Outsmarting cancer, together

Annual Report 2025

Omico.

Our impact:

as at 30 September 2025

Total number of Patients referred to Omico programs since 2016:

>30,500

Patients with completed molecular profiling:

>21,900

Patients who have received a matched therapy recommendation:

>14,000

Patients who have received a matched therapy:

>2,000

Number of individuals at increased cancer risk enrolled into SMOC+ and RisC

2,619

Number of RiSC individuals with completed molecular profiling:

>2,180

Number of individuals enrolled in SMOC+ adult:

252

Number of individuals enrolled in SMOC+ junior:

18

SMOC+ Cancer detection:

77 new cancers in 51 individuals

Health and wealth of our nation through PrOSPeCT:

- $200M+ foreign investment from industry sponsored cancer clinical trials
- 88 company-sponsored trials across all states & territories (16 would not have come to Australia without Omico)
- $84.9M+ growth in Australian investment (R&D, equipment, technology, exports)

Jobs & skills created through PrOSPeCT:

- 1,540+ jobs created (direct + indirect)*
- 258 highly skilled roles in medicine & science
- 1,290 indirect jobs across health, pathology & pharmacy
- 39 traineeships boosting regional & Indigenous capabilities - 69% in regional Australia

Real world data

Omico is gathering data to drive new cancer discoveries

- 16,500+ patient records and growing
- 10,000+ records linked to PBS/MBS
- 106,000+ biofractions stored at the NSW BioBank from 7,600+ people

* estimate approx 5 indirect jobs created for each direct job - Clinical trials Sector report. May 2021 MTPConnect https://www.mtpconnect.org.au/images/MTPConnect_2021_AustraliasClinicalTrialsSectorReport.pdf

Who are we?

Omico is a national, independent, not-for-profit organisation, uniting Australia's world-class cancer institutes, researchers, industry partners, government and patient community like never before, to accelerate access to precision oncology.

> By leveraging a nationwide network of expertise and resources, we aim to improve outcomes for all Australian cancer patients through accelerating science-led advances in prevention and treatment of cancer.

What do we do?

Our Vision: Improve outcomes for Australians with cancer by accelerating the use of precision oncology, growing clinical trials and modernising the Australian healthcare system

Four strategic pillars:

Molecular screening & therapeutics

Tumour profiling to evaluate biomarker-driven treatments for patients.

Health system reform

Leading health system reform through evidence.

Personalised risk management

Using heritable genetic information to assess cancer predisposition and investigate clinical risk management.

Patient support & advocacy

Supporting patients and families today and planning the health system for tomorrow.

Our Values:

Innovation
Pioneering solutions to improve health outcomes for cancer patients

Collaboration
Working closely within the community and healthcare environment to make a difference

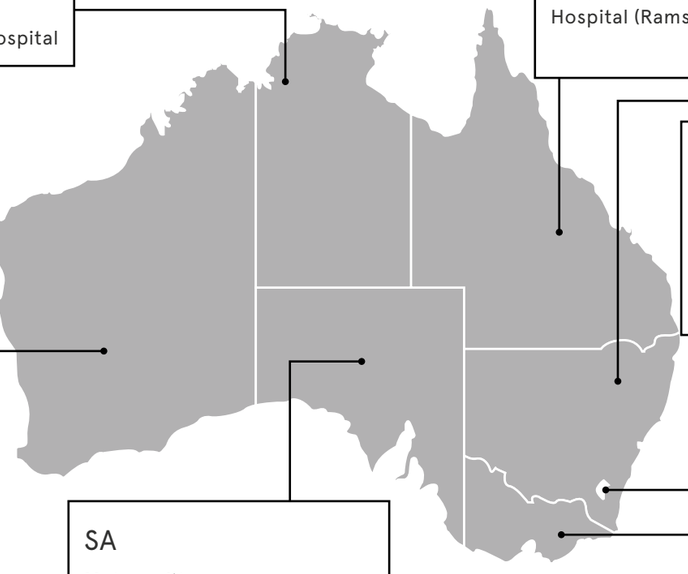
Hope
Ensuring our work inspires optimism for a better future

Courage
Cherishing and encouraging bravery in times of challenge

Omico stakeholders:

Omico Members:

PrOSPeCT Strategic Partners:



NT
Royal Darwin Hospital

WA
Metropolitan:

Fiona Stanley Hospital

Joondalup Health Campus (Ramsay Health)

Linear Clinical Research

Sir Charles Gairdner Hospital

SA
Metropolitan:

Clinical Research SA

Flinders Medical Centre

Icon Cancer Centre Windsor Gardens

Icon Cancer Centre Adelaide

Lyell McEwin Hospital

Queen Elizabeth Hospital

TAS
Metropolitan:

Icon Cancer Centre Hobart

Royal Hobart Hospital

Regional:

Launceston General

QLD
Metropolitan:

Icon Cancer Centre Chermside

Icon Cancer Centre North Lakes

Icon Cancer Centre South Brisbane

Icon Cancer Centre Southport

Icon Cancer Centre Wesley

Mater Hospital Brisbane

Mater Hospital Springfield

Prince Charles Hospital

Princess Alexandra Hospital

Royal Brisbane and Women's Hospital

Sunshine Coast University Hospital
Sunshine Coast University Private Hospital (Ramsay Health)

ACT
Canberra Hospital (including Canberra Region Cancer Centre)

Canberra University Hospital

VIC
Metropolitan:

Alfred Hospital (Alfred Hub)

Austin Health (Austin Hospital)

Barwon Health (University Hospital Geelong, includes Andrew Love Cancer Centre)

Cabrini Brighton

Cabrini Malvern

Monash Comprehensive Cancer Consortium (MPCCC)

Olivia Newton John Cancer Research Institute (ONJCRI)

Peter MacCallum Cancer Centre (PMCC)

St Vincent's Hospital Melbourne

Regional:

Bendigo Health / Bendigo Hospital

Grampians Health Ballarat

Grampians Health Horsham

Grampians Health Stawell

Maryborough District Health Service

Northeast Health Wangaratta

South West Healthcare

NSW
Metropolitan:

Bankstown-Lidcombe Hospital

Calvary Mater Newcastle

Campbelltown Hospital (including Ingham Institute)

Chris O'Brien Lifehouse

Gosford Hospital

Liverpool Hospital

Macquarie University Hospital

Prince of Wales Hospital

Royal North Shore Hospital

Scientia Clinical Research

St George Hospital

The Kinghorn Cancer Centre/St Vincent's Hospital Sydney

Westmead Hospital

Wollongong Hospital (including Illawarra Cancer Centre)

Wollongong Private Hospital (Ramsay Health)

Wyong Hospital

Regional:

Armidale Rural Referral Hospital

Bathurst Health Service

Border Medical Oncology (BMO)

Coffs Harbour Health Campus (including Mid North Coast Cancer Institute Coffs Harbour)

Dubbo Health Service

Moree District Hospital

Narrabri District Hospital

Orange Health Service

Port Macquarie Base Hospital (including Mid North Coast Cancer Institute Port Macquarie)

Shoalhaven District Memorial Hospital (including Shoalhaven Cancer Care Centre)

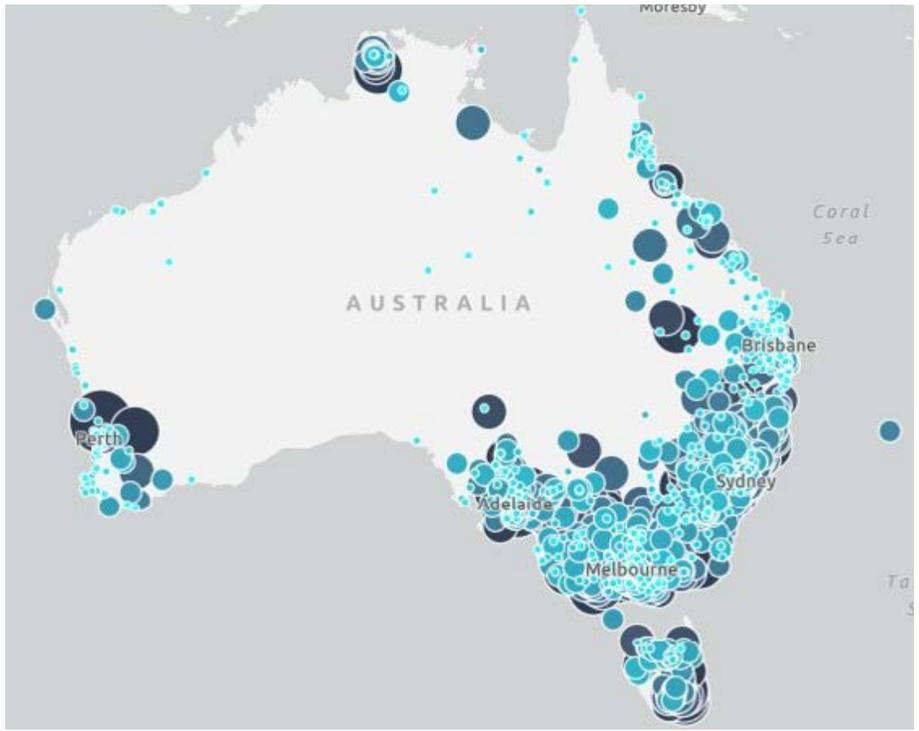
Southern Highlands Cancer Centre (Ramsay Health)

Tamworth Rural Referral Hospital

NEW ZEALAND
Auckland Hospital

Our Patient Reach

Patients are recruited from across the nation.



More than 30,000 patients recruited into Omico's programs to date.

Google Maps® -Bubble sizes indicate the number of patients per 10,000 residents in each postcode.

Population data by postcode taken from 2021 Census.

Some of Our Partners

Prospect Foundational Partners

Omico.
Roche
NCI
Children's Cancer Institute

Key Industry Partners

MSD
Pfizer Oncology
AstraZeneca
Boehringer Ingelheim
FOUNDATION MEDICINE
Medicines Australia
Hummingbird Bioscience
SERVIER

plus many others

Other industry and public sector Prospect partners include:

SYNTRO
PeterMac Peter MacCallum Cancer Centre Victoria Australia
SONIC HEALTHCARE
BIOPLATFORMS AUSTRALIA
PRAXIS AUSTRALIA
George Clinical
MICROBA
illumina
Southern Star RESEARCH
quantium
BAYER

Collaborators

rare cancers AUSTRALIA
BioGrid
MACQUARIE University SYDNEY·AUSTRALIA
NSW Health Pathology
Australian Genomics Health Alliance
canteen
QIMR Berghofer Medical Research Institute
Leukaemia Foundation
Minderoo Foundation
DOUGLASS HANLY MOIR PATHOLOGY Quality is in our DNA
ATGC Australian Translational Genomics Centre
CRBF
UNSW SYDNEY

International molecular profiling studies

100,000 Genomes (UK)
ASCO Tapur (USA)
CAPTUR (Canada)
DRUP (Netherlands)

Government supporters include:

Medical Research Future Fund
Australian Government Department of Industry, Science and Resources
NSW GOVERNMENT Health
Australian Government Department of Health
NSW GOVERNMENT Investment NSW

Our People

Our board

Mr Paul Jeans

Board Chair

Mr Ian Black

CEO

Professor David Thomas*

CSSO

Mr Craig Roy

(Independent representative2025)

Mr Bruce Goodwin*

(Independent representative)

Professor John Simes

(for University of Sydney)

Ms Sue MacLeman

(Medicines Australia representative)

Professor Michael Brown

(Member representative)

Professor Ricky Johnstone

(Member representative)

Ms Tze Masters*

(Independent representative)

A/Professor Paul Martin

Company Secretary

*Finance, Risk and Audit Committee members, Mr Bruce Goodwin chair of the committee from September 2023

Dr Anna Lavelle resigned from the Board 14 April 2025

Professor Benjamin Kile resigned from the Board on 14 April 2025

Our leadership team

Mr Ian Black

CEO

Professor David Thomas

CSSO

Dr Vera Terry

Deputy CEO

Dr Mandy Ballinger

Head of Cohorts

Mr Waman Tamhankar

CFO

Kym Bramich

Head of Marketing & Communications

Matt Britland

Head, Business Development

James O'Dell

Chief Technology Officer

Dr Ronald Chan

Chief Data Officer

Dr Lucille Sebastian

National Clinical Trials Network Program Manager

Jessica Oliver

HR Manager

Jennifer Henderson

Strategy Officer

Report from the Chair and CEO

Dear Colleagues

The last year has seen Omico close out a number of successful research programs and make wonderful progress with our landmark initiative, PrOSPeCT (Precision Oncology Screening Platform Enabling Clinical Trials). A massive thanks to our clinical and business teams whose continued commitment has delivered a significant impact on our key programs.

Research Programs

Molecular Screening and Therapeutics (MoST)

The MoST program reached 8381 participants by the end of December 2024. As of 31 Dec 2024:

- 7492 patients had comprehensive genomic profiling (CGP) completed
- 5341 patients had treatment recommendations
- 1584 patients received a match therapy (some patients accessing more than one therapy).

Within the program framework more than 24 investigator initiated sub-studies were designed and delivered throughout the 5 year grant period. In total, 858 patients enrolled into investigator initiated sub-studies conducted under MoST, with 728 of those patients enrolling during the grant period.

Analysis of the data has shown:

- > 60% of patients have had a matched treatment identified
- Of these, 37.5% have a drug target (T1-3) which is associated with a significant increase in survival, provided the drug is accessible.

A collateral benefit of the MoST program, has been the design and creation of real-world evidence data collection to support research, drug development and regulatory submissions.

The ASPiRATION subprogram of MoST reached the 1,000 patient recruitment milestone on 21 June 2023, with 52% having an actionable lung cancer biomarker linked to a targeted therapy. 56% of the cohort are now deceased

Personalised cancer risk management

In Australia there are more than 250,000 survivors of childhood or young adult cancer. Early onset cancers represent a significant burden of cost, morbidity and mortality to the community. Evidence suggests that cancer in the young is largely driven by heritable causes and there is potential for patients to develop tumours at other sites or for family members to develop cancer.

The Genetic Cancer Risk in the Young (RisC) study is a clinical genomics program for early-onset cancers (diagnosed with any solid cancer aged 16-40 years). RisC, and its companion the Surveillance in Multi-Organ Cancer-Prone Syndromes (SMOC+) study, have already identified cancers at an earlier, curable stage. The RisC study uses heritable genetic information to assess cancer predisposition and investigate clinical risk management, including whole-body MRI, in this high-risk population. Participation in the surveillance phase of the RisC study (SMOC+) involves annual whole-body MRI (WBMRI), physical examination and clinical review, blood test and completion of questionnaires.

The RiSC program has closed to recruitment bringing the total enrolment to 2,367. Germline whole genome sequencing has been completed on 2,184 probands (individual who is affected by a genetic condition or who is concerned they are at risk, usually the first person in the family who brings the concern of a genetic disorder to healthcare professionals). 538 family members (biological relatives) have agreed to participate. Mean age at first cancer diagnosis is 32 years. 619 (26%) of probands have had multiple cancers and approximately 63% of cancers in RisC participants are rare. RisC probands are 58% female.

SMOC+ has enrolled a total of 252 people. Seventy one (77) new primary cancers have been detected in 51 individuals as a result of participation in the study - 40% of these new primary cancers were detected via whole body MRI (WBMRI). Participants are 64% female and just under 75% have germline pathogenic variants in the TP53 gene (Li Fraumeni syndrome).

SMOC Junior, a childhood version, commenced in November 2022 for children at extremely high cancer risk, and expanded to John Hunter Children's Hospital in 2024. As at 30 September 2025, 18 children were enrolled, and one malignancy had been detected by WBMRI.

Health economic analysis on this data resulted in application to the Medical Services Advisory Committee (MSAC) outlining the case for WBMRI surveillance in this cancer risk population. Annual whole body MRI surveillance for Li Fraumeni syndrome received reimbursement 1 March 2023.

Changing clinical practice guidelines

The largest meta-analysis of baseline WBMRI surveillance in Li-Fraumeni Syndrome was led by Omico investigators (Thomas & Ballinger) and published in the Journal of the American Medical Association Oncology (JAMA Oncology) in 2017. This work included 13 studies internationally and represented 578 participants. The meta-analysis showed that asymptomatic new primary malignancies were detected in 7% of individuals, approximately 3 times the rate of cancer detection in BRCA1/2 positive women with breast MRI.

These data have impacted clinical guidelines internationally. The US National Comprehensive Cancer Network released guidelines for surveillance in Li Fraumeni Syndrome that included annual WBMRI. More recently a new version of the Australian eviQ guidelines for risk management in TP53 mutation carriers was released and includes consideration of WBMRI citing our work as evidence.

PrOSPeCT

Our landmark initiative, PrOSPeCT, commenced March 2023. Omico is proud to lead this pioneering initiative involving public-private partnerships, a national network of Australia's world-class cancer institutes, researchers, industry partners, patient organisations and government, and $185M of funding. Grant funding of $61.2M was approved in early 2022 from the Federal Department of Industry Science and Resources (DISR) as part of the Modern Manufacturing Strategy.

PrOSPeCT's ongoing success has relied heavily on the support from many partners and stakeholders. The Foundational partners for PrOSPeCT - Roche Products Australia, National Computational Infrastructure (NCI) and Children' s Cancer Institute - deserve a very special mention not only for their significant financial contribution but also for their strong commitment and involvement in the governance of PrOSPeCT.

Omico's clinical team has grown in line with rapidly increasing patient referrals and is now processing 200 patient referrals each week. Importantly, the clinical team has managed this significant increase in patient numbers whilst maintaining an average turn-around time of 7-8 weeks. The business team has also grown to drive patient and clinician awareness and uptake of the program, and to realise the clinical trial and real world data opportunities created through PrOSPeCT.

