# Investor Webinar

2020 BIOLABS

NASDAQ: AIDX

September 2, 2026

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# Today's Presentation

- Overview of AIDX (5-minutes; for 1st time attendees)
- Updates & Progress since August 5 Webinar (25 minutes)
  - *Presentation of OneTest Ultimate @ Next Gen Diagnostics Summit*
  - *Advancing our FDA strategy & Preliminary meetings w/ FDA leadership*
  - *Lighthouse Lab Webinar*
  - *Commercial Progress & New Customers (David Lees)*
- Q&A (10-15 minutes)

## Congress Creates a Pathway for Medicare Reimbursement for Multi-Cancer Tests by 2028

**On Feb. 3, 2026, the *Multi-Cancer Early Detection Screening Coverage Act* passed Congress and was signed by the President**

- Establishes the first statutory pathway for Medicare coverage of MCED blood tests
- CMS authority to reimburse MCEDs beginning in 2028
- Applies to FDA-approved MCED tests deemed clinically appropriate by CMS
- Initial rollout to older Medicare cohorts, with potential expansion over time

## A Major Growth Catalyst for MCEDs

•~67 million Medicare beneficiaries in the U.S. today
• Should accelerate private payer and Medicare Advantage coverage
•Supports MCEDs moving from employer- and self-pay funding into routine preventive care over the next 3+ years
•We believe OneTest may be well-positioned for reimbursement under the 2028 CMS pathway, subject to obtaining FDA authorization and satisfying CMS clinical appropriateness criteria.

# Grail's NHS-Galleri Data at ASCO Signals Trouble for Medicare Coverage of Galleri

**At ASCO 2026 (May 30), Grail reported full results from its randomized *NHS-Galleri trial* of 142,000+ NHS participants**

- Primary endpoint missed — no drop in combined Stage III/IV cancers overall
- Stage I–II diagnoses rose just 16% when added to standard screening — unlikely to translate into a meaningful mortality benefit
- ctDNA misses many early tumors that shed little DNA (Stage I ~10–20%)
- Requires 2 full tubes of whole blood making serial (more than yearly) screening impractical
- Expensive: $949 per test list price

***These results raise questions about the clinical utility profile of ctDNA-based approaches for broad Medicare population screening.***

# *OneTest™* for Medicare:

## Biomarker Tracking + Machine Learning + Anti-Inflammatory Diet

Medicare

### Biomarker Panel: 12 Markers

**Cancer protein tumor markers (PTMs)**

- AFP — liver, testicular, ovarian
- CEA — lung, pancreatic, GI
- CA 19-9 — pancreatic, liver, GI
- CA 125 — ovarian, lung
- CYFRA 21-1 — lung, head/neck, breast
- CA 15-3 **(women)** / PSA **(men)** — breast / prostate
- HE4 — ovarian

**Inflammation Associated markers**

- CRP, ApoA1, B2-Microglobulin, Prealbumin

### Serial Testing & Biomarker Velocity

**Repeat testing every 3 or 4 months**

- Three tests per year track each marker as a trajectory over time, not a single snapshot.
- Velocity algorithms score each marker's rate of change, flagging tumors as levels begin to rise.

### Higher sensitivity

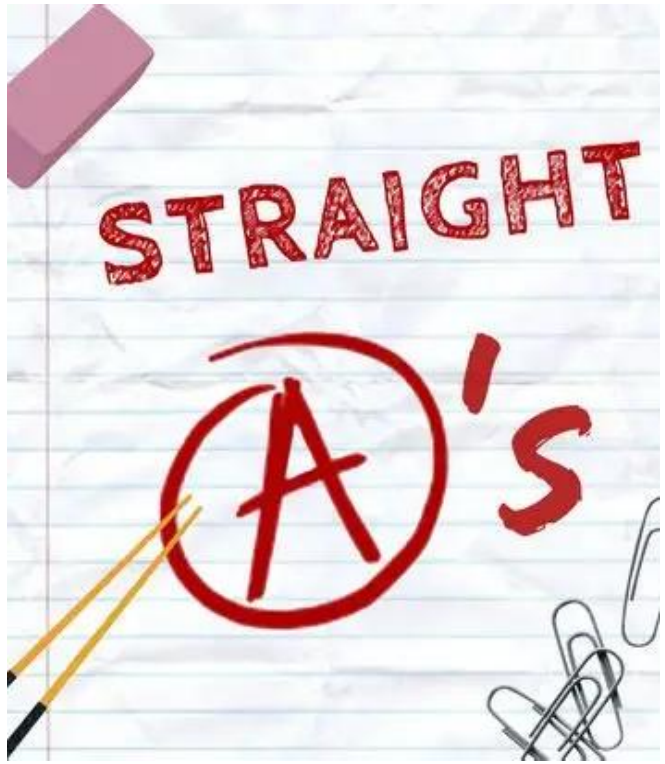
- Rising trends surface early-stage cancers a one-time test within the normal range would miss.

