

PACIFIC EDGE TO JOIN S&P/NZX 50 INDEX

Pacific Edge Limited (NZX:PEB) is pleased that it will be included in the S&P/NZX 50 Indices, effective prior to the opening of trading on 21 October 2020.

On 13 October 2020, S&P Dow Jones Indices announced that Pacific Edge would be added to the NZX 50 and NZX MidCap indices and removed from NZX SmallCap Index.

Pacific Edge Chairman, Chris Gallaher, said: "This is another positive step for Pacific Edge as we build on the commercial milestones we have successfully achieved, particularly in the multi-billion dollar United States market. Index inclusion will increase our relevancy to New Zealand and offshore investors and there are a number of funds that are mandated to hold stock of those companies that are in the NZX50. This is rewarding for our long standing and loyal shareholders who have supported our company as we have worked towards achieving our goals."

Pacific Edge will replace Metlifecare which is being removed from the Indices, subject to final Court Approval of the scheme of arrangement whereby Metlifecare will be acquired by Asia Pacific Village Group Limited.

The S&P Dow Jones Indices announcement can be read here <u>https://www.nzx.com/announcements/361406</u>

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OVERVIEW www.pacificedge.co.nz www.pacificedgedx.com

Pacific Edge Limited (NZX: PEB) is a New Zealand publicly listed, cancer diagnostic company specialising in the discovery and commercialisation of diagnostic and prognostic tests for better detection and management of cancer. Its Cxbladder suite of non-invasive, simple to use and accurate diagnostic tests provide actionable results, and better detection and management of urothelial cancer. The company is developing and commercialising its range of Cxbladder bladder cancer tests globally through its wholly owned central laboratories in New Zealand and the USA. The company's products have been tested and validated in international multi-centre clinical studies.

ABOUT Cxbladder Triage www.cxbladder.com

Cxbladder Triage combines the power of the genomic biomarkers with additional phenotypic and clinical risk factors to accurately identify patients with haematuria who have a low probability of bladder cancer and may not require a more extensive urological evaluation. Cxbladder Triage is a tool for use by clinicians and physicians in primary evaluation of patients with haematuria and is intended to reduce the need for an expensive and invasive work-up in patients who have a low probability of having urothelial carcinoma.



ABOUT Cxbladder Detect www.cxbladder.com

Cxbladder Detect enables the non-invasive detection of bladder and other urinary tract cancers from a small volume of a patients' urine. Cxbladder Detect provides clinicians with a quick, cost effective and accurate measure of the presence of the cancer as an effective adjunct to cystoscopy.

ABOUT Cxbladder Monitor www.cxbladder.com

Cxbladder Monitor allows urologists to monitor bladder cancer patients for recurrence of the disease. Bladder cancer has a recurrence rate of 50-80% and requires life-long surveillance. Cxbladder Monitor accurately identifies patients with a prior history of urothelial cancer (UC) whose Cxbladder Monitor score shows that they have a low probability of recurrent urothelial carcinoma. Cxbladder Monitor is designed to be used as the preferred adjunct test to cystoscopy in the management of patients for ongoing evaluation of recurrent bladder cancer.

ABOUT Cxbladder Resolve www.cxbladder.com

Cxbladder Resolve identifies those patients who are likely to have aggressive or more advanced bladder cancer. Cxbladder Resolve, when used as part of the primary evaluation of haematuria and/or in conjunction with other Cxbladder tests (Triage, Detect), is designed to assist clinicians by accurately identifying patients with a high probability of having high grade or late stage bladder cancer, for whom alternative or expedited treatment options may be warranted, or who can be prioritised for further investigation in high throughput settings.

Refer to www.cxbladder.com for more information.