Highlights of PrOSPeCT progress to the end of September 2025 include:

Growing Patient Access to Precision Oncology

- More than 1,110 oncologists have referred patients to the program
- 19,020 Total no. patients referred to PrOSPeCT (adult and paediatric)
- 16,196 Total no. patients consented to PrOSPeCT (adult and paediatric)
- 13,093 Total no. molecular oncology reports issued (adult and paediatric)
- 8,798 Total no. patients with matched therapy recommendations
- PrOSPeCT has grown Australia's sovereign capability and capacity to conduct genomic/molecular profiling and embed it into clinical practice, with 7 pathology laboratories now operating locally that are NATA-accredited to deliver profiling services for Australians. Previously, genomic profiling in oncology was only available via research or privately funded, and most profiling was conducted offshore.

Jobs, Education and Training

- 258 direct highly skilled jobs created in the medical and science sectors across Australia. A further 1,290 indirect jobs created across Australia in a range of industries.
- Through Omico's delivery partner, Praxis, 39 traineeships in clinical trial research skills were taken up with 27 (69%) of trainees from regional areas, and 5 (13%) of trainees identifying as Aboriginal or Torres Strait Islander.

Impact on Industry growth

Our commitment to DISR includes driving economic,

capacity and employment growth in the research sector. Thanks to the combined efforts of our partners, we're proud to share the positive impact including an estimated $285M investment in research and development.

Investment and Economic growth of ~$84.9M in Australia including:

- research and development - $24.8M
- capital equipment - $46.1M
- new technology - $3.9M
- design - $0.55M
- acquisition of licenses - $0.35M
- intellectual property - $0.06M

Clinical Trials

- Over the last year our National Clinical Trial Network has expanded from 58 to 80 sites across Australia (including 1 site in Auckland, NZ). Importantly 27 (34%) of these centres are located in regional areas improving access to clinical trials for patients in rural, regional and remote areas. Special thanks to Lucille Sebastian, our National Clinical Trial Program Network Manager, who continues to expand relationships and the number of clinical trials sites across Australia.
- PrOSPeCT has supported 88 industry sponsored oncology clinical trials - 16 of these trials would not have come into Australia but for Omico's National Clinical Trial Network.

PrOSPeCT has attracted interest from both local and international clinical communities, given the uniqueness of this platform and importance of accelerating access to precision oncology. We are pleased with the achievements so far and the momentum gained.

In March 2025 the Health Minister, the Hon Mark Butler, announced a commitment for further investment in precision oncology with $143.4 million in funding being allocated to CCI and Omico. These additional funds will help continue PrOSPeCT for the next two years, with the longer-term goal of "mainstreaming" precision oncology and embedding it into routine clinical care.

We thank every organisation and person who is on the journey with us and know that we can count on you as we work together to make further progress.

Broader Impact

- More than 380 people joined us for the Australian Precision Oncology Symposium on March 7th and 8th. The program featured presentations from international and local speakers on a range of topics including:
- Molecular therapeutics
- Transforming technologies
- Cancer in the young and survivorship
- From research to clinical impact

Thank You

We would like to acknowledge and thank our Omico board members for their ongoing support and governance, always demonstrating strong commitment to Omico's success. Omico is also extremely thankful to its Members, as their support is invaluable as we continue to grow and expand.

A special thank you to our three Directors retiring from the Omico Board at the October Meeting - Paul Jeans, Professor Michael Brown and Tze Masters.

Paul Jeans was one of the original directors present at the inaugural Board Meeting held on August 27th, 2018, and has chaired the Omico Board for more than five years. Paul has been pivotal in guiding the organisation through a period of significant change and rapid expansion. Paul also chaired the Nominations and Governance Committee and was a member of the Finance, Risk and Audit Committee His experience leading large organisations and projects, combined with a passion to do more for Australians living with rare cancers, has helped Omico serve more than 30,000 Australian cancer patients with a unique mix of compliance and compassion.

Michael Brown was also one of the inaugural directors and will be standing down after the October Annual General Meeting. Michael has provided clinical and academic insights around the application of advances in precision oncology, with a particular focus on access for patients in rural and regional areas.

Tze Masters has been a Board Member for more than five years and also made a significant contribution to Omico and its operations. Tze, with her mix of strategic and operational commercial expertise, has made significant contributions to both the Finance, Risk and Audit Committee and the Overall Omico Board.

During the last year we also welcomed Craig Roy as a new Board Member. Craig brings extensive experience in research and commercialisation strategy, innovation, and entrepreneurship across a wide range of global projects and industry sectors.

A final thank you to the amazing patients who have participated in our programs, and their carers and families.

Mr Paul Jeans (Chair of the Omico Board)

Mr Ian Black (CEO)

Omico

- advancing precision medicine in Australia

The impact we are having:

>31,400

Patients referred for cutting-edge genomic screening and cancer risk management

>27,500

Patients enrolled onto our programs

>22,500

Patients have completed molecular screening to date

>14,065

Patients have received a matched therapy recommendation

>2,100

Patients have received a matched therapy

Our programs:

Molecular Screening and Therapeutics (MoST)

Genetic Cancer Risk in the Young (RisC)

Surveillance in Multi-Organ Cancers (SMOC+) and SMOC+jnr

Cancer Screening Program (CaSP)

Since being established in 2018, Omico has built a national precision oncology network for large-scale genomic and molecular screening and treatment via clinical trials.

The Omico network involves more than 1,100 referring clinicians, 80 of Australia's leading cancer research institutions and hospitals across all states and territories, and more than 15 local and multinational pharmaceutical and biotechnology industry partners.

The Molecular Screening and Therapeutics (MoST), Genetic Cancer Risk in the Young (RisC), Surveillance in Multi-Organ Cancers (SMOC+) and SMOC+jnr programs established the operational framework for the Cancer Screening Program (CaSP). CaSP is now running and enrolling patients under the Precision Oncology Screening Platform Enabling Clinical Trials (PrOSPeCT).

To date, across all programs, Omico has screened more than 22,500 Australians using genomic profiling. More than 2,100 patients have received targeted treatments--, potentially doubling survival for those who receive a well-matched therapy.

With only 8% of all cancer patients in Australia currently accessing innovative therapies through clinical trials, Omico's goal is to double participation in cancer trials over the next decade. By facilitating the development of unique partnerships between Australia's major cancer centres, leading research institutes, federal and state governments, industry partners and patients, Omico has increased community access to genomic sequencing and clinical trials of next-generation, innovative treatments.

We continue working to -

Embed Precision Oncology: We are actively engaging and working across our networks to improved health outcomes for cancer patients from Indigenous, rural and remote communities. A broad ecosystem of partners and collaborators are committed to embedding precision oncology in Australia with Omico.

Build the Omico National Clinical Trials Network: The robust national network capacity we have harnessed, includes a clinical trial network of more than 60 treatment centres across metropolitan and regional Australia and more than 800 referring clinicians, ensures broad accessibility to our programs for cancer patients.

Grow the Australian Pathology Sector: our programs have increased the demand for Comprehensive Genomic Profiling (CGP). This has facilitated an increase in the number of NATA accredited pathology laboratories providing the service.

Support Research-Led Infrastructure: Omico's infrastructure supports research-led models of care, showcasing our ability to upscale and adapt to evolving needs.

Provide Clinical Expertise: Our application of CGP and trials matching, facilitated by an experienced Molecular Oncology Board (MOB), ensures the delivery of expert and comprehensive reports with actionable recommendations to referring clinicians.

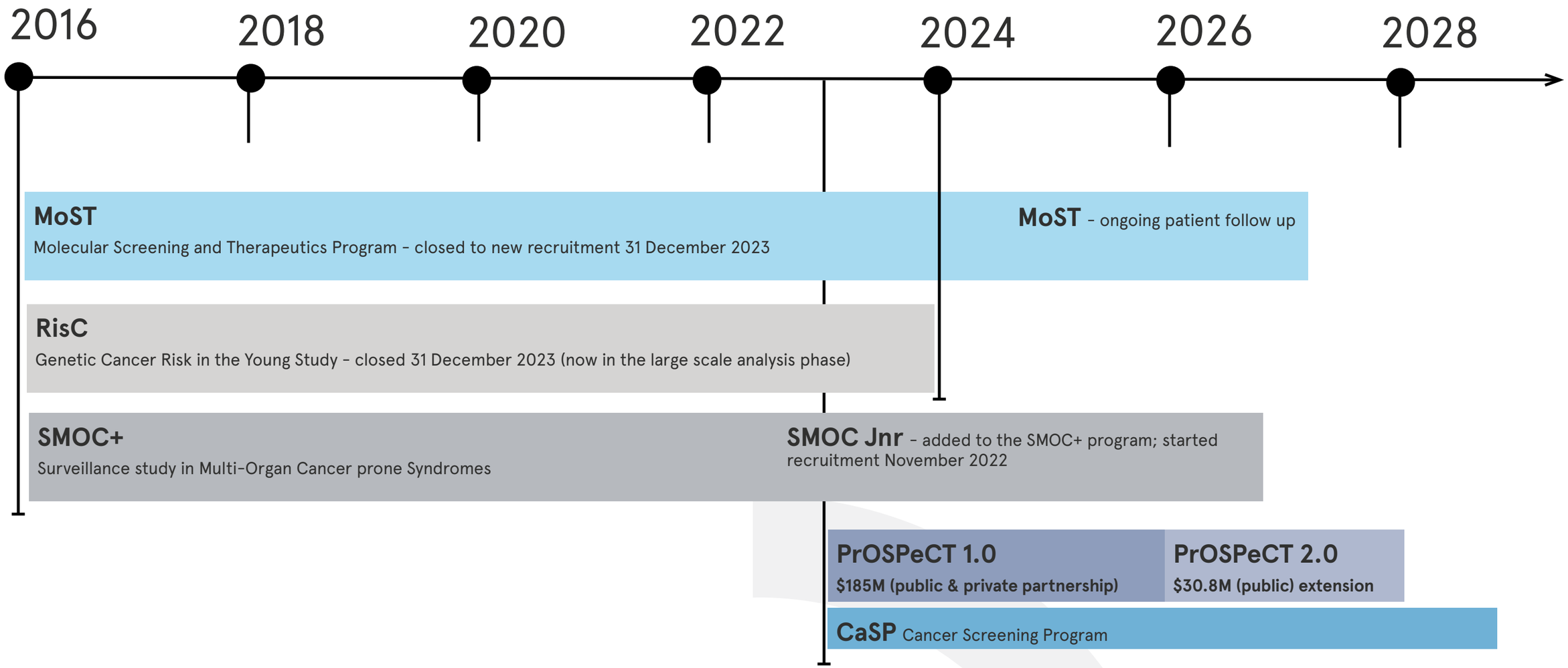
Facilitate Affordable and Equitable Access: We are actively developed innovative solutions and treatment pathways to ensure affordable and equitable access, aligning with our commitment to a research-led model of care.

Provide Research and Data Leadership: Omico's expertise in research and data generation is informing clinical practice and contributing to evidence-based decision-making.

Encourage Public/Private Partnerships: Successfully fostering novel public/private partnerships has established Omico as an honest broker in collaborative efforts.

Gain International Recognition: The international visibility and reputation of Australia for innovation further solidifies our standing as leaders in precision oncology.

Omico's Precision Oncology Research Initiatives



MoST: Comprising the MoST Pan Cancer Cohort of patients with advanced or metastatic solid cancers or any histotype; the ASPiRATION cohort of newly diagnosed metastatic non-small cell lung cancer (NSCLC); and MOST-Leukaemia and Lymphoma cohort (MoST- LLy) of patients with refractory haematologic cancer.

RisC: To understand more about the genetic variants that contribute to inherited cancers and assess health-related costs.

SMOC+: Investigating and evaluating the surveillance practices used for people at high-risk of multi-organ cancer, including the use of whole-body MRI.

PrOSPeCT: Precision Oncology Screening Platform Enabling Clinical Trials, an ecosystem built around people with advanced, incurable or poor prognosis cancers to identify potential matches to clinical trials with new targeted therapies.

CaSP: Cancer Screening Program underpinning PrOSPeCT.

PrOSPeCT 1.0

Precision Oncology Screening Platform Enabling Clinical Trials

Progress to 30 April 2025 - End of project report

$84.9M

Investment growth in Australia - R&D, capital investment, new technology, digital transformation

$135M

Savings from avoided health interventions (medicines, tests, hospitalisations)

$200M

Estimated value of industry-sponsored oncology clinical trials in Australia supported by Omico

7

Australian NATA accredited pathology laboratories delivering profiling services to Omico

>258

highly skilled jobs created in genomics, clinical trials and diagnostics

79

Omico national clinical trials network (ONCTN) sites

>1,290

indirect jobs created supporting the programs

14,715

Patients referred for genomic screening (CaSP and ZERO)

39

traineeships in clinical trial research skills taken up through Omico's delivery partner, Praxis

6,464

Patients received a matched therapy recommendation (CaSP and ZERO)

prospect.

PrOSPeCT (Precision Oncology Screening Platform Enabling Clinical Trials), led by Omico, represents a nationally coordinated response to the growing need for biomarker-driven cancer care in Australia. Designed to close the gap between public healthcare systems and the rapid pace of innovation in precision oncology, PrOSPeCT brings together government, research institutes, pathology providers, and industry under a unified public–private partnership (PPP) model.

PrOSPeCT was enabled by public-private funding and partnerships totalling over $185M. This included $61.2M in grant funding from the Australian Government.

Over the life of the program (March 2023 – April 2025), PrOSPeCT aimed to provide free comprehensive genomic profiling to 20,000 Australians with advanced or poor prognosis cancers, enabling clinical trial access and personalised treatment. By April 2025, over 14,700 patients had been referred, 12,400 enrolled, and more than 10,000 had received molecular profiling, with 6,464 patients going on to receive matched therapy recommendations.

Under PrOSPeCT, adult patients are referred to the Cancer Screening Program (CaSP) run by Omico and paediatric patients are recruited and screened through the ZERO program run by the Children's Cancer Institute (CCIA). Combined numbers are reported to the Department of Industry, Science and Resources (DISR).

Recruitment of patients will continue until we reach our target.

Beyond direct patient benefit, the program has supported national job creation, advanced clinical trial recruitment, reduced healthcare system costs, and created new diagnostic and data infrastructure. PrOSPeCT is now regarded as a model for integrating innovation into public systems — not only improving access to care, but also building national capability and attracting international partnerships.

PrOSPeCT has stimulated the creation of skilled jobs, building Australia's capabilities and infrastructure in cancer research and care, and strengthening our position as a premier destination for precision oncology trials.

Innovative and collaborative initiatives like PrOSPeCT are fundamental to the pursuit of delivering world-class cancer outcomes for all Australians in an affordable, equitable and sustainable way, and ensuring we remain internationally competitive and at the forefront of research and discovery regarding cancer.

Patient access to precision oncology under PrOSeCT continues - as at 30 Sept 2025:

- 19,020 patients have been referred to PrOSPeCT (adult and paediatric)
- 16,196 patients have been consented to PrOSPeCT (adult and paediatric)
- 13,093 molecular oncology reports have been issued (adult and paediatric)
- 8,798 patients have matched therapy recommendations (adult and paediatric)

Building sovereign capability and capacity :

- Australia's sovereign capability and capacity to conduct genomic/molecular profiling and embed it into clinical practice has grown with 7 pathology laboratories now operating locally that are NATA-accredited to deliver profiling services under PrOSPeCT.

- BioBank NSW is the national processing and storage facility for biospecimens collected under PrOSPeCT. At the end of September 2025, there were more than 135,200 biofractions from more than 10,058 patients processed and stored at the BioBank.

Jobs, Education and Training (as at 30 April 2025):

- more than 258 direct highly skilled jobs created in the medical and science sectors across Australia. A further 1290 indirect jobs created across Australia in a range of industries.
- Through Omico's delivery partner, Praxis, 39 traineeships in clinical trial research skills were taken up with 27 (69%) of trainees from regional areas, and 5 (13%) of trainees identifying as Aboriginal or Torres Strait Islander.

Driving investment and economic growth of ~$85M in Australia (as at 30 April 2025) including:

- research and development - $24.8M
- capital equipment - $46.1M
- new technology - $3.9M
- design - $0.55M
- acquisition of licenses - $0.35M
- intellectual property - $0.06M
- Digital Transformation - $0.6M
- Transaction costs - $0.05M
- Export revenue - $8.4M

Impact on Industry growth:

Our commitment to DISR includes driving economic, capacity and employment growth in the research sector. Thanks to the combined efforts of our partners, we're proud to share the positive impact including an estimated $200M investment in research and development.

Supporting Clinical Trials:

- Over the last year our National Clinical Trial Network has expanded to 80 sites across Australia. Importantly 27 of these centres are located in regional areas.
- PrOSPeCT has supported 88 industry sponsored oncology clinical trials - 16 of these trials would not have come into Australia but for Omico's National Clinical Trial Network.