### Higher specificity

- Sustained upward trajectories are separated from transient, benign elevations, cutting false positives.

# OneTest Advantages Over ctDNA – Our "Straight A's"

- **A**ccuracy for Earlier Stage Cancers
- **A**ffordability
- **A**cceleration over Time
- **A**ggregates Data from Multiple Sources
- **A**ccess at Home & Workplaces
- **A**I Compatible for Consumers & Clinicians



# At Home Capillary Collection Now Makes Quarterly Testing Practical & Velocity Algorithms Impactful

# M&A Strategy

**Expect to "bolt-on" or acquire other companies that are vertically or horizontally integrated with 20/20 (e.g., suppliers, distributors, or related products)**

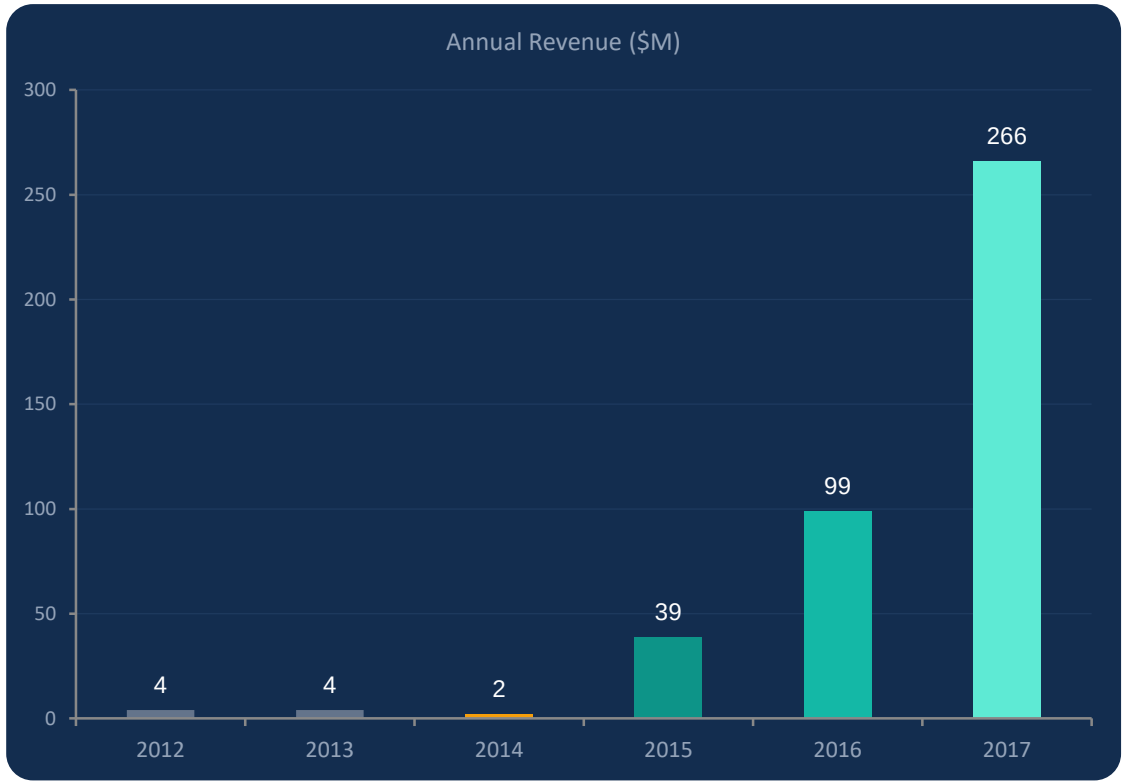
## Desired Attributes for Acquired Companies

