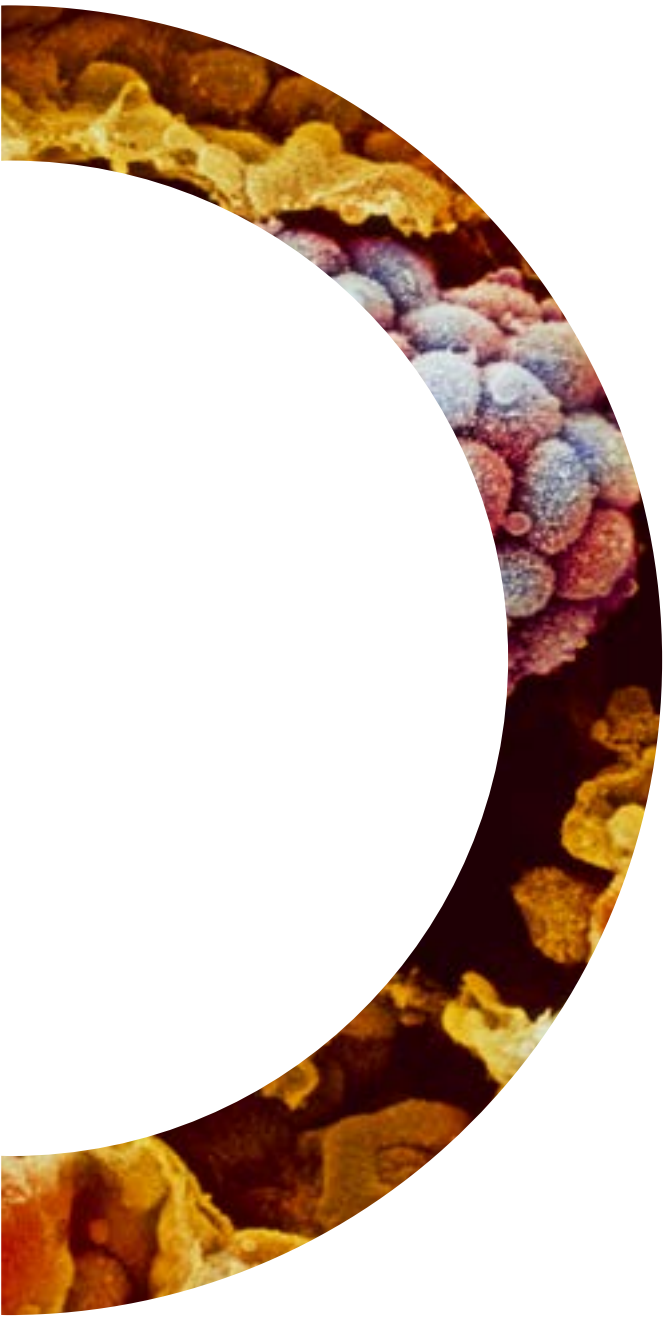


Outsmarting cancer, together

Annual Report 2024

Omico.

What we achieved in 2023/2024

prospect.

March 2023 to September 2024:

Precision Oncology Screening Platform Enabling Clinical Trials (PrOSPeCT):

- 212 direct high-skilled jobs created
- 1063* indirect jobs created
- 39 traineeships clinical trial research skills taken up through Omico's delivery partner, Praxis
- 61 cancer treatment centres joined the Omico National Clinical trials Network, 20 in regional areas
- 7 pathology laboratories operating locally that are NATA-accredited to deliver CGP profiling services for Australians
- ~$41M investment growth
- supporting ~$152M investment in local clinical trials
- driving savings to the health system
- building a real world dataset

MoST Patients screened

at September 2024: 8303

Patients accessing a matched therapy after molecular screening

1480 (17%)

Total number of Patients referred to date (PrOSPeCT and MoST)

at September 2024: >17,800

RisC probands enrolled

at 30 June 2024: 2,350

RisC probands sequenced

at 30 June 2024: 1,836

Total Number of patients consented to date (PrOSPeCT and MoST)

at September 2024: >15,300

SMOC+ participants enrolled

at 30 June 2024: 205

SMOC+ juniors enrolled

at 30 June 2024: 9

Patients referred for screening

7418

Patients consented

6113

Total Number of patients with a matched therapy recommendation to date (PrOSPeCT and MoST)

at September 2024: 8,700

SMOC+ cancer detection

44 new primary cancers in 31 (18%) individuals

* 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 leading the use of precision oncology to improve outcomes for people with cancer in Australia.

> Central to this is the use of precision medicine for the prevention and treatment of cancer.

We do this by bringing together a unique network including world-class cancer institutes, researchers, industry, healthcare professionals, advocacy groups and government, to accelerate access to genomic/molecular profiling and facilitate the delivery of genomic cancer medicine clinical trials to thousands of Australians.

What do we do?

Omico members treat more than **100,000 new cancer patients each year,** of which **more than 20,000 have rare or less common cancers**

Omico aims to:

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