Molecular screening for Australian cancer patients

PrOSPeCT 2.0

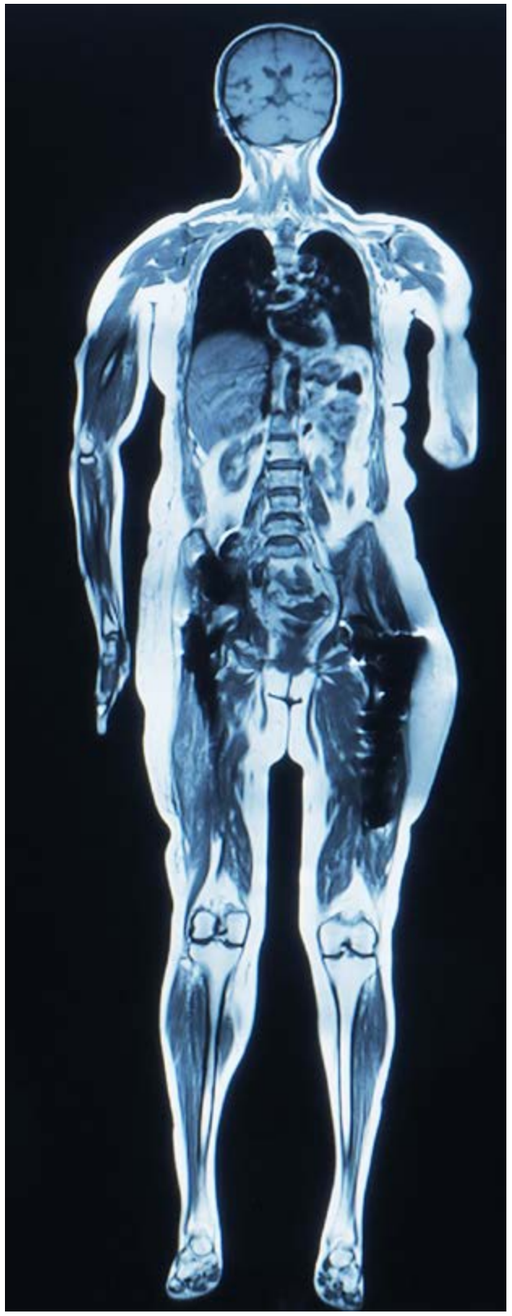
2026 - 2027

PrOSPeCT (Precision Oncology Screening Platform Enabling Clinical Trials) 2.0 maintains the ecosystem established under PrOSPeCT 1.0 through to the end of 2027. Ongoing support from the Australian government, $30.8M in funding for the extension period, has been critical to continue the free access to molecular profiling for Australian Cancer patients.

PrOSPeCT 2.0 will:

- Enable patients with advanced, incurable or poor prognosis cancers to have increased access to comprehensive genomic profiling leading to more accurate diagnosis.
- Identified more patients as a potential match for biomarker-driven clinical trials and that will translate to growth in industry-sponsored clinical trials activity.
- Increased the number of Australian patients with advanced, incurable or poor prognosis cancers who have access to personalised treatment recommendations.
- Reduced disparity in cancer outcomes for patients with rare and less common cancer as well as patients from rural and regional Australia and First Nations patients.
- Strengthened the evidence base for biomarker-dependent tumour-agnostic cancer treatments and other therapies and evidence to support transition of precision oncology to standard of care.

Our focus will be on providing cancer patients free access to molecular profiling and analysing results for treatment recommendations, including clinical trials.



Cancer Screening Program

Cancer Screening Program (CaSP) is the framework for:

- providing free Comprehensive Genomic Profiling (CGP) for adult patients (16 years and over) with advanced and incurable cancer
- an integrated Molecular Oncology Board (MOB), which reviews clinical and CGP results, documents potential treatment and clinical trials options for patients and provides this information to the referring doctor
- long term follow-up of patients and their referring doctor as part of an observational cohort study of people enrolled in CaSP
- a research registry and biobank for patient specimens collected under CaSP that facilitates ongoing research into cancer and its treatment

CaSP is the adult molecular screening and clinical trials matching platform for PrOSPeCT.

Children and adolescents with high-risk cancers enrol onto the ZERO Childhood Cancer national precision medicine program (ZERO) run by the Children's Cancer Institute (CCIA).

34%
of patients have common cancers

21%
of patients have less common cancers

45%
of patients have a rare cancer

Progress (30 Sept 2025):

17,152
patients referred for screening under CasP

14,328
patients consented to be screened

34%
patients come from rural, regional or remote locations

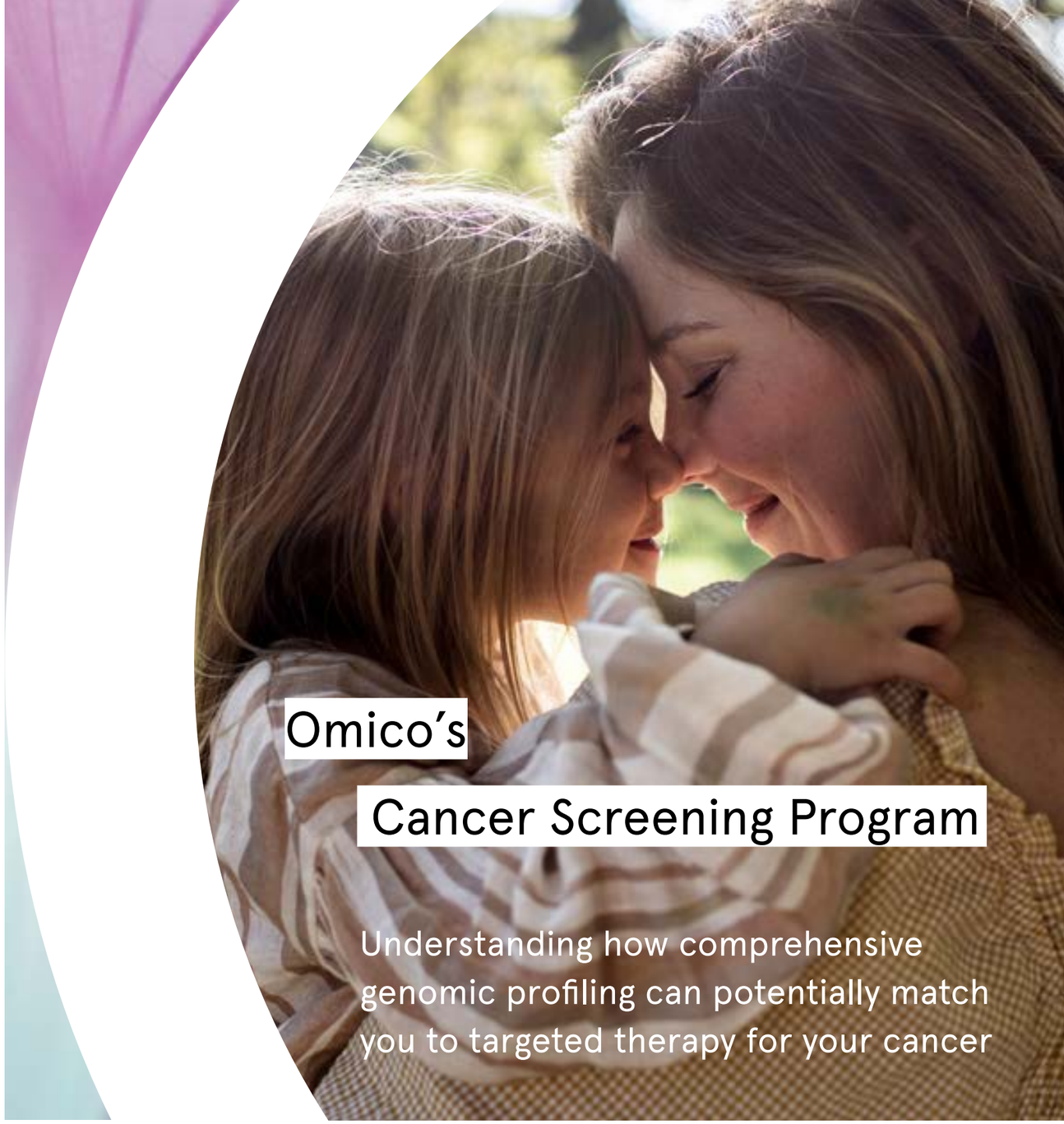
2.0%
patients identify as Indigenous

>1,100
clinicians are referring patients

11,525
Reports sent to referring clinicians

8,411
Patients with matched treatment/ therapy recommendations

656
Patients have received a matched therapy



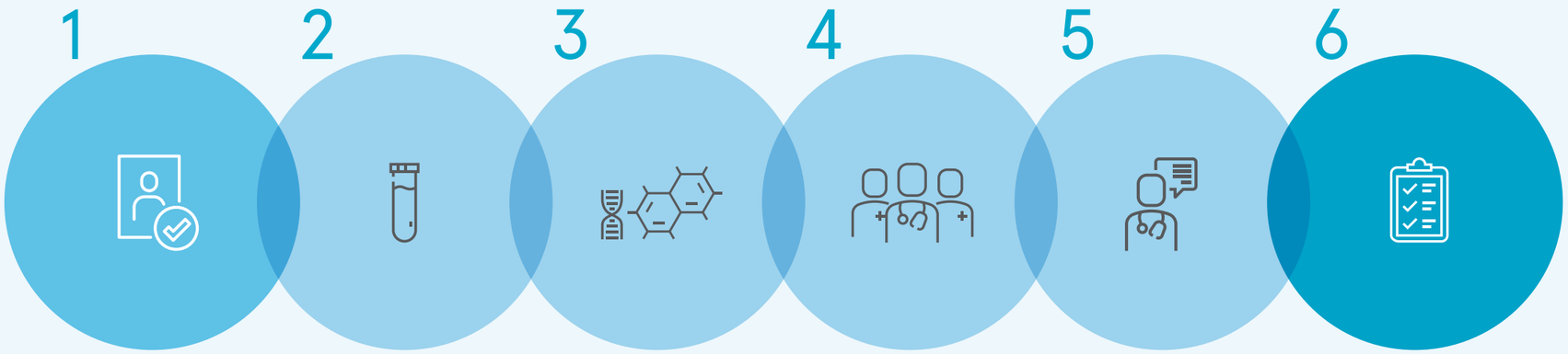
Cancer
meets its match

Omico.

The Omico Cancer Screening Program (CaSP)

Omico provides free comprehensive genomic profiling (CGP) for people in Australia with advanced, incurable or an earlier diagnosis of a cancer that has poor prognosis, through its Cancer Screening Program called CaSP.

If your cancer doctor refers you to CaSP, here's what you can expect:



1 Consent process

The Omico CaSP study staff will contact you to guide you through the consent process. They'll collect your consent, and ask you to fill out a questionnaire.

2 Cancer tissue sample

We will request a piece of your cancer tissue, collected during a previous procedure(s) (a biopsy or a piece removed through surgery), from a pathology laboratory, and send it to an accredited sequencing laboratory (organised by the Omico CaSP team).

3 Comprehensive genomic profiling

Your cancer tissue sample will undergo comprehensive genomic profiling at the accredited sequencing laboratory. It will be analysed to identify biomarkers and gene changes.

4 Review of results and match to clinical trial/ other therapy

Omico's team of experts, known as the Molecular Oncology Board (MOB), will review the results. The MOB will see if any biomarkers or gene changes in your cancer fingerprint match with a clinical trial or other treatment designed to target your specific cancer.

5 Report sent to your referring cancer doctor (oncologist)

The results of your CGP and the MOB report will be sent to your referring doctor, who will discuss the results and treatment options with you. This will include any potential matches to targeted treatments and/or clinical trials. Your referring doctor will arrange access to the treatment and/or clinical trial that you agree on.

6 Questionnaire

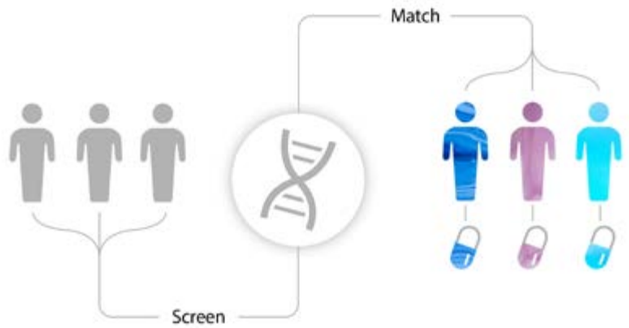
Every three months the Omico CaSP team will contact you (by email) and ask you to fill out a questionnaire about how you are feeling and coping with daily activities.

How long does this all take?

It typically takes 8–10 weeks from when you have consented to participate in CaSP for your referring doctor to receive the comprehensive genomic profiling (CGP) and Molecular Oncology Board (MOB) reports. In urgent cases, as notified to the Omico CaSP team by your referring doctor, your results will usually be provided in 5–6 weeks.

Research Highlights

Molecular Screening and Therapeutics Program (MoST)



The Molecular screening and Therapeutics (MoST) program tested a novel paradigm for (i) the clinical impact of comprehensive genomic profiling on the management of advanced and incurable cancer and (ii) the more efficient biomarker-driven phase 2 testing of novel therapies.

A master protocol provided a framework for identifying actionable molecular targets and for evaluating treatments based on the molecular signatures of tumours. Together with a national network of cancer treatment centres, the master protocol allowed for the rapid and cost-effective development and conduct of multiple, parallel, signal-seeking clinical sub-studies of novel treatments in precisely defined sub-populations.

> MoST - Using molecular profiling to find biomarkers to guide therapy options

The target population comprised patients with pathologically confirmed advanced or metastatic solid cancers of any histological type (pan cancer), either during or after their last line of effective therapy, with a focus on rare or neglected and cancers of unknown primary (CUP) site. Based on genomic tumour profiling data, patients could be identified as potentially eligible for treatment in a MoST substudy or recommended to another suitable clinical trial, or an off-label therapy if available and appropriate.

From 2019 through to the program end, the framework protocol dynamically evolved to accommodate three histopathology specific subprograms, in addition to the original pan cancer cohort. The framework also changed to accommodate concomitant changes in requirements for the program, for example, reflex testing for screening and updated statistical analysis sections for the therapeutic sub-studies,

The additional subprograms included:

1. a haematology cohort (blood cancers) called MoST-LLY;
2. a first line lung cancer cohort called ASPiRATION and
3. a pancreatic cancer cohort.

ASPiRATION commenced recruitment in December 2020 and completed recruitment in June 2023.

MoST-LLy commenced in September 2021 and closed to recruitment in December 2024.

The MoST program reached 8381 participants by the end of December 2024. As of 31 Dec 2024: 7492 patients had comprehensive genomic profiling (CGP) completed; 5341 patients had treatment recommendations; 1584 patients received a match therapy (some patients accessing more than one therapy).

Within the program framework more than 24 investigator initiated sub-studies were designed and delivered throughout the 5 year grant period. In total, 858 patients enrolled into investigator initiated sub-studies conducted under MoST, with 728 of those patients enrolling during the grant period.

Analysis of the data has shown:

- > 60% of patients have had a matched treatment identified
- Of these, 37.5% have a drug target (T1-3) which is associated with a significant increase in survival, provided the drug is accessible.

A collateral benefit of the MoST program, has been the design and creation of real-world evidence data collection to support research, drug development and regulatory submissions.

Screening component of MoST:

- Recruitment to the MoST study was completed 31st December 2023 with 8381 patients recruited to the study, more than double the target of 3095 patients.
- Recruitment has been from 21 sites around the country, with at least one site per state/territory.
- 1584 patients (19%) were able to access a matched therapy after molecular screening
- Patients with a broad range of cancer morphologies have been enrolled - more than 77% with rare cancers, 4% less common cancers and 19% with common cancers. Unfortunately, more than 65% of the pan cancer cohort are now deceased.
- 38% patients screened received recommendations for matched Tier 1 to Tier 3 therapies

Cancer patients enrolled in MoST by state, and New Zealand (as at January 2025)

- 82% of patients have had at least one successful follow-up.

MoST Sub-Programs

MoST pan cancer cohort - Patients with a broad range of cancer morphologies have been enrolled - more than 77% with rare cancers, 4% less common cancers and 19% with common cancers. Unfortunately, more than 65% of the pan cancer cohort are now deceased.

ASPiRATION lung cancer cohort - reached the 1,000 patient recruitment milestone on 21 June 2023, with 52% having an actionable lung cancer biomarker linked to a targeted therapy. 56% of the cohort are now deceased.

Pancreas (MoST-Pancreas) cohort - More than 400 pancreatic cancer patients have been referred to the program with 300 patients enrolled into the cohort.

Leukaemia/Lymphoma (MoST-LLY) cohort - 77 lymphoma, 92 leukaemia and 1 myeloma patient have enrolled into the cohort bringing the total to 166 patients. Funding support from the Leukaemia Foundation, Tour de Cure, MRFF and other philanthropic bodies have provided for 480 patients access to molecular profiling for their blood cancer. Ongoing conduct of the MoST-LLY cohort will transfer to QIMR Berghofer in 2025 as a part of a parallel program.

MoST - New Zealand cohort - New Zealand joined the MoST family by launching MoST-NZ at Auckland City Hospital. The team led by Dr Michelle Wilson has run the pilot program in collaboration with Foundation Medicine, part of the healthcare company Roche. 256 New Zealanders enrolled into the NZ MoST counterpart. Dr Wilson and her colleagues are seeking to expand the program locally.

Patients recruited to ASPiRATION, MoST-LLY and MoST NZ are supplementary to the MoST (pan cancer) patient cohort.

Treatment recommendations continue to be updated and reports reissued to referring clinicians for patients that become eligible for new innovative therapies and clinical trials.

Data analysis from the MoST cohort:

>60%

of patients screened received recommendations for matched therapies[1]

37.5%

have a drug target associated with increased survival provded the drug is accessible[1]

1. Genomic therapy matching in rare and refractory cancers: Updated results from a retrospective cohort study in the Molecular Screening and Therapeutic (MoST) program. (2023) FPY Lin, S Thavaneswaran, CE Napier, JP Grady, M Kansara et al. Journal of Clinical Oncology 41 (16_suppl), 1540-1540 presented at ASCO 2023

Therapeutics component of MoST:

- All sub-studies have now closed to recruitment, with 858 patients having received treatment through MoST sub-studies since 2016.
- Therapeutic options include both tumour agnostic studies as well as histopathology specific studies, such as those for the ASPiRATION lung cancer, MoST-LLY and pancreatic cancer cohorts.
- The MoST team have a close collaboration with Cooperative Trials Group for Neuro-Oncology (COGNO), the cooperative trials group for neuro-oncology. With the Clinical Trials Centre (University of Sydney) (CTC), we are building capacity in platform and umbrella methods of precision oncology. The LUMOS2 study will see more screening and therapeutics targeting brain cancers. The LUMOS2 recruitment target is 76 rare brain cancer patients across 4 treatment arms, with a fifth treatment arm expected to open in Q2 2025. All 4 arms are actively recruiting, with 51 participants enrolled across 11 active sites and 30 participants having received a treatment. Further Australian site activations are anticipated across Q1-Q2 2025. An international expansion with Canadian Cancer Trials Group saw the first Canadian site activated in November 2024 and is expected to bring 15 Canadian centres.