- Health & wellness customer base overlaps with those of 20/20
  - Early Cancer Detection
  - Longevity Testing
  - Healthy Whole Foods that positively impact Biomarker Levels
- $2 to $8 million in annualized revenues
- Proven year-over-year growth likely to accelerate with modest cash infusions over time
- Line of sight to profitability
- Shareholders eager for liquidity with limited "exit" options

## Structure & Operation of Acquired Companies

- Mostly stock transaction
- Each business to initially operate as a wholly-owned subsidiary (rather than an operating division)
- Equity to flow between subsidiaries based on quarterly financial performance
- Cost sharing and economies of scale to reduce overhead and burn of each subsidiary
  - Marketing
  - AI Development & Deployment
  - Accounting, Audit, & HR
  - Legal and IP Development
  - Government Advocacy

# How Cologuard's 2014 Medicare Coverage Ignited Exponential Revenue Growth




← Medicare Coverage October 2014

**FDA Approval**

Aug 11, 2014 — First stool DNA test approved

**Medicare NCD Issued**

Oct 9, 2014 — Coverage for 50M+ beneficiaries

**Revenue Explosion**

$2M → $266M in 3 years (133x growth)

**133x** **Revenue Growth**
2014 to 2017 post-Medicare


Exact Sciences' historical revenue growth is presented for contextual purposes only. AIDX's OneTest is at a fundamentally different stage of development, and past performance of another company's product is not indicative of AIDX's future results. There can be no assurance that OneTest will achieve similar regulatory outcomes, market adoption, or revenue growth.

# Aligning MCED with MAHA

## Combining Earlier Detection with Prevention through Anti-Inflammatory Lifestyle Interventions to Amplify and Accelerate Demonstrated Mortality Reductions

**Jonathan Cohen, CEO, 20/20 Biolabs**

Next Generation Diagnostics Summit · Washington, D.C.
August 26, 2026

# *Mortality proof takes years—not months*

Time to the first randomized evidence of cancer-specific mortality reduction

**P** — PSA

Prostate screening

EARLY 1990s → 2009

median follow-up at first positive ERSPC mortality report

9 years

**M** — MAMMOGRAPHY

Breast screening

1963 → 1971

from HIP trial launch to first published mortality result

~8 years

**C** — STOOL-BASED CRC

Annual fecal occult-blood testing

1976 → 1993

follow-up before statistically significant CRC mortality reduction

13 years

THE POLICY PRECEDENT

**Screening programs were not required to wait 10–20 years for fully mature mortality evidence.**

Adoption relied on detection performance, stage shift and modeled benefit—then mortality follow-up matured.

Cologuard: no randomized mortality endpoint yet

# MAHA reframed the national question

The federal chronic-disease agenda names root causes — poor nutrition, ultra-processed food, physical inactivity, environmental exposure, chronic stress — and directs research and payment toward prevention.

