071.htm](#)
4. [Cancers \(Basel\). 2024 May 5;16\(9\):1783. doi: 10.3390/cancers16091783](#)
5. [Mammographie Screening Programm \(DE\)](#)
6. [NHS England, 30 Jan 2024](#)
7. [All.Can, 16 Feb 2024
https://www.all-can.org/news/latest-news/all-can-italy-press-release/](#)
8. [Cancer Epidemiology, vol 81, December 2022, 102270](#)
9. [Healthcare 2023, 11, 2934.
https://doi.org/10.3390/healthcare11222934](#)
10. [National Cancer Control Indicators, Cancer Australia,
https://ncci.canceraustralia.gov.au/screening/breast-screening-rates/breast-screening-rates](#)
11. [Assumes testing annually based on 2025 NCCN breast screening guidelines,
https://www.nccn.org/professionals/physician_gls/pdf/breast-screening.pdf](#)