Close out of all sites is scheduled to be completed by the end of 2026.

Substudy summaries:

MoST 1 - Palbociclib

Biomarker: Amplification of CDK4/6, CCND1/2/3, or loss of function alterations in CDKN2A

Status: closed

Recruitment: 16/16

Findings: Negative

Manuscript: DOI: 10.1002/ijc.34649

Outcome: Palbociclib treatment did not decrease the size of tumours in any participants. For three participants, the tumours did not increase in size for more than 6 months.

Palbociclib was well-tolerated, and the side-effects were as expected from previous trials. The most common problems were fatigue, anaemia (low red cell count), constipation, and decrease in white blood cells. Some of these events were mild and did not need any treatment.

Treatment with palbociclib alone had limited benefit. Its proposed effects on the tumour microenvironment and immune cells is encouraging and warrants further evaluation of palbociclib combined with immunotherapy.

MoST 2 - Durvalumab and tremelimumab (pan cancer)

Biomarker: Enriched for high TMB

Status: closed

Recruitment: 64/64; expansion 48/48

Findings: Positive

Manuscript: DOI:10.1101/2022.06.30.22277092

Outcome: Durvalumab plus tremelimumab showed some benefit in this trial. Tumours shrunk in 16 of 112 participants (14%) and 32% of participants were alive and progression free at 6 months. Participants with specific biomarkers of high tumour cell PD-L1 levels or high tumour mutational burden showed better outcomes than participants without these biomarkers.

All participants experienced at least one adverse event. The side-effects of the study drugs were as expected from previous research. The most common toxicities included fatigue, nausea, anaemia (low red cell count), diarrhoea, rash and other changes in blood counts.

These results provide early signals of benefit from immunotherapy agents in rare cancer types that usually do not gain access to these drugs. A better understanding of the impact of the presence, or absence of select biomarkers by cancer type may help us refine patient selection and help inform the design of future trials in rare and less common cancers.

MoST 3 – Olaparib and durvalumab

Biomarker: BRCA1/2 or other HRR alterations

Status: closed

Recruitment: 48/48

Findings: Positive

Manuscript: DOI:110.1038/s41416-023-02311-0

Outcome: Olaparib plus durvalumab showed some benefit in this trial. In Group 1 (BRCA1/2 alterations), tumours shrunk in 3 participants (19%) and 35% of participants were progression free at 6 months. In Group 2 (other HRR alterations), tumours shrunk in 3 participants (9%) and 38% of participants were progression free at 6 months. Participants with BRCA2 or ATM mutations in their tumour showed better outcomes than other participants.

The side-effects of the study drugs were as expected from previous trials of olaparib and durvalumab. The most common toxicities included nausea, anaemia (low red cell count) and fatigue.

These results provide early signals of benefit from olaparib and durvalumab in understudied cancer populations. Further trials in some of the rare cancer types where a meaningful clinical benefit was seen, is warranted.

MoST 4 – Vismodegib (pan cancer)

Biomarker: PTCH1, SMO mutations

Status: closed

Recruitment: 16/16

Findings: Pending

Manuscript: will be presented at ESMO 2025; manuscript pending

MoST 5 – Eribulin (pan cancer)

Biomarker: CD31 positive

Status: closed

Recruitment: 16/16

Findings: Pending

Manuscript: manuscript pending

MoST 6 – Larotrectinib (pan cancer)

Biomarker: NTRK fusions or extremes of overexpression

Status: closed

Recruitment: 17/32

Findings: Negative

Manuscript: DOI: 10.1093/oncolo/oyae339

Outcome: Out of the 17 participants:

- Only 1 person (out of 2 with the NTRK fusion) had their cancer shrink.

- None of the other 15 people (with NTRK mRNA overexpression) had their cancer shrink.

On average, participants lived about 3 and a half months without their cancer getting worse and participants lived about 16 months after starting treatment.

The most common side effects include feeling sick and tired (nausea, vomiting, fatigue), stomach pain, dizziness, trouble breathing, and higher-than-normal levels of liver proteins. No one had any serious side effects from Larotrectinib.

This study provided very early evidence that Larotrectinib may not be effective in treating advanced cancers that have NTRK mRNA overexpression. These findings help guide future research by showing which patients are more likely to benefit from TRK inhibitor treatments. They also highlight the need for more studies to better understand the role of NTRK mRNA overexpression in cancer and to find better ways to match targeted treatments to patients.

MoST 7 – Tremelimumab (pan cancer)

Biomarker: High TMB

Status: closed

Recruitment: 22/24

Findings: Pending

Manuscript: manuscript pending

MoST 8 – Trastuzumab emtansine (pan cancer)

Biomarker: HER2 amplification or mutation

Status: closed

Recruitment: 32/32

Findings: Positive

Manuscript: DOI: 10.1038/s41698-024-00698-4

Outcome: T-DM1 demonstrates a signal of anti-tumour activity across a diverse range of heavily pre-treated solid tumours with HER2 alterations. Clinical activity was seen with objective tumour responses in three (19%) and four (25%) patients in the HER2 mutant and amplified groups respectively, as well as a favourable shift in disease trajectory with an additional 10 (3 in group 1 and 7 in group 2) patients demonstrating a TTP2:TTP1 ratio ≥1.3 (53% of the study cohort). Median PFS was 2.4 and 6.1 months; 31% and 56% of patients were progression-free at 6 months and median OS was 10.9 months and 18.2 months for group 1 and 2 respectively. There were no new toxicity concerns and quality of life was maintained amongst study patients.

MoST 8 – Trastuzumab emtansine (ASPiRATION)

Biomarker: HER2 amplification or mutation

Status: in treatment and follow-up

Recruitment: 23/32

Findings: Pending

Manuscript: manuscript pending

MoST 9 – Tucatinib and trastuzumab (pan cancer)

Biomarker: HER2 amplification or mutation

Status: in treatment and follow-up

Recruitment: 32/32

Findings:

- HER2 Amplification - Positive
- HER2 mutations - Negative

Manuscript:

HER2 amplification- Presented at ESMO 2024 - DOI: 10.1016/j.annonc.2024.08.703 manuscript pending

HER2 mutations - manuscript pending

Outcomes: At a median follow-up of 16.4 months (mo), the primary endpoint was met in group1; 6/15 pts (40%) achieved an OTR with a median PFS 8.5mo (1.48-NR), median OS 17.2mo (6.3-NR). In group 2, 1/16 pts (6%) achieved an OTR, with a median PFS 3.2mo (2.0-11.3), median OS 16.1mo (7.2-NR). No new safety signals for the tucatinib/trastuzumab combination were noted.

Tucatinib plus trastuzumab demonstrates sufficient activity to warrant further trials for cancers with HER2 amplification detected by CGP, but not HER2 mutation.

MoST 10 – Palbociclib plus avelumab (pan cancer)

Biomarker: CDK4/CCND1-3 GoF mutations, CDKN2A LoF mutations

Status: Closed

Recruitment: 64/64

Findings: Pending

Manuscript: will be presented at ESMO 2025

MoST 11 – Tildrakizumab

Biomarker: none specified

Status: Closed

Recruitment: 32/32

Findings: Pending

Manuscript: will be presented at ESMO 2025

MoST 12 – Vemurafenib and cobimetinib (combined pan cancer and ASPiRATION)

Biomarker: BRAF V600E mutations

Status: Closed

Recruitment: 64/64

Findings: Positive

Manuscript: will be presented at ESMO 2024 - DOI: 10.1016/j.annonc.2024.08.690

Outcome: Both solid cancer and first line non-small cell lung cancer (1L NSCLC) groups met the predefined threshold, achieving ORR of 50% (18 of 36, solid) and 42% (10 of 24 RECIST evaluable,

1L NSCLC). In the solid group, the median PFS and OS were 7.9 mo (95% CI: 5.6-15.9) and 15.9 mo (9.1-21.9). The 6-mo PFS rates were 68% (48-82%) and 67% (45-81%) for the solid and 1L NSCLC groups respectively. Ten pts (16%) discontinued treatment and 21 pts (33%) required dose adjustments due to adverse events.

VEM+COB is active in a range of advanced solid tumours and 1L NSCLC with a BRAF V600 mutation.

MoST 13 – Entrectinib (combined pan cancer and ASPiRATION)

Biomarker: NTRK fusions or ROS1 rearrangements

Status: Closed

Recruitment: 0/16

Findings: N/A did not recruit

Manuscript: N/A did not recruit

MoST 14 – Alectinib (combined pan cancer and ASPiRATION)

Biomarker: ALK rearrangements

Status: Closed

Recruitment: 16/16

Findings: Pending

Manuscript: Will be presented at ESMO 2025; Manuscript pending

MoST 15 – Acalabrutinib plus durvalumab (haematology)

Biomarker: nil specified

Status: Closed

Recruitment: 23/32

Findings: Pending

Manuscript: Will be presented at Blood 2025; Manuscript pending

MoST 16 – Pamiparib (haematology)

Biomarker: Germline or somatic DNA repair pathway mutation (e.g. BRCA1/2) and/or BRCA mutational signature

Status: Closed

Recruitment: 12/16

Findings: Pending

Manuscript: Manuscript pending

MoST 17 – Tepotinib (ASPiRATION)

Biomarker: MET exon 14 skipping mutation

Status: Closed

Recruitment: 8/16

Findings: Pending

Manuscript: Manuscript pending

MoST 18 – Durvalumab plus chemotherapy (pan cancer)

Biomarker: nil specified

Status: Closed

Recruitment: 6/16

Findings: Pending

Manuscript: Will be presented at ESMO Asia 2025; Manuscript pending

MoST 19 – Sotorasib (AMG510) (pan cancer)

Biomarker: KRAS G12C mutation

Status: In treatment and follow-up

Recruitment: 4/32

Findings: Pending

Manuscript: Manuscript pending

MoST CRESTONE (seribantumab) (pan cancer)

Biomarker: NRG1 fusions

Status: Closed

Recruitment: 3/16

Findings: Pending

Manuscript: Presented at ASCO 2022: DOI: 10.1200/JCO.2022.40.16_suppl.300

Results on CT.gov: NCT04383210

Manuscript pending

MoST CIRCUIT (Nivolumab and ipilimumab) (pan cancer)

Biomarker: absence of MSH-2/MSH-6 or MLH-1/PMS-2 expression

Status: In treatment and follow-up

Recruitment: 240/240

Findings: Positive

Manuscript:

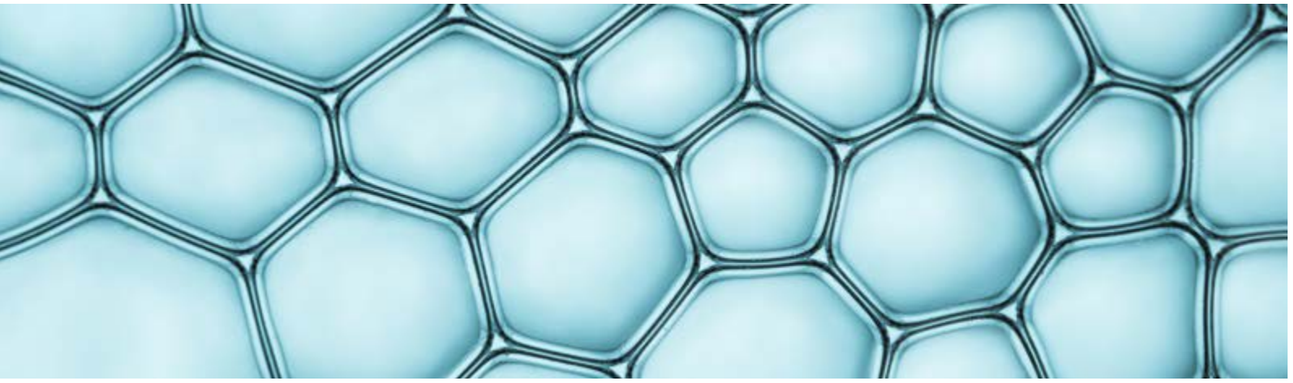
DOI: 10.1001/jamaoncol.2025.1916. PMID: 40608313; PMCID: PMC12232261.

DOI: 10.1001/jamaoncol.2025.1916

Outcomes:

Mismatch repair deficient (dMMR)/microsatellite instability-high (MSI-H) cancers (ca) are one of the most immunogenic ca. Anti-PD-1 monotherapy using Pembrolizumab has regulatory approval in advanced MSI-H colorectal ca (CRC) and non-CRCs leading to durable responses in a 1/3 of pts. Combined anti-PD-1/CTLA-4 blockade using nivolumab (nivo) and ipilimumab (ipi) has shown superiority to anti-PD-1 monotherapy in other immunogenic ca such as melanoma. MoST-CIRCUIT is the first trial that investigated combined anti-PD-1/CTLA-4 blockade in advanced dMMR/MSI-H non-CRCs.

From the Clinical Follow-up team



The Clinical Follow-up team is still collecting treatment, outcome and survival information for over 1900 patients enrolled in the MoST Program. We are continuing to identify patients that receive therapy as a result of comprehensive genomic profiling (CGP) obtained through the MoST Program or via studies run through the MoST Program. In particular, we would like to highlight the MoST-CIRCUIT (MoST Combination Immunotherapy in Rare Cancers Under InvesTigation).

MoST-CIRCUIT enrolled patients with either a particular CGP-identified biomarker (high microsatellite instability) or certain types of cancer, such as neuroendocrine carcinomas and tumours, biliary cancers, and cancers of gynaecological origin and provided treatment with immunotherapy. A patient from a majorcity with a neuroendocrine cancer originating in the lung participated in the MoST-CIRCUIT for 18 months and was found to have had an excellent response to treatment. After ceasing the MoSTCIRCUIT trial, the patient has not required additional anti-cancer treatment.

Another patient with an exceedingly rare gynaecologic tumour was also enrolled in the MoST-CIRCUIT trial and received treatment for two years. The patient's tumour shrank in response to treatment, and the patient has not needed additional treatment for the gynaecological cancer. CGP of the patient's tumour revealed a high tumour mutational burden, a biomarker that predicts response to immunotherapy.

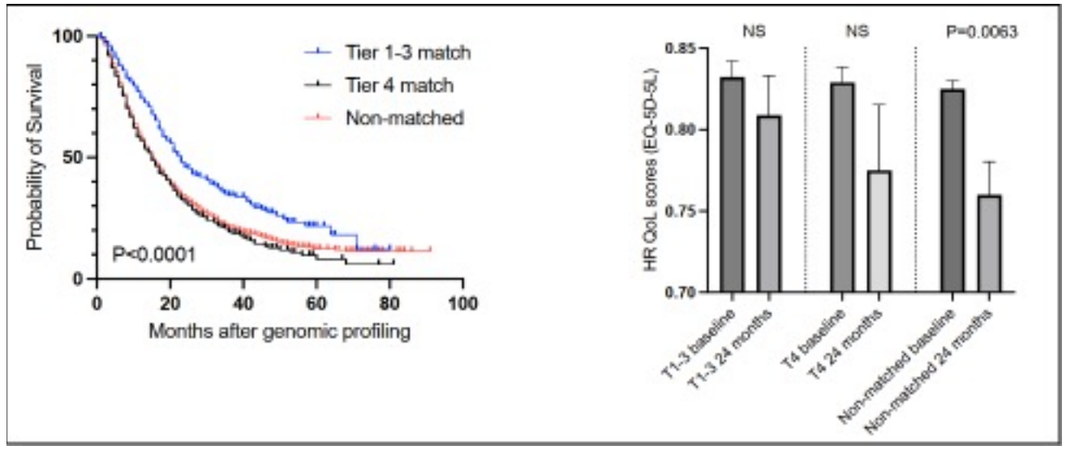
A patient from a culturally and linguistically diverse background was diagnosed with pancreatic cancer and underwent standard of care treatment for over a year. As the patient's MoST CGP results identified a high level of microsatellite instability, the patient was deemed eligible for the MoST-CIRCUIT trial. The patient is still receiving treatment the tumour has shrunk in response to immunotherapy.

The results described above underscore the value of the MoST Program in identifying molecular biomarkers that predict response to immunotherapy and delivering tangible benefits to people with rare cancers.

Recent updates (CaSP, MoST-Pan, ASPiRATION, MoST-Pancreas cohorts):

- an average of 1560 patients per month are being followed up in 2025
- 99% 0f patients have completed the baseline questionnaires
- 61% of follow up attempts in 2025 are complete
- Unfortunately, 5753/8129 (71%) of the MoST cohort is now deceased.
- The ASPiRATION study, which offered Comprehensive Genomic Profiling (CGP) to patients with newly diagnosed metastatic non-small cell lung carcinoma, has reached

Survival benefit for patients accessing a T1 – T3 matched therapy



The figure above shows the survival benefit for patients accessing a T1 – T3 matched therapy Left panel: Kaplan-Meier survival for advanced rare cancer patients enrolled onto the MoST program (2016-23). Patients underwent molecular profiling and subsequent treatment with either a well-matched therapy (Tier 1-3, n = 364; median survival 23 months), an early therapy without clinical evidence for benefit to date (Tier 4, n = 359; median survival 15 months), or an unmatched therapy (e.g. chemotherapy, n = 1774; median survival 15 months). Right panel: health-related quality of life for rare cancer patients participating in the MoST program and who subsequently received therapy, at baseline, and after 24 months.

Tier 1 (T1) – Standard of Care (SoC) therapy, Therapeutic Goods Administration (TGA) approved
Tier 2 (T2) – SoC approved outside of Australia, not TGA approved
Tier 3A (T3) – strong clinical evidence of anti-tumour activity in presence of a biomarker
Tier 3B (T3) – some strong clinical evidence of anti-tumour activity in presence of biomarker in another cancer type
Tier 4 (T4) - strong preclinical or early clinical evidence of anti-tumour activity in the presence of the biomarker.