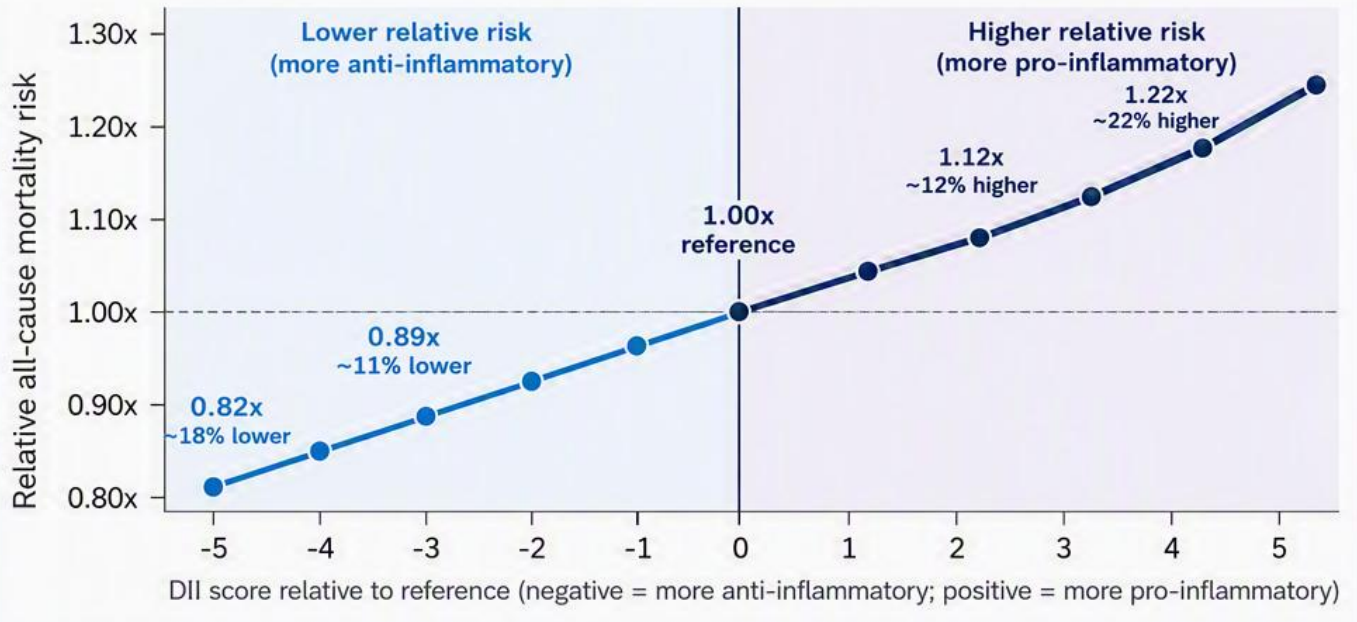
**Every one of those root causes is also a driver of chronic inflammation. That is not a coincidence. It is the alignment.**

CLINICAL EVIDENCE

# DII Tracks Mortality Risk in Both Directions

Using the pooled dose-response estimate, lower (negative) DII scores correspond to lower relative mortality risk, while higher DII scores correspond to higher risk. [1]

## Illustrative dose-response curve: negative DII = lower relative risk




*Modeled from pooled RR 1.04 per +1 DII unit; reference set at DII = 0. Negative-side values are the inverse log-linear transformation, not individual prediction. [1]*

**-5 DII units**

**~18% lower**

relative all-cause mortality risk vs. reference

### Basis for the curve

2022 dose-response meta-analysis: 17 cohorts, 397,641 participants; +1 DII unit was associated with RR 1.04 for all-cause mortality. [1]