Data from MoST*

- **> 60%** of patients have had a matched treatment identified
- **Of these, 37.5% have a drug target** (T1-3) which appears to result in a **doubling of survival,** provided the drug is accessible.

*Molecular Screening and Therapeutics study. Omico data on file.

Translational Oncology Laboratory (TOL)

The Translational Oncology Lab (TOL) conducts in depth molecular and biological analysis of patient samples collected on the Molecular and Screening Therapeutics (MoST). The primary objective has been the identification of prognostic and retrospective biomarkers of drug response using cutting-edge genomic, transcriptomic, and proteomic technologies.

MoST 2 Study – Durvalumab and tremelimumab:

Investigated the efficacy of dual immune checkpoint blockade Durvalumab and Tremelimumab in 112 patients with rare and neglected cancers. Findings revealed that peripheral blood markers, including PD-1+ CD4+ T-cells, cTfh cells, and specific myeloid/NK cell changes, were associated with improved survival outcomes.

MoST 3 Study – Olaparib and durvalumab:

Explored the combination of the PARP inhibitor olaparib with the immune checkpoint blockade drug Durvalumab in 48 patients. Results demonstrated that high baseline CD38+ B-cells, likely transitional B-cells or plasmablasts, correlated with improved clinical outcomes. Additionally, higher CD40 expression in tumours was linked to better outcomes, suggesting the potential of CD40 agonists to enhance anti-cancer immune responses. These findings propose that combining olaparib with anti-PD-L1 therapies may represent a novel, effective treatment strategy.

MoST 6 Study – Larotrectinib:

Assessed pan-TRK protein expression in suspected NTRK fusion or amplified tumors. Results showed that Larotrectinib was ineffective in patients with NTRK overexpression, in contrast to its efficacy in NTRK fusion cancers.

MoST 11 Study – Tildrakizumab:

Conducted the first clinical trial using Tildrakizumab, an antibody targeting interleukin-23 (IL-23), for treating bone and soft tissue sarcomas. IL-23, a pro-inflammatory cytokine, plays a key role in the tumour microenvironment.

ctDNA as an Early Biomarker:

Circulating tumour DNA (ctDNA) monitoring holds significant potential as an early biomarker of response in patients treated with Durvalumab/ Tremelimumab. A ctDNA decline at four weeks was associated with improved survival, preceding radiographic imaging by 11.5 months and predicting benefits across various cancer histologies.

Glycosylation Signatures:

Established glycosylation signatures, as identified through mass spectrometry, as predictive markers for responses to immune checkpoint therapies.

Multiplex IHC Panels:

Developed multiplex immunohistochemistry (IHC) panels to profile the tumor immune microenvironment, including PD-L1, CD3, and CD8 markers. These panels facilitated patient selection for a Phase II trial evaluating Tiragolumab + Atezolizumab in pan-cancer patients, screening over 700 individuals based on PD-L1 and cytotoxic T-cell infiltration profiles.

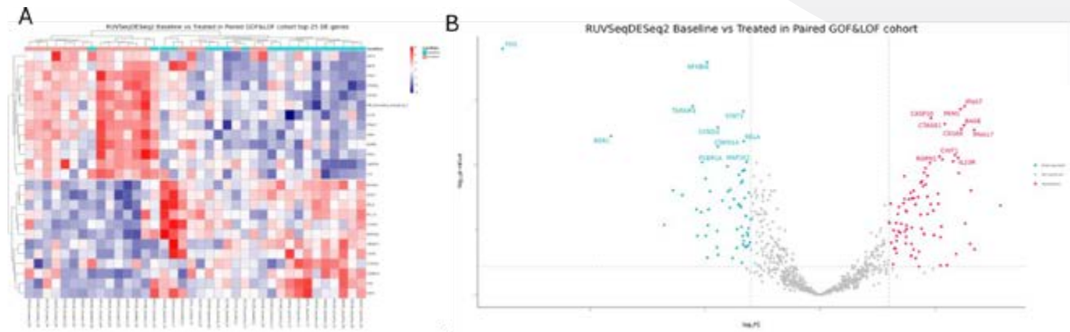
Antibody-Drug Conjugates (ADCs):

Optimized protein target staining (HER2, GPC3, TROP2, Claudin-17, and Claudin-18.2) on MoST patient samples to enable future matching for clinical trials.

MoST 10 Study – Palbociclib plus avelumab:

MoST 10 evaluated palbociclib and avelumab in advanced cancers with cell cycle alterations (CDK4/ CCND1-3 gain-of-function or CDKN2A loss-of-function mutations). Detailed correlative studies were conducted on tumour and blood biospecimens. NanoString™ targeted transcriptomics revealed that treating with palbociclib before avelumab may "prime" the immune system by altering tumour biology. Palbociclib switched off cancer-promoting genes while turning on pathways that support immune activity. MoST 10 Figure 1 shows a A) heatmap and B) volcano plot of gene changes following palbociclib. At the same time, blood samples were analysed using flow cytometry from patients at three points: before starting therapy, after treatment with palbociclib, and after receiving both palbociclib and avelumab. Palbociclib helped reduce less effective or exhausted immune cells and boosted the activity of natural killer (NK) cells, which are frontline defenders against cancer, and monocytes, which help present cancer signals to other immune cells. When avelumab was added, we saw further activation and expansion of cytotoxic CD8 T cells that can directly attack cancer cells. These studies provide mechanistic evidence that palbociclib and avelumab may act together to boost immune function and strengthen anti-tumour responses.

MoST 10 Figure 1 below: A) Heat map and B) Volcano plot of differentially expressed genes in matched pre-treatment and after palbociclib. The volcano plot shows the fold-change (x-axis) versus significance (y-axis). Single genes are depicted as



B7-H3 protein target screening in sarcoma.

With seed funding from Tour de Cure and the Cooper Rice-Brading Foundation, specifically granted to support research in bone and soft tissue sarcomas, we have initiated prospective screening of sarcoma patients enrolled in CaSP for B7-H3 expression using IHC. B7-H3 was selected as a target due to its high expression in both bone and soft tissue sarcomas. Evidence supporting the therapeutic potential of B7-H3 comes from the phase II ARTEMIS-002 trial, which investigated a B7-H3 antibody-drug conjugate (ADC) in patients with relapsed or refractory osteosarcoma. This trial reported an ORR of 25%, including two partial responses. As of Sept 2025, there are 18 open clinical trials in Australia investigating B7-H3-targeted therapies, 10 of which allow recruitment of patients across cancer types. Our screening program began in April 2025. To date, 350 patients have been screened, with 152 patients (43%) showing high B7-H3 protein expression, defined by ASCO gastric cancer guidelines as at least 10 percent of tumour cells exhibiting 2+ or 3+ staining intensity. These findings are being reported on MOB reports to the treating oncologist. Trial enrolment is being followed up. Further funding is being sought to make protein screening routine for those with no actionable genomic findings identified in the screening program.

Protein Biomarker Screening:

In the last 18 months year we have expanded our translational capabilities by piloting protein screening to complement our genomic platform, accelerating the path from discovery to clinical impact. This capability is already informing a broad pipeline of antibody drug conjugates (ADCs), bispecific antibodies, and radioligand therapies. At the core of this is the Discovery Ultra (Roche Diagnostics) automated IHC platform, which enables high-throughput, multiplex biomarker analysis with exceptional precision and scalability (Figure 2A). By simultaneously detecting multiple protein targets, we can validate therapeutic hypotheses more rapidly and refine patient selection strategies for our clinical trials. The platform has been successfully used in both investigator-led and company-sponsored studies. In the TAP trial of tiragolumab and atezolizumab, we have profiled >1000 tumour samples, with biomarker-driven screening directly enabling patient recruitment into targeted trial cohorts. In parallel, we have optimised and validated assays for 14 clinically relevant protein targets, e.g. B7-H3, HER2, TROP2, and Claudin-18.2 (Figure 2B). These assays provide critical translational support for our growing portfolio, ensuring alignment between biomarker discovery and therapeutic development. By embedding advanced protein screening into our development strategy, we are strengthening our ability to deliver a diverse, modality-rich pipeline and advancing our mission to translate cutting-edge science into meaningful patient benefit.

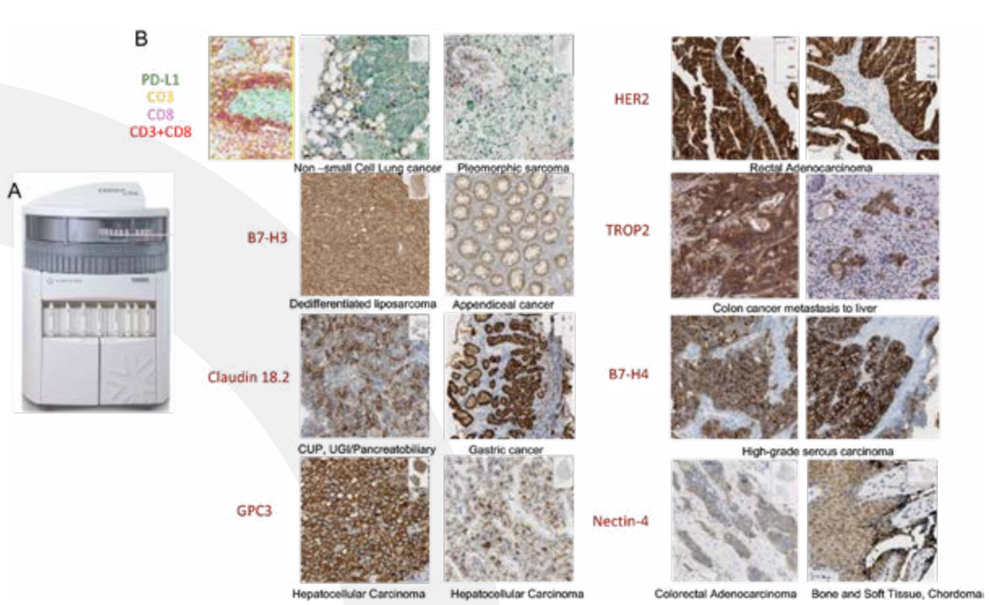
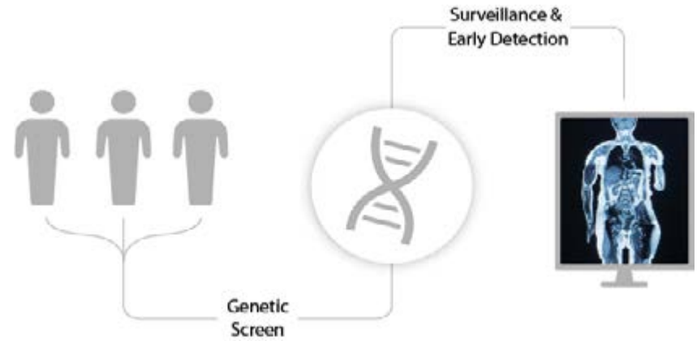


Figure 2. Ventana Discovery Ultra platform, used for automated, high throughput IHC staining, enabling protein expression analysis. B. Representative IHC images demonstrating expression of clinically relevant ADC protein biomarker expression across various tumour samples.

Genetic Cancer Risk in the Young (RisC) study



Early onset cancers represent a significant burden of cost, morbidity and mortality to the community. Evidence suggests that cancer in the young is largely driven by heritable causes and there is a higher risk of developing a second cancer as well as implications for family members.

The RisC study is a cancer cohort study investigating the heritability of cancer in young people using the power of whole genome sequencing. The RisC study hypothesizes that a diagnosis of cancer at an early age or multiple cancer diagnoses over a lifetime are good indicators that heritable factors are at play. The RisC study enrols individuals who have been diagnosed with cancer under the age of 40 years and also those who have had multiple different cancers. Study participants donate a blood sample and provide clinical, demographic and epidemiological data as well as information about the family history of cancer.

Mean age at first cancer diagnosis for RisC patients is 32 years. 619 probands (26%) have had multiple primary cancers.

Understanding heritable cancer risk is important as it allows individuals at high cancer risk to be identified and clinical risk management strategies to be implemented. Increasingly this information also has therapeutic implications and can inform lifestyle and reproductive decisions.

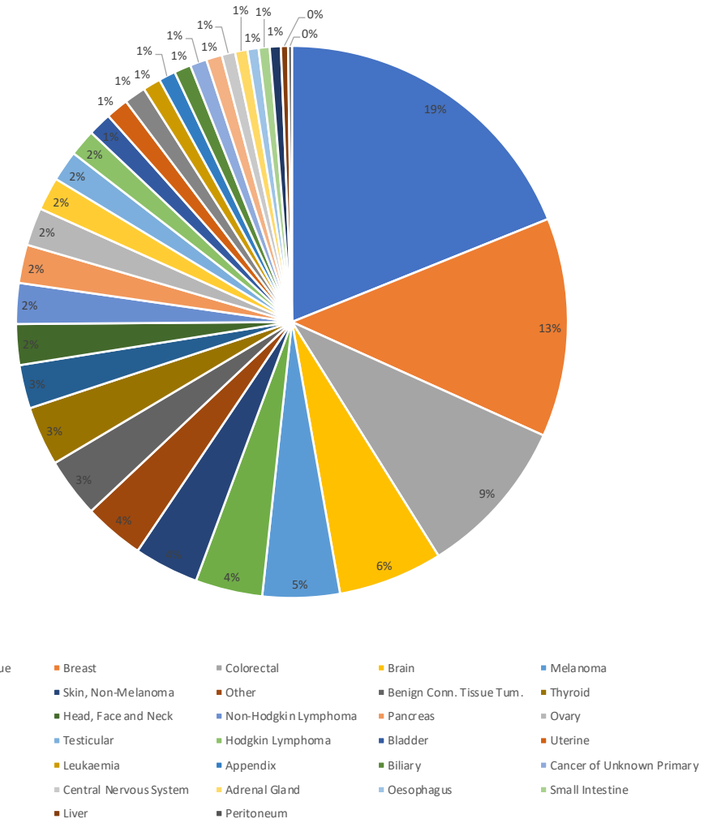
Those identified as being at increased multi-organ cancer risk are eligible for participation in the companion project the Surveillance study in Multi-

By 31 December 2024:

- 2367 probands* have been enrolled from around the country
- 1533 participants are from NSW
- RisC probands are 58% female
- 538 family members (biological relatives) have agreed to participate
- mean age at first cancer diagnosis is 32 years
- germline whole genome sequencing has been completed on 2184 probands
- 619 (26%) of probands have had multiple cancers
- over 60% of cancer in RisC participants are rare

* a proband is a person serving as the starting point for the genetic study of a family

The different cancer types identified in RisC patients



The RisC Study has exceeded its target of 2000 participants and has closed to new recruitment. The study is now focused on the analysis phase. A large-scale analysis of the whole genome data from the first 1800 DNA samples is underway. Over 180 clinically actionable cancer risk gene variants have been identified within the data. Some of these variants were previously identified in clinical genetic testing, and some variants were previously unknown by the participants. Where appropriate, participants or their next of kin will be notified that information important to their family's health is available.

Non-cancer related gene variants are also being analysed, including pharmacogenomic genes.

Variants in these genes can have an impact on an individual's ability to break down certain medications, leading to drug toxicity.

Surveillance in Multi-Organ Cancers (SMOC+) study

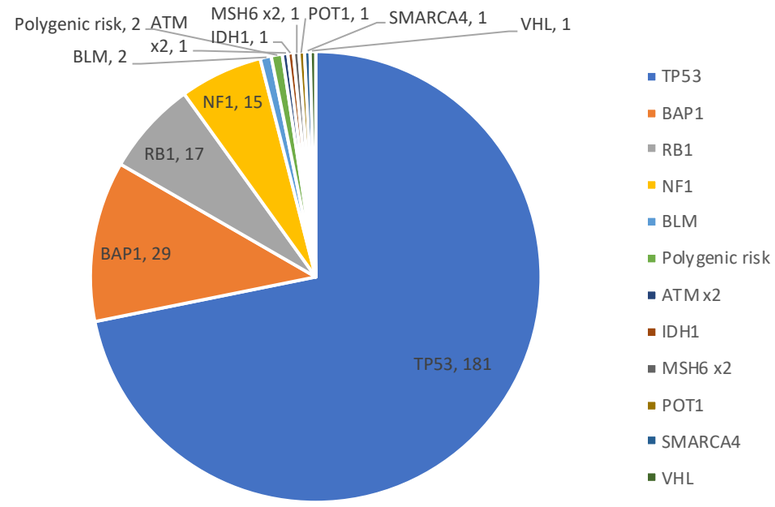
SMOC+ has addressed an unmet clinical need for surveillance in highly cancer-prone populations where there are no Australian guidelines that consider the multi-organ nature of cancer risk in many hereditary syndromes. SMOC+ has recruited 252 participants, ahead of its 5-year target of 180. Seventy seven (77) new primary cancers have been detected in 51 individuals as a result of participation in the study.

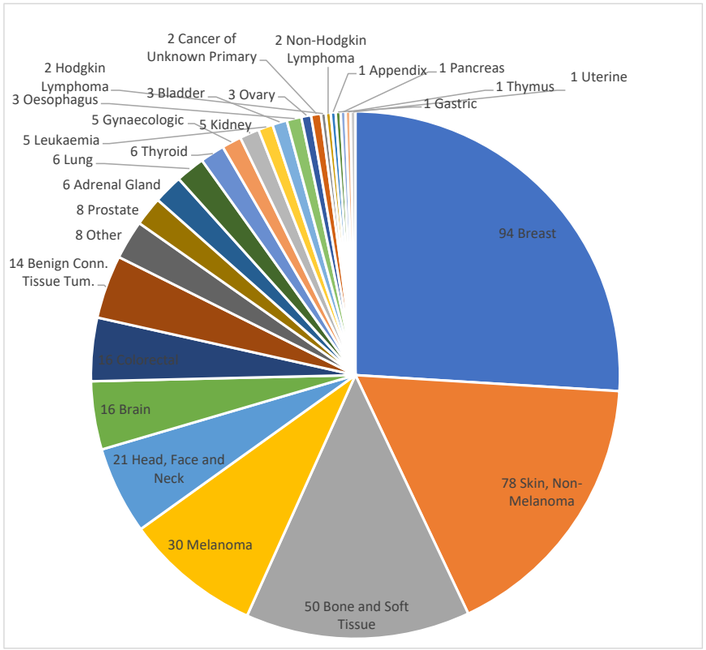
Expansion of the SMOC+ program into the junior space (whole body MRI surveillance in children with a high cancer risk) has recruited 16 junior patients with 2 malignancies already detected.

Health economic analysis on this data resulted in application to the Medical Services Advisory Committee (MSAC) outlining the case for WBMRI surveillance in this cancer risk population. Annual whole body MRI surveillance for Li Fraumeni syndrome received reimbursement 1 March 2023.

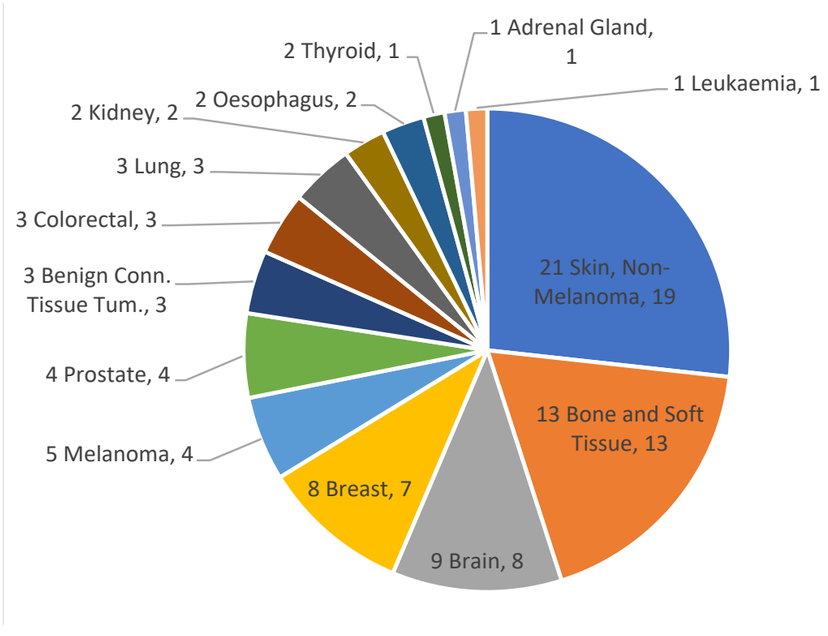
- SMOC+ has enrolled a total of 252 people
- Seventy seven (77) new primary cancers have been detected in 51 individuals as a result of participation in the study - 40% of these new primary cancers were detected via whole body MRI (WBMRI)
- Participants are 64% female and 72% have germline pathogenic variants in the TP53 gene (Li Fraumeni syndrome).
- The mean age of 1st cancer diagnosis is 29 years
- SMOC Junior, a childhood version, commenced in November 2022 for children at extremely high cancer risk, and has expanded to John Hunter Children's Hospital in 2024. As at 30 September 2025, 18 children were enrolled, and one malignancy had been detected by WBMRI.
- Annual whole body MRI surveillance for Li Fraumeni syndrome received reimbursement 1 March 2023.
- SMOC+ has addressed an unmet clinical need for surveillance in cancer-prone individuals, which is highlighted by the continued recruitment to the study.

More than 72% of SMOC+ Study patients have Li-Fraumeni Syndrome (TP53 mutations).





Cancers of the breast and bone and soft tissue account for just under 40% of all cancers diagnosed, with 45% of cancers diagnosed being rare. (Common >12/100,000; less common 6-12/100,000; rare <6/100,000 population per year)



SSMOC+ Study surveillance led to 77 cancer diagnoses in 51 patients (31 females, 20 males). Just under 40% of these new primary cancers were detected via whole body MRI (WBMRI).

*Excludes cancer recurrences, cancers that were metastatic at diagnosis, interval cancers, and a false negative.

A World Beyond Cancer

2016:

NSW established a state-based precision medicine initiative in Garvan's Genomic Cancer Medicine Program

- $3.5M in funding for its Molecular Screening and Therapeutics study (MoST)
- Access to genomic screening for 1,000 NSW patients
- 3 clinical trials covering 192 participants.

2019:

NSW is the national leader in precision oncology

- GCMP obtained $50M from the MRFF to establish Omico
- A further $12.5M from NSW, Omico's MoST now covers 21 centres across all states and territories and has recently opened in Auckland.

Omico has impacted clinical trials, medical research and had health impact.

- 22 clinical trials in development or underway, covering almost 1,000 patients
- >450 participants with advanced cancers have received targeted therapies
- >80 peer-reviewed publications
- Omico has attracted competitive grants totalling more than $15M to researchers within NSW.

Omico has created jobs and economic growth

- >53 direct full-time and high-value jobs have been created to date
- ~200 indirect jobs created.

2023:

Omico landmark initiative PrOSPeCT

- >20 private and public sector entities involved
- Reaching more than 23,000 Australians with advanced cancer
- Leveraging more than $185M of federal and private sector funding
- Grow the largest precision cancer medicine network created in this country: PrOSPeCT.

2026:

PrOSPeCT 2.0

- We are planning the next phase of improving health outcomes for cancer patients

2027 :

Changing access to medicines

- We are planning the next phase of improving health outcomes for cancer patients

Cancer

meets its match

Advocacy and support

Cancer Meet its match

Podcast Series – Launched February 2025

Omico is taking another major step in helping Australians diagnosed with challenging cancers, along with their families and carers, to better understand genomics and precision oncology – critical components of modern cancer care. With the launch of its first-of-its-kind podcast series, Cancer Meets its Match, Omico is making this complex science more accessible.

The eight-episode series provides clear and meaningful information about genomics in cancer care and how it's helping Australians with advanced or hard-to-treat cancers find new possibilities. This rapidly evolving field is explored through discussions with leading researchers, clinicians, advocacy groups, patients and family members.

The podcast considers a wide range of topics, from the science and evidence to the practicalities of Comprehensive Genomic Profiling (CGP), while also providing information and resources to help listeners understand how CGP can lead to a potential match to a clinical trial or targeted treatment.

The broad range of topics include unlocking the basics of genomics, the process involved in conducting CGP, what it's like to receive it, how matches to advanced targeted treatments are made, what's involved in today's clinical trials, and what the future in genomics and precision oncology holds.

Cancer Meets its Match, hosted by Dr Ginni Mansberg, were released weekly from 11 February 2025. Listen on the Omico website, Apple Podcasts, Spotify, Omico's social channels: LinkedIn, Facebook, Instagram, and Twitter or via this link - podfollow.com/omicos-cancer-meets-its-match.

Eight episodes in the Series:

Episode 1 – Genomics & Cancer Unzipped (The Basics)

Covers comprehensive genomic profiling (CGP) – what it is, why it's important, and how it works.

Features: Prof David Thomas (Omico) and Dr. Damien Kee (The Austin Hospital and Peter MacCallum Cancer Centre)

Episode 2 – Inside Omico's Cancer Screening Program (CaSP)

Explores Omico's CaSP program—how it works, who can access it, and how to discuss it with your doctor.

Features: A/Prof Mandy Ballinger (UNSW Centre for Molecular Oncology) and Laura Manual (Program Manager, UNSW Centre for Molecular Oncology)

Episode 3 – Real Stories from Those Who Have Had CGP

Personal experiences from those who have undergone CGP, including key questions to ask and the role of self-advocacy.

Features: Emily Lahey, Beth Ivimey, and Caitlin Delaney

Episode 4 – Finding Your Match Through CGP

Breaks down how CGP results are matched to treatments or trials and what happens when a match is found.

Features: A/Prof Rob Zielinski (Western Sydney University, Orange Base Hospital)

Episode 5 – Inside a Modern-Day Clinical Trial – Experiences & Insights

Insights into clinical trials from patient and clinician perspectives, covering what to expect and questions to ask.

Features: A/Prof James Lynam (Calvary Mater Newcastle) and Dr. Niara Oliveira (Mater Hospital Brisbane)

Episode 6 – Where to Find Precision Oncology Support

Highlights advocacy organizations supporting patients with advanced cancer and the importance of self-advocacy.

Features: Vicky Durston (Breast Cancer Network Australia), Sue Hegarty (Pancare Foundation), Anne Savage (Prostate Cancer Foundation of Australia), and Cathy Slattery (Rare Cancers Australia)

Episode 7 – Insights from Loved Ones

Family members share their experiences supporting loved ones undergoing CGP, discussing what they've learned and the questions they recommend asking.

Features: Family members Tara Grant and Cheyanne Carmona

Episode 8 – Future Prospects: What Lies Ahead?

A look at what's next for genomic profiling and precision oncology, including expected advancements in the next 5–10 years.

Features: Prof David Thomas (Omico) and Christine Cockburn (Rare Cancers Australia).

Rare Cancers Australia and Omico

Omico and Rare Cancers Australia (RCA) continue to work closely driving advocacy, education and awareness with cancer patients and targeted advocacy groups. By partnering, we have been able to achieve a deeper connection to government representatives, patients groups and industry partners.

APOS 2026

Joins us for:

APOS 26 - Mainstreaming Precision Oncology: Transforming Care Through Science, Medicine and Equity.

MEETING DETAILS

DAY 1: Friday 6 March 2026 | 1.00pm - 5.30pm. Symposium Dinner from 5.45pm

DAY 2: Saturday 7 March 2026 | 9.00am - 2.45pm

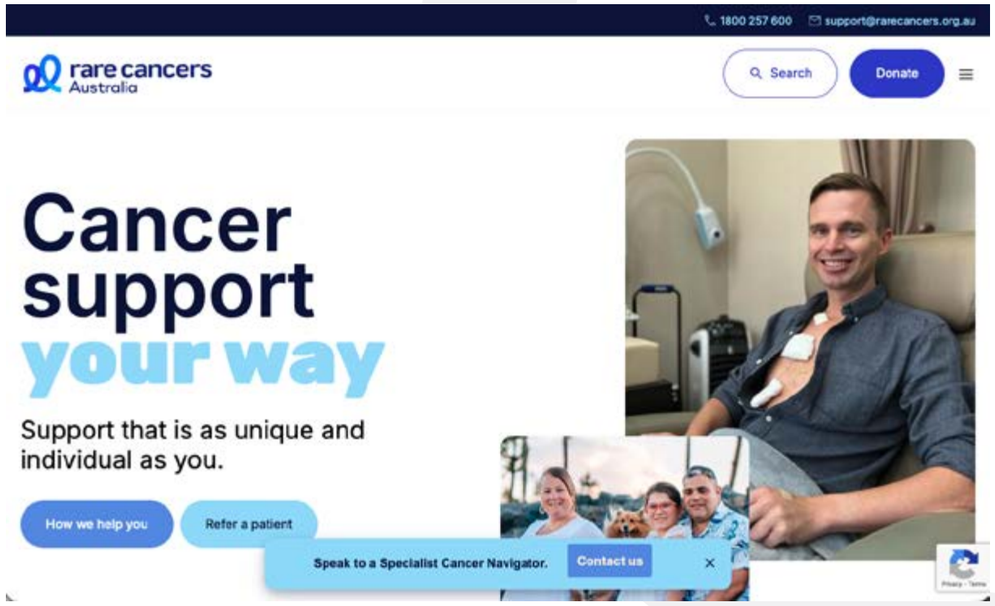
Venue: John Niland Scientia Building, UNSW Kensington Campus, Sydney

Address: G19 Library Road, Kensington

Rare Cancers Australia

Doing whatever it takes to change the story of rare cancer, through improved diagnosis, limitless support and relentless advocacy. RCA stands side by side with people diagnosed with cancer, and their families, with knowledge, energy and an unwavering determination to create a better world for people diagnosed with rare cancers.

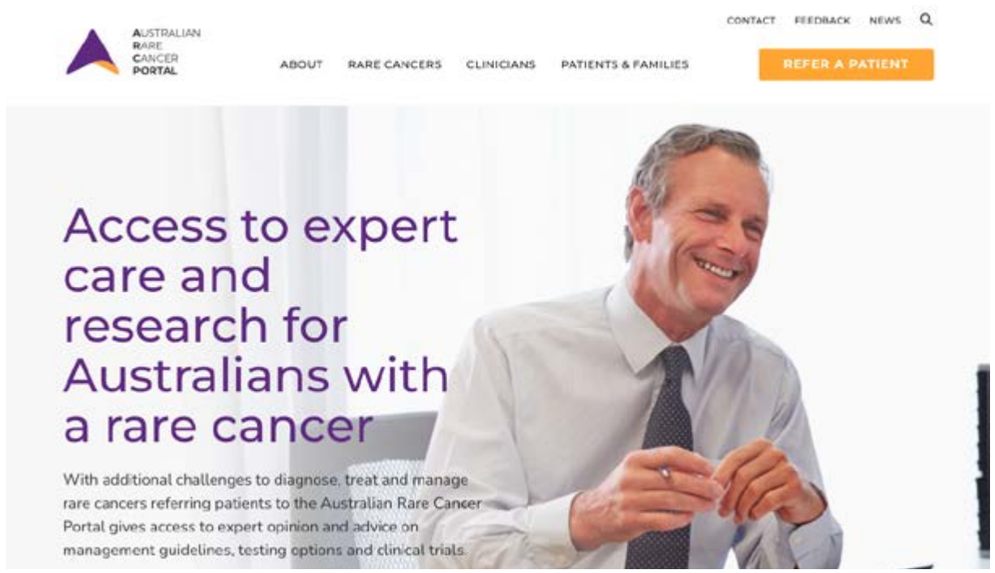
https://www.rarecancers.org.au/



Rare Cancer Portal

The Australian Rare Cancer (ARC) Portal is an online referral service that aims to improve outcomes and access to research for Australians diagnosed with a rare cancer.

https://www.arcportal.org.au/



Omico. Cancer meets its match

Australian Precision Oncology Symposium

PROGRAM

Australian Precision Oncology Symposium (APOS) 26

Friday 6 & Saturday 7 March 2026,
UNSW Kensington

Research outputs

Publications (144 to 30 September 2025)

2024

1. Ballinger, M. L., & Thomas, D. M. (2024). POT1 clinical risk management is an open question. European Journal of Human Genetics, 1-2.

2. Barjesteh van Waalwijk van Doorn-Khosrovani S, Kholmanskikh Van Criekingen O, Koole S, Thomas DM, Gelderblom H. (2024) Testing dilemmas in the clinic: Lessons learned from biomarker-based drug development. Cancer Cell. 2024 Jun 10;42(6):923-929. doi: 10.1016/j.ccell.2024.05.014. PMID: 38861927.

3. Best, M.C., Butow, P., Savard, J., Newson, A.J., Campbell, R., Vatter, S., Napier, C.E., Bartley, N., Tucker, K., Ballinger, M.L. and Thomas, D.M., (2024). From ownership to custodianship of tumor biopsy tissue in genomic testing: a mixed methods study of patient views. The Oncologist, pp.oyae074-oyae074.

4. Cho, D., Lord, S. J., Ward, R., IJzerman, M., Mitchell, A., Thomas, D. M., ... & Lee, C. K. (2024). Criteria for assessing evidence for biomarker-targeted therapies in rare cancers—an extrapolation framework. Therapeutic Advances in Medical Oncology, 16, 17588359241273062.

5. Collet, L., Telouk, P., Albarede, F. et al. Connecting the changing trace elements spectrum and survival in sarcoma: a pilot study. Metabolomics 20, 129 (2024). https://doi.org/10.1007/s11306-024-02178-z

6. Deng, F., Li, Y., Yang, B., Sang, R., Deng, W., Kansara, M., Lin, F., Thavaneswaran, S., Thomas, D.M. and Goldys, E.M., 2024. Topological barrier to Cas12a activation by circular DNA nanostructures facilitates autocatalysis and transforms DNA/RNA sensing. Nature Communications, 15(1), pp.1-16.

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8. Gianferante, D. M., Moore, A., Spector, L. G., Wheeler, W., Yang, T., Hubbard, A., ... Thomas, D.M., Ballinger, M.,.... & Mirabello, L. (2024). Genetically inferred birthweight, height, and puberty timing and risk of osteosarcoma. Cancer Epidemiology, 92, 102432.

9. Mersiades, A.J., Solomon Benjamin, J., Thomas David, M., Lee, C.K., Cummins, M.M., Sebastian, L., Ballinger, M.L., Collignon, E., Turnbull, O.M., Yip, S. and Morton, R.L., 2024. ASPiRATION: Australian observational cohort study of comprehensive genomic profiling in metastatic lung cancer tissue. Future Oncology, 20(7), pp.361-371.

10. Novis, Elan, Anthony Glover, John P. Grady, Audrey Silvestri, Subotheni Thavaneswaran, Frank Lin, Mandy L. Ballinger, and David M. Thomas. "Oncogenic mutations in the TP53 and PI-3 kinase/AKT pathway are independent predictors of survival for advanced thyroid cancer: Analysis from the Molecular Screening and Therapeutics (MoST) program." Surgery (2024).

11. Puttick, C., Davis, R.L., Kumar, K.R., Quinn, J.M., Zeng, T., Fares, C., Pinese, M., Thomas, D.M., Dinger, M.E., Sue, C.M. and Cowley, M.J., 2024. mity: A highly sensitive mitochondrial variant analysis pipeline for whole genome sequencing data. J Bioinform Syst Biol, 7, pp.5-16.