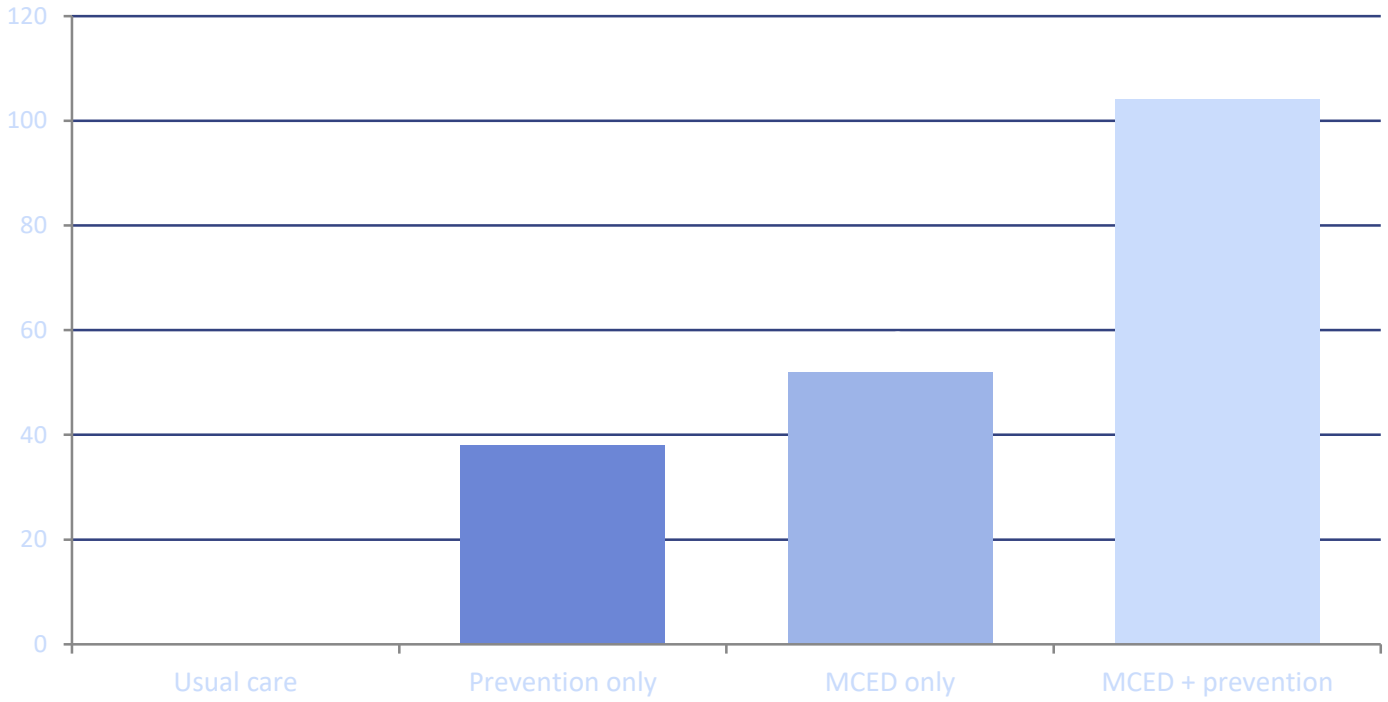
### Population evidence

High pro-inflammatory DII categories were associated with higher all-cause mortality in PLCO, Japan JACC, and Korea KNHANES cohorts. [2-4]

**Takeaway: shifting dietary pattern toward a lower DII is directionally aligned with lower observed mortality risk in large cohorts.**

Sources: [1] Zhang et al., Adv Nutr 2022. [2] Liang et al., Cancers 2022. [3] Okada et al., J Nutr 2019. [4] Park et al., Epidemiol Health 2025.
Note: observational associations; not proof of individual causality.

Modeled deaths avoided in a cohort of 100,000 adults tested yearly over seven years




## Why they compound

Prevention lowers incidence, so fewer positives arrive at a fixed test specificity — which raises positive predictive value and cuts the workup burden that is MCED's main cost driver.

Detection, in turn, gives prevention a hard, near-term outcome instead of a decades-long promise.

*Modeled ranges: detection only 150-350 lives; prevention only 350-750; combined 450-900. Illustrative, not measured.*

# Modeled deaths avoided: PSA alone vs. PSA + Inflammatory Biomarkers & Algorithms

Illustrative 23-year comparison for 10,000 men offered guideline-concordant PSA screening

### PSA SCREENING ALONE

**22**

**deaths avoided**

Prostate-cancer deaths avoided per 10,000 men invited to screening over 23 years

**Long-term ERSPC estimate**

VS.

### PSA + INFLAMMATORY BIOMARKERS

**106**

**modeled deaths avoided**

**22 PSA + 84 lifestyle = 106**

84 additional modeled deaths avoided from a sustained DII improvement among 20% of participants

**Assumptions: 20% cumulative all-cause mortality (2,000 deaths) over 23 years; 20% achieve DII +3 → −3; pooled RR 1.04 per +1 DII unit.**

**MODELED, HYPOTHESIS-GENERATING — 106 is not a clinical-trial result. DII mortality associations are observational and may not be causal or additive to PSA.**

# Find it earlier. Prevent it beforehand.

MCED without prevention treats cancer as inevitable. Prevention without detection asks the public to wait decades for proof. Together, they are the only combination that reduces mortality in this decade — and the federal agenda and the diagnostics industry are, for the first time, pointed at the same biology.