12. Ringborg, U., von Braun, J., Celis, J., Baumann, M., Berns, A., Eggermont, A., Heard, E., Heitor, M., Chandy, M., Chen, C.J. and Costa, A., 2024. Strategies to decrease inequalities in cancer therapeutics, care and prevention: Proceedings on a conference organized by the Pontifical Academy of Sciences and the European Academy of Cancer Sciences, Vatican City, February 23–24, 2023. Molecular Oncology, 18(2), p.245.

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2025

1. Ballinger ML, Thomas DM. POT1 clinical risk management is an open question. Eur J Hum Genet. 2025 Jan;33(1):3-4. doi: 10.1038/s41431-024-01676-x. Epub 2024 Aug 13. PMID: 39134768; PMCID: PMC11711625.

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3. Gao, B., Carlino, M.S., Michael, M., Underhill, C., Marshall, H., Gunjur, A., So, J., Kee, D., Antill, Y., Lam, W.S., Chan, H.,et al 2025. Nivolumab and Ipilimumab Combination Treatment in Advanced Ovarian and Endometrial Clear Cell Cancers: A Nonrandomized Clinical Trial. JAMA oncology.

4. Klein et al, Nivolumab and ipilimumab combination treatment in advanced dMMR/MSI-H non-colorectal cancers Accepted JAMA Oncology Aug 2025

5. Lin, F.P., Tran, M., Thavaneswaran, S., Grady, J.P., Kansara, M., Chan, J., Ballinger, M.L., Simes, J. and Thomas, D.M., 2025. Automating Precision Oncology Literature Curation: A Decision Tree Approach Using Large Language Models. Studies in health technology and informatics, 329, pp.248-252.

6. McParland, K., Koh, E.S., Kong, B., Sim, H.W., Thavaneswaran, S., Yip, S., Barnes, E.H., Ballinger, M.L., Thomas, D.M., De Abreu Lourenco, R. and Simes, J., 2025. Low & Anaplastic Grade Glioma Umbrella Study of MOlecular Guided TherapieS (LUMOS-2): study protocol for a phase 2, prospective, multicentre, open-label, multiarm, biomarker-directed, signal-seeking, umbrella, clinical trial for recurrent IDH mutant, grade 2/3 glioma. BMJ Open, 15(2), pp.e087922-e087922.

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Presentations & Abstracts

2024

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2. Klein, O. et al. 282P Nivolumab and ipilimumab combination treatment in advanced intrahepatic cholangiocarcinoma and gallbladder cancer Annals of Oncology, Volume 35, S119
3. Klein, O. et al. 713MO Nivolumab and ipilimumab combination treatment in advanced gynaecological clear cell cancers: Results from the phase II MoST-CIRCUIT trial Annals of Oncology, Volume 35, S546 - S547
4. Lin FPY, JP Grady, CE Napier, M Callow, S Thavaneswaran, ML Huang, ...(2024) Impact of artificial intelligence (AI) decision support on clinical trial participation: A before-after implementation study on a nationwide molecular tumor board. Journal of Clinical Oncology 42 (16_suppl), 1557-1557
5. Mirabello, L., Egolf, L.E., Zhu, B., Gianferante, D.M., Wang, K., Li, S.A., Machiela, M.J., Spector, L.G., Schiffman, J.D., Sabo, A. and Renwick, A., 2024. Underlying germline genetic architecture of pediatric sarcomas: Evaluating the role of common and rare variants in 4,160 patients. Cancer Research, 84(6_Supplement), pp.775-775.
6. Thomas, D.M., Daniele, G., Kim, J.E., Gadgeel, S.M., Ahn, E.R., Paz-Ares, L.G., Prenen, H., Chen, D., Fang, J., Wilson, T.R. and Simmons, B.P., (2024). Ipatasertib in patients with AKT1/2/3 mutation-positive (AKT mut) tumors: TAPISTRY study. Journal of Clinical Oncology 42 (16_suppl), 3092-3092
7. Zaheed M, J P Grady, B Murrow, B Douglas, E Carpenter, S Mckay, S Liang, N Taylor, FPY Lin, D Goldstein, K Tucker, D M Thomas, M L. Ballinger Translating potential germline findings from tumour profiling into routine clinical care. Journal of Clinical Oncology 2024 42:23_suppl, 105-105

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Finances

Australian Genomic Cancer Medicine Centre Limited

ABN 67 627 640 733

Financial Report - 30 June 2025

Australian Genomic Cancer Medicine Centre Limited
Corporate information statement
30 June 2025

Australian Genomic Cancer Medicine Centre Limited is a company limited by guarantee and registered with the Australian Charities and Not-for-profit Commission.

Responsible entities
The following Directors (Responsible Entities) were in office at the date of this report:

Mr Paul Jeans (Chair)
Mr Bruce Goodwin
Professor David Thomas
Mr Ian Black
Professor Michael Brown
Professor Ricky Johnstone
Professor Robert Simes
Ms Susan MacLeman
Ms Tze Masters
Mr Craig Roy (appointed 11 December 2024)
Dr. Anna Lavelle (resigned 14 April 2025)
Professor Benjamin Kile (resigned 14 April 2025)

Company secretary
Associate Professor Paul Martin

Chief Executive Officer
Mr Ian Black

Address
University of NSW
L6 Hilmer Building (E10), Union Road,
Kensington, NSW 2052
Australia

Auditor
Grant Thornton Audit Pty Ltd

Australian Genomic Cancer Medicine Centre Limited
Contents
30 June 2025

General information

The financial statements cover Australian Genomic Cancer Medicine Centre Limited as a consolidated entity consisting of Australian Genomic Cancer Medicine Centre Limited and the entity it controlled at the end of, or during, the year. The financial statements are presented in Australian dollars, which is Australian Genomic Cancer Medicine Centre Limited's functional and presentation currency.

Australian Genomic Cancer Medicine Centre Limited is a company limited by guarantee, incorporated and domiciled in Australia and registered with the Australian Charities and Not-for-profit Commission.

The financial statements were authorised for issue, in accordance with a resolution of Board members, on 27 August 2025. The Board members have the power to amend and reissue the financial statements.

Australian Genomic Cancer Medicine Centre Limited
Consolidated statement of profit or loss and other comprehensive income
For the year ended 30 June 2025

	Note	Consolidated 2025 $	Consolidated 2024 $
Revenue and income	3	100,893,781	52,258,929
Interest income		2,281,633	2,458,536
Total revenue and other income		103,175,414	54,717,465
Expenses			
Service provider and project expenses		(87,818,624)	(55,399,339)
Consulting and support services expenses	4	(422,885)	(515,317)
Employee benefits expense		(4,548,781)	(2,015,040)
Research materials		(19,175)	(24,080)
Administrative costs		(5,739,791)	(3,902,369)
Surplus/(deficit) for the year attributable to the members of Australian Genomic Cancer Medicine Centre Limited	13	4,626,158	(7,138,680)
Other comprehensive income for the year		-	-
Total comprehensive income for the year attributable to the members of Australian Genomic Cancer Medicine Centre Limited		4,626,158	(7,138,680)

The above consolidated statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes

Australian Genomic Cancer Medicine Centre Limited
Consolidated statement of financial position
As at 30 June 2025

	Note	Consolidated 2025 $	Consolidated 2024 $
Assets			
Current assets			
Cash and cash equivalents	5	39,610,584	50,203,810
Trade and other receivables	6	1,641,280	4,529,868
Other assets	7	15,533,412	363,110
Total current assets		56,785,276	55,096,788
Non-current assets			
Property, plant and equipment	8	42,165	73,391
Total non-current assets		42,165	73,391
Total assets		56,827,441	55,170,179
Liabilities			
Current liabilities			
Trade and other payables	9	17,729,917	3,186,444
Contract liabilities	10	15,717,880	36,640,200
Employee benefits	11	218,600	149,701
Other liabilities	12	3,245,434	-
Total current liabilities		36,911,831	39,976,345
Non-current liabilities			
Employee benefits	11	95,618	-
Total non-current liabilities		95,618	-
Total liabilities		37,007,449	39,976,345
Net assets		19,819,992	15,193,834
Funds			
Accumulated funds	13	19,819,992	15,193,834
Total funds		19,819,992	15,193,834

The above consolidated statement of financial position should be read in conjunction with the accompanying notes

Australian Genomic Cancer Medicine Centre Limited
Consolidated statement of changes in equity
For the year ended 30 June 2025

Consolidated	Accumulated funds $	Total equity $
Balance at 1 July 2023	22,332,514	22,332,514
Deficit for the year	(7,138,680)	(7,138,680)
Other comprehensive income for the year	-	-
Total comprehensive income for the year	(7,138,680)	(7,138,680)
Balance at 30 June 2024	15,193,834	15,193,834

Consolidated	Accumulated funds $	Total equity $
Balance at 1 July 2024	15,193,834	15,193,834
Surplus for the year	4,626,158	4,626,158
Other comprehensive income for the year	-	-
Total comprehensive income for the year	4,626,158	4,626,158
Balance at 30 June 2025	19,819,992	19,819,992

The above consolidated statement of changes in equity should be read in conjunction with the accompanying notes

Australian Genomic Cancer Medicine Centre Limited
Consolidated statement of cash flows
For the year ended 30 June 2025

	Note	Consolidated 2025 $	Consolidated 2024 $
Cash flows from operating activities			
Receipts from government grants, other funding and other revenue		91,641,053	47,916,323
Payments to funding recipients, suppliers and employees		(104,499,889)	(61,672,509)
Interest received		2,281,633	2,458,536
Net cash used in operating activities		(10,577,203)	(11,297,650)
Cash flows from investing activities			
Payments for property, plant and equipment	8	(16,023)	(98,849)
Net cash used in investing activities		(16,023)	(98,849)
Cash flows from financing activities			
Net cash from financing activities		-	-
Net decrease in cash and cash equivalents		(10,593,226)	(11,396,499)
Cash and cash equivalents at the beginning of the financial year		50,203,810	61,600,309
Cash and cash equivalents at the end of the financial year	5	39,610,584	50,203,810

The above consolidated statement of cash flows should be read in conjunction with the accompanying notes

Australian Genomic Cancer Medicine Centre Limited
Notes to the consolidated financial statements
30 June 2025

Note 1. Material accounting policy information

Australian Genomic Cancer Medicine Centre Limited ("AGCMC") is a company limited by guarantee that was incorporated on 20 July 2018. AGCMC is domiciled in Australia. Omico Connect Limited, which was incorporated on 28 January 2025, is a company limited by guarantee, incorporated and domiciled in Australia. As the sole member of this entity, AGCMC controls this entity. Both AGCMC and Omico Connect Limited (the Consolidated entity) are not-for-profit Health Promotion Charities registered with the Australian Charities and Not-for-profits Commission. AGCMC is also an authorised fundraiser under the Charitable Fundraising Act NSW, 1991.

The financial report was authorised for issue by the Board on 27 August 2025.

New or amended Accounting Standards and Interpretations adopted
The Consolidated entity has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Consolidated entity.

Basis of preparation
These general-purpose financial statements have been prepared in accordance with the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*, Australian Accounting Standards – Simplified Disclosures, Accounting Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board, and the *Charitable Fundraising Act NSW, 1991*.

Historical cost convention
The financial statements have been prepared under the historical cost convention.

Critical accounting estimates
The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Consolidated entity's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

Parent entity information
In accordance with the Australian Charities and Not-for-profits Commission Act 2012, these financial statements present the results of the Consolidated entity for 2025. As Omico Connect Limited was incorporated during the year, the comparative balances present the results of AGCMC as a stand-alone entity. Supplementary information about the parent entity, as applicable to 2025, is disclosed in note 20.

Principles of consolidation
The consolidated financial statements incorporate the assets and liabilities of the subsidiary of Australian Genomic Cancer Medicine Centre Limited ('Consolidated entity' or 'parent entity') as at 30 June 2025 and the results of the subsidiary for the year then ended. Australian Genomic Cancer Medicine Centre Limited and its subsidiary together are referred to in these financial statements as the 'Consolidated entity'.

The subsidiary is an entity over which the Consolidated entity has control. The Consolidated entity controls an entity when the Consolidated entity is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power to direct the activities of the entity. The subsidiary is fully consolidated from the date on which control is transferred to the Consolidated entity. It is de-consolidated from the date that control ceases.

Intercompany transactions, balances and unrealised gains on transactions between entities in the Consolidated entity are eliminated. Unrealised losses are also eliminated unless the transaction provides evidence of the impairment of the asset transferred. Accounting policies of subsidiary has been changed where necessary to ensure consistency with the policies adopted by the Consolidated entity.

Note 1. Material accounting policy information (continued)

The acquisition of subsidiaries is accounted for using the acquisition method of accounting. A change in ownership interest, without the loss of control, is accounted for as an equity transaction, where the difference between the consideration transferred and the book value of the share of the non-controlling interest acquired is recognised directly in equity attributable to the parent.

Where the Consolidated entity loses control over a subsidiary, it derecognises the assets including goodwill, liabilities and non-controlling interest in the subsidiary together with any cumulative translation differences recognised in equity. The Consolidated entity recognises the fair value of the consideration received and the fair value of any investment retained together with any gain or loss in profit or loss.

Income tax
As the parent and its subsidiary are charitable institutions in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, the Consolidated entity is exempt from paying income tax.

Current and non-current classification
Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when:
- It is either expected to be realised or intended to be sold or consumed in the Consolidated entity's normal operating cycle;
- It is held primarily for the purpose of trading;
- It is expected to be realised within 12 months after the reporting period; or
- The asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period.

All other assets are classified as non-current.

A liability is classified as current when:
- It is either expected to be settled in the Consolidated entity's normal operating cycle;
- It is held primarily for the purpose of trading;
- It is due to be settled within 12 months after the reporting period; or
- There is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period.

All other liabilities are classified as non-current.

Financial instruments
Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition, the Entity's financial instruments are measured as set out below.

Financial assets at amortised cost
A financial asset is measured at amortised cost only if both of the following conditions are met:
(i) It is held within a business model whose objective is to hold assets in order to collect contractual cash flows; and
(ii) The contractual terms of the financial asset represent contractual cash flows that are solely payments of principal and interest.

Financial assets at fair value through other comprehensive income
Financial assets at fair value through other comprehensive income include equity investments which the Consolidated entity intends to hold for the foreseeable future and has irrevocably elected to classify them as such upon initial recognition.

Financial liabilities
Non-derivative financial liabilities are recognised at amortised cost, comprising original debt less principal payments and amortisation.

Note 2. Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Revenue recognition
To determine if a grant contract should be accounted for under AASB 1058 or AASB 15, the Consolidated entity has to determine if the contract is 'enforceable' and contains 'sufficiently specific' performance obligations. When assessing if the performance obligations are 'sufficiently specific', the Consolidated entity has applied significant judgement in this regard by performing a detailed analysis of the terms and conditions contained in the grant contracts, review of accompanying documentation and holding discussions with relevant parties. Income recognition from grants received by the Consolidated entity has been appropriately accounted for under AASB 1058 or AASB 15 based on the assessment performed.

Note 3. Revenue and income

	Consolidated 2025 $	Consolidated 2024 $
From continuing operations		
Revenue from operations	100,893,781	52,258,929

Disaggregation of revenue and income
The disaggregation of revenue from operations is as follows:

	Consolidated 2025 $	Consolidated 2024 $
Revenue recognised under AASB 15 (recognised over time)		
Government funding	36,386,651	11,677,241
Funding and grants from corporate and institutional funding bodies	60,364,613	33,530,025
	96,751,264	45,207,266
Income recognised under AASB 1058 Income of NFP Entities		
Funding and grants from corporate and institutional funding bodies	503,028	944,131
In-kind contributions	3,639,489	6,107,532
Total revenue and income from operations	100,893,781	52,258,929

Accounting policy for revenue and income recognition
One of the two criteria for determining whether AASB 15 or AASB 1058 applies to the recognition of revenue and income of NFP entities is identifying whether a contract has sufficiently specific performance obligations. This is an important and fundamental concept as the specificity of performance obligations (together with enforceability) will determine whether the transaction is accounted for under AASB 1058 (which may result in point in time upfront income recognition) or under AASB 15 (which may require overtime and/or point in time revenue recognition depending on the contract terms of the arrangement). Judgement is required to assess whether a promise is sufficiently specific. Such judgement takes into account any conditions specified in the arrangement, whether explicit or implicit, regarding the promised goods or services.

Revenue recognition policy (AASB 15)
Grant Funding
Grant income arising from an agreement which contains enforceable and sufficiently specific performance obligations is recognised when or as each performance obligation is satisfied. Such funds if received in advance will be deferred as contract liabilities until recognised as income.

AASB 15 requires revenue to be recognised when control of a promised good or service is passed to the customer at an amount which reflects the expected consideration.

To determine whether to recognise revenue, the Consolidated entity follows a five-step process:
- Identifies the contract with a customer;
- Identifies the performance obligations;
- Determines the transaction price;
- Allocates the transaction price; and
- Recognises revenue when or as each performance obligation is satisfied.

Within certain grant agreements there may be some performance obligations where control of the good or service transfers at a point in time and others which have continuous transfer of control of the good or service over the life of the contract. Where control transfers at a point in time, revenue is recognised at this point. Where control transfers over the life of the contract, revenue is recognised based on either cost incurred or time whichever better reflects the transfer of control.

Revenue streams recognised under AASB 15 include membership fees, screening fees, collaborative data access agreements, event fees, and certain sponsorships that are enforceable and carry specific performance obligations.

Note 3. Revenue and income (continued)

Income recognition policy for income streams which are either not enforceable or do not have sufficiently specific performance obligations (AASB 1058)

Other grant income
Grant income for which there are either not enforceable or do not have sufficiently specific performance obligations is brought to account when received in accordance with AASB 1058.

Assets arising from other activities in the scope of AASB 1058 are recognised at their fair value when the asset is received. These assets are generally cash.

Donations
Monetary donations are recognised as revenue when the Consolidated entity gains control of the contribution or the right to receive the contribution. As disclosed above, non-monetary contributions include $3.6m (2024: $6.1m) of in-kind contributions from external partners to specific projects. This, together with the Consolidated entity's internal (unrecognised) in-kind contributions to specific projects totalled $5.7m (2024: $9.5m) for the year. Non-monetary donations are not recognised as revenue where they cannot be reliably measured.

Note 4. Expenses

	Consolidated 2025 $	Consolidated 2024 $
Surplus/(deficit) includes the following specific expenses:		
Employee benefit expenses		
Defined contribution superannuation expense	425,536	198,741
Employee benefits expense excluding superannuation	4,123,245	1,816,299
Total employee benefit expenses	4,548,781	2,015,040
Consulting and support services expenses		
Consulting and administration	161,760	291,086
Legal costs	142,902	102,634
Other costs	118,223	121,597
Total consulting and support services expenses	422,885	515,317

Note 5. Cash and cash equivalents

	Consolidated 2025 $	Consolidated 2024 $
Current assets		
Cash at bank	39,610,584	50,203,810

Accounting policy for cash and cash equivalents
Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Note 6. Trade and other receivables

	Consolidated 2025 $	Consolidated 2024 $
Current assets		
Trade receivables	1,641,280	416,672
Other receivables	-	2,751,929
BAS receivable	-	1,361,267
	1,641,280	4,529,868

Accounting policy for trade and other receivables
Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any allowance for expected credit losses using the simplified approach. Trade receivables are generally due for settlement within 30 days.

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

Note 7. Other assets

	Consolidated 2025 $	Consolidated 2024 $
Current assets		
Accrued revenue	597,549	363,110
Term deposits	14,935,863	-
	15,533,412	363,110

Note 8. Property, plant and equipment

	Consolidated 2025 $	Consolidated 2024 $
Non-current assets		
Computer equipment - at cost	122,172	106,149
Less: Accumulated depreciation	(80,007)	(37,158)
	42,165	68,991
Office equipment - at cost	-	4,400
	42,165	73,391

Note 8. Property, plant and equipment (continued)

Reconciliations
Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

Consolidated	Computer equipment $	Office equipment $	Total $
Balance at 1 July 2024	68,991	4,400	73,391
Additions	16,023	-	16,023
Disposals	-	(4,400)	(4,400)
Depreciation expense	(42,849)	-	(42,849)
Balance at 30 June 2025	42,165	-	42,165

Accounting policy for property, plant and equipment
Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment over their expected useful lives as follows:

Asset class	*Expected useful life of asset*
Computer equipment	2–10 years
Office equipment	3 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Consolidated entity. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Note 9. Trade and other payables

	Consolidated 2025 $	Consolidated 2024 $
Current liabilities		
Trade payables	2,477,541	1,704,949
Accrued expenses	3,511,925	1,481,495
BAS payable	421,957	-
Other payables*	11,318,494	-
	17,729,917	3,186,444

* Significant increase in other payables is mainly due to timing of invoices and movement in offset accounts with the Australian National University and Children's Cancer Institute.

Accounting policy for trade and other payables
These amounts represent liabilities for goods and services provided to the Consolidated entity prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Note 10. Contract liabilities

	Consolidated 2025 $	Consolidated 2024 $
Current liabilities		
Income received in advance	15,717,880	36,640,200

Note 11. Employee benefits

	Consolidated 2025 $	Consolidated 2024 $
Current liabilities		
Employee benefits	218,600	149,701
Non-current liabilities		
Employee benefits	95,618	-
	314,218	149,701

Accounting policy for employee benefits

Short-term employee benefits
Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits
The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Defined contribution superannuation expense
Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

Note 12. Other liabilities

	Consolidated 2025 $	Consolidated 2024 $
Current liabilities		
Other payables	3,245,434	-

Note 13. Retained funds

	Consolidated 2025 $	Consolidated 2024 $
Accumulated funds at the beginning of the financial year	15,193,834	22,332,514
Surplus/(deficit) for the year	4,626,158	(7,138,680)
Accumulated funds at the end of the financial year	19,819,992	15,193,834

Note 14. Key management personnel disclosures

The aggregate compensation made to Board members and other members of key management personnel of the Consolidated entity is set out below:

	Consolidated 2025 $	Consolidated 2024 $
Aggregate compensation	1,023,337	760,566

Non-executive Board members act in an honorary capacity and receive no compensation for their service. Board members may receive reimbursement for direct expenses they incur in meeting their duties as Directors. The CEO is also a Board member under the Company's constitution.

Note 15. Remuneration of auditors

During the financial year, the following fees were paid or payable for services provided by Grant Thornton Audit Pty Ltd, the auditor of the Consolidated entity and its network firm:

	Consolidated 2025 $	Consolidated 2024 $
Audit services - Grant Thornton Audit Pty Ltd		
Audit of the financial statements	48,000	42,000
Other assurance services - grant acquittal audit	9,200	-
	57,200	42,000
Other services - Grant Thornton Australia Limited		
Assistance in the compilation of financial statements	6,000	6,000
	63,200	48,000

Note 16. Contingent liabilities

The Consolidated entity had no contingent liabilities as at 30 June 2025 and 30 June 2024.

Note 17. Commitments

The Consolidated entity is contracted to fund certain projects with service providers. These agreements are entered into in accordance with the Consolidated entity's funding support from Government and other entities to financially support and facilitate its core objectives.

Note 18. Related party transactions

Parent entity
Australian Genomic Cancer Medicine Centre Limited is the Parent entity.

Subsidiaries
Interests in subsidiaries are set out in note 21.

Key management personnel
Disclosures relating to key management personnel are set out in note 14.

Note 18. Related party transactions (continued)

Transactions with related parties
The following transactions occurred with related parties:

Board members of the Company may be Board members or executive level employees of entities with which this entity contracts, including as follows:
Garvan Institute of Medical Research is a member of this entity and appoints a Director to the Board under this Company's constitution. Professor Benjamin Kile, who was the appointed Director of this Company, by the Garvan Institute of Medical Research, resigned from the Board on 14 April 2025. Chief Science & Strategy Officer and Board member, Professor David Thomas is a faculty employee of Garvan Institute of Medical Research and University of New South Wales.

Garvan Institute of Medical Research has a multi-year Research Agreement with this Company. The Agreement encompasses the following transactions:

- By end of financial year 2025, $4,740,498 was payable for IT infrastructure, Personnel and Director and Clinical Cohorts. During the year, the contract was completed and there were no payments made (2024: $199,993) by this Company to Garvan Institute of Medical Research for these services. From 1 January 2023, the Company entered into an agreement for the provision of IT Professional Services by Garvan Institute of Medical Research for $500,000 per annum. During the year, $606,737 (2024: $640,804) was paid by this Company to Garvan Institute of Medical Research for these activities.
- By end of financial year 2025, an estimated $10,688,500 was payable for screening and sequencing activities and a further $3,771,375 for activities at other sites. These payments are contingent on contractual milestones being met by the service provider. During the year, the contract was completed, and no payments were made (2024: $2,321,875) by this Company to Garvan Institute of Medical Research for these activities.
- By end of financial year 2025, $955,645 was receivable as part of NSW Health funds allocated to support the establishment of a Business Development Office for this Company. During the year, the contract was completed and there were no amount received (2024: $150,000) from Garvan Institute of Medical Research as part of this funding.

The University of Sydney is a member of this entity and appoints a Director to the Board under this Company's constitution. Robert Simes is the appointed Director of this Company, by the University of Sydney. The University of Sydney was party to a multi-year Master Clinical Trial Research Agreement where $6,981,514 was payable over six years. These payments were contingent on contractual milestones being met by the service provider. During the year, the contract was completed and no payments were made (2024: $2,440,709) to that entity by this Company under this agreement. An additional $870,593 (2024: $527,625) was paid to the University under a separate agreement for molecular screening.

Bruce Goodwin is a Board member of this Company and is also a Board member of Rare Cancers Australia. Rare Cancers Australia was a party to a multi-year service contract with this Company where $4,500,000 was payable over four years. These payments werre contingent on contractual milestones being met by the service provider. This contract was completed and no payments were made (2024: $500,000) to that entity during the year. On 13 October 2023, the Company entered into a new agreement for the provision of support to PrOSPeCT program by Rare Cancers Australia for $200,000. This agreement was extended for another $200,000 on 3 February 2025. During the year, $260,000 (2024: $157,000) was paid by this Company to Rare Cancers Australia for these activities.

Medicines Australia delegates, as a group, appoint a Director of this Company per this Company's constitution. Dr Anna Lavelle was the Medicines Australia Nominating Group appointed Director of this Company. Dr Lavelle resigned from the Board on 14 April 2025 and Ms Sue MacLeman was nominated by Medicines Australia on the same date. Entities that may receive funding from this Company may be associated with Medicines Australia.

Central Adelaide Local Authority Network provides general and quaternary hospital services. Professor Michael Brown has been appointed as a representative member on the Board. A payment of $1,472,426 was made in the year (2024: $529,667) towards research services provided by Central Adelaide Local Authority Network.

University of Melbourne Professor Ricky Johnstone is a representative member on the Board. No payments were made in the current year (2024: $799,150) towards research services provided by University of Melbourne.

Australian Genomic Cancer Medicine Centre Limited
Notes to the consolidated financial statements
30 June 2025

Note 18. Related party transactions (continued)

Chief Science & Strategy Officer, Professor David Thomas is also the Director of the Centre for Molecular Oncology at the University of New South Wales (UNSW). The Company has the following agreements with UNSW:

- The Company has a Research Collaboration Agreement with UNSW and received $174,798 (2024: $164,798) from the University during the year under this agreement.
- The Company entered into a Master Research Services Agreement with UNSW in 2024 for $17,108,607 to be paid over three years to UNSW for research services delivered by the University. This agreement was extended during the current year to a total value of $26,598,810. During the year $14,160,910 (2024: $5,884,314) was paid by this Company to UNSW for these activities.
- The Company has also entered into a Collaboration Space Agreement with the University for the usage of specified University's premises for the term of the agreement for approximately $150,000 (2024: $150,000).

Sue MacLeman is a Board member of this Company and is also an Advisory Board member of L.E.K Consulting Australia. The Company has a consultancy agreement with LEK Consulting Australia. During the year $66,134 (2024: $192,815) was paid by this Company to LEK Consulting Australia for these activities.

Professor Benjamin Kile was a Board member of this Company (resignation date 14 April 2025) was also on the Board of Australian Genome Research Facility Ltd. The Company had entered into Genomic Sequencing services with Australian Genome Research Facility Ltd. During the year no amounts were paid (2024: $471,930) by this Company to Australian Genome Research Facility Ltd for these activities.

The Company entered into a Professional Services Agreement with Dr Mandy Ballinger who is the wife of Professor David Thomas, for the oversight of operational aspects of the Omico Molecular Oncology Board. Under this Agreement, in the current year the Company paid $30,000 to Dr Mandy Ballinger (2024: $nil).

Members of the Company may otherwise be entities which may be recipients of funding from this Company, in addition to the amounts disclosed in this note regarding Related Party transactions in the current year.

There were no other related party transactions during the year ended 30 June 2025 (2024: nil).

Note 19. Entity details

The registered office of Australian Genomic Cancer Medicine Centre Limited is University of NSW, L6 Hilmer Building (E10), Union Road, Kensington NSW 2052. The Entity is limited by guarantee. Each Member undertakes to contribute an amount not exceeding $10 to the property of the Entity if the Entity is wound up.

Note 20. Parent entity information

Set out below is the supplementary information about the parent entity.

Statement of profit or loss and other comprehensive income

	Parent	
	2025 $	2024 $
Surplus/(deficit)	4,344,057	(7,138,680)
Total comprehensive income	4,344,057	(7,138,680)

Note 20. Parent entity information (continued)

Statement of financial position

	Parent 2025 $	Parent 2024 $
Total current assets	50,935,657	55,096,788
Total assets	50,977,822	55,170,179
Total current liabilities	31,344,313	39,976,345
Total liabilities	31,439,931	39,976,345
Equity		
Retained surpluses	19,537,891	15,193,834
Total equity	19,537,891	15,193,834

Guarantees entered into by the parent entity in relation to the debts of its subsidiaries
The parent entity had no guarantees in relation to the debts of its subsidiaries as at 30 June 2025.

Contingent liabilities
The parent entity had no contingent liabilities as at 30 June 2025.

Capital commitments - Property, plant and equipment
The parent entity had no capital commitments for property, plant and equipment as at 30 June 2025.

Material accounting policy information
The accounting policies of the parent entity are consistent with those of the Consolidated entity, as disclosed in note 1.

Note 21. Interests in subsidiaries

The consolidated financial statements incorporate the assets, liabilities and results of the following subsidiary in accordance with the accounting policy described in note 1:

Name	Principal place of business / Country of incorporation	Ownership interest 2025 %	Ownership interest 2024 %
Omico Connect Limited *	Australia	100%	-

* Omico Connect Limited, which was incorporated on 28 January 2025, is a company limited by guarantee, incorporated and domiciled in Australia and registered with the Australian Charities and Not-for-profit Commission. As the sole member of this entity, Australian Genomic Cancer Medicine Centre Limited controls this entity.

Note 22. Events after the reporting period

No matter or circumstance has arisen since 30 June 2025 that has significantly affected, or may significantly affect the Consolidated entity's operations, the results of those operations, or the Consolidated entity's state of affairs in future financial years.

Note 23. Disclosures in accordance with the Charitable Fundraising Act NSW, 1991

Australian Genomic Cancer Medicine Centre Limited is registered under the Charitable Fundraising Act NSW, 1991 and is required to include details of fundraising activities and the application of funds from fundraising in its financial statements.

Australian Genomic Cancer Medicine Centre Limited
Notes to the consolidated financial statements
30 June 2025

Note 23. Disclosures in accordance with the Charitable Fundraising Act NSW, 1991 (continued)

The Entity's revenue from operations, disclosed at note 3, includes amounts received from non-government, corporate and institutional funders and donations to be used and distributed for the charitable purposes for which the Entity operates. The application of the Entity's funds is disclosed in the Statement of profit and loss and other comprehensive income. The Statement of financial position indicates accumulated Funds held by the Entity at year end for future use by the Entity in its charitable purposes.

Australian Genomic Cancer Medicine Centre Limited
Declaration by the Principal Officer in accordance with the Charitable Fundraising Act 1991
30 June 2025

Declaration by the Principal Officer in accordance with the Charitable Fundraising Act 1991

I, Ian Black, Chief Executive Officer of Australian Genomic Cancer Medicine Centre Limited, declare that in my opinion:

(a) Australian Genomic Cancer Medicine Centre Limited is able to pay all of its debts as and when the debts become due and payable;

(b) The financial statement satisfies the requirements of the Charitable Fundraising Act 1991 and the Charitable Fundraising Regulation 2021;

(c) The contents on the financial statement are true and fair; and

(d) Australian Genomic Cancer Medicine Centre Limited has appropriate and effective internal controls.

Mr Ian Black
Chief Executive Officer

Sydney
27 August 2025

Australian Genomic Cancer Medicine Centre Limited
Responsible entities' declaration
30 June 2025

The Responsible Entities of Australian Genomic Cancer Medicine Centre Limited (AGCMC) declare that:

- The financial statements of the Consolidated entity are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 including:

(a) Giving a true and fair view of its financial position as at 30 June 2025 and of its performance for the financial year ended on that date;

(b) Complying with Australian Accounting Standards - Simplified Disclosure and the Australian Charities and Not-for-profits Commission Regulation 2022; and

- There are reasonable grounds to believe that the Consolidated entity will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Board.

Paul Jeans
Chair of the Board of Directors

Bruce Goodwin
Director

27 August 2025
Sydney

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Auditor's Independence Declaration

To the Responsible Entities of Australian Genomic Cancer Medicine Centre Limited

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead auditor for the audit of Australian Genomic Cancer Medicine Centre Limited for the year ended 30 June 2025, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

Grant Thornton Audit Pty Ltd
Chartered Accountants

B Narsey
Partner – Audit & Assurance

Sydney, 27 August 2025

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Independent Auditor's Report

To the Members of Australian Genomic Cancer Medicine Centre Limited

Report on the audit of the financial report

Opinion

We have audited the financial report of Australian Genomic Cancer Medicine Centre Limited (the "Registered Entity") and its subsidiary ("the Group"), which comprises the consolidated statement of financial position as at 30 June 2025, and the consolidated statement of comprehensive income, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information and the Responsible Entities' declaration.

In our opinion, the financial report of Australian Genomic Cancer Medicine Centre Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

a giving a true and fair view of the Group's financial position as at 30 June 2025 and of its financial performance for the year then ended; and

b complying with Australian Accounting *Standards AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2022*.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Registered Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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Other information

Those Responsible Entities are responsible for the other information. The other information comprises the information included in the Declaration by the Principal Officer in accordance with the Charitable Fundraising Act 1991 and the Registered Entity's annual report for the year ended 30 June 2025, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Responsible Entities for the financial report

The Responsible Entities of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – *AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and the ACNC Act, and for such internal control as the Responsible Entities determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Responsible Entities are responsible for assessing the Registered Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Responsible Entities either intend to liquidate the Registered Entity or to cease operations, or have no realistic alternative but to do so.

The Responsible Entities are responsible for overseeing the Registered Entity's financial reporting process.

Auditor's responsibilities for the audit of the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Registered Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Registered Entity.

- Conclude on the appropriateness of the Registered Entities' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Registered Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Registered Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
- Plan and perform the group audit to obtain sufficient appropriate audit evidence regarding the financial information of the entities or business units within the group as a basis for forming an opinion on the group financial report. We are responsible for the direction, supervision and review of the audit work performed for the purposes of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Grant Thornton Audit Pty Ltd
Chartered Accountants

B Narsey
Partner – Audit & Assurance

Sydney, 27 August 2025

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