**Thank you · Jonathan Cohen, CEO 20/20 Biolabs, Inc.**
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# FDA Engagement Update: Initial Leadership Discussions

**August 25–26, 2026 | Washington, D.C.**

## WHAT OCCURRED

- Two in-person discussions with senior FDA personnel involved in in vitro diagnostics and MCED review
- Discussions took place during the Next Generation Diagnostics Summit
- Topics included OneTest's regulatory planning, evidence generation and potential use of real-world data
- Company representatives also discussed potential future FDA engagement pathways

## ENGAGEMENT PROGRESSION

### INITIAL DISCUSSIONS

Senior FDA personnel briefed on OneTest and the Company's evolving regulatory approach.

### EVIDENCE STRATEGY

Company is evaluating aggregation of internal and external data and a rigorously designed real-world evidence program.

### FORMAL INTERACTIONS

Company intends to pursue appropriate FDA processes, potentially including an informational meeting, Breakthrough Device designation request and Q-Submissions.

**These were preliminary, non-binding discussions and did not constitute formal FDA feedback, concurrence or authorization.**

*Investor note: No assurance can be given regarding the timing, pathway, evidence requirements or outcome of any FDA review.*

# Advancing the FDA Strategy: Planned Next Steps

A disciplined sequence from preliminary engagement to formal agency interaction

**1**

### STRUCTURE THE EVIDENCE

Refine the proposed evidence package, including internal studies, external datasets and a prospectively planned real-world evidence program.

**2**

### SEEK FORMAL INPUT

Pursue appropriate FDA interactions to obtain formal feedback on intended use, study design, endpoints and the regulatory pathway.

**3**

### EXECUTE THE AGREED PLAN

Revise development and submission plans based on written agency feedback and the data ultimately generated.

**Important qualification**

**FDA has not agreed to a specific pathway, study design, timeline, designation or approval. The Company's plans remain subject to further agency feedback, successful evidence generation and regulatory review.**

*Forward-looking statement: Actual regulatory requirements, timing and outcomes may differ materially from current expectations.*

# A National Laboratory Network for MCED Commercialization

## A Distribution / Franchise Model for Protein Tumor Marker based Multi-Cancer Early Detection Blood Tests

**Jon Harol, CEO, Lighthouse Labs**
**Jonathan Cohen, CEO, 20/20 Biolabs**
**Mao Mao, CEO, SeekIn**

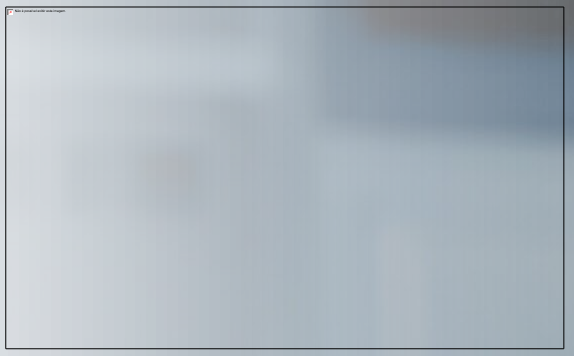
Lighthouse Laboratories Webinar
September 2, 2026

# Sales Update

- Q2 2026 produced our **best quarterly cancer testing revenue to date**.
- 47% increase in revenue year-over-year
- 29 Orders from New Accounts
  - Including Occupational and Preventive Health Companies, Fire Departments, and Primary Care Physicians
- Maryland Firefighter Cancer Screening Program
  - 200%+ Increase over 2025
  - 18 Fire Departments
  - 1,400+ participants
- Selected for the Vermont Firefighter Cancer Screening Program – up to 4,500 participants

# Sales Update

- Highlights
  - New Occupational Health Partners starting to deliver with orders
    - 1 in North Carolina
    - 2 in Texas
    - Expanding our ability to access fire departments, but also other industries, i.e. the energy sector
  - Expanding work with non-profit organizations
    - TF – 7294 Foundation – Non-profit organization
  - New types of physician offices
    - BodyMetRX – First Commercial Order
  - Growing enterprise pipeline in the second half of 2026
- Maintaining strong repeat business from existing customers
  - Clayton County, GA – beginning it's 7th year with OneTest for Cancer



Key Takeaway: *AIDX has the upside potential of a biopharmaceutical company (in Phase II clinical trials) with the downside protection of an early revenue stage Dx or medtech company*

**NASDAQ: AIDX**

**2020biolabs.com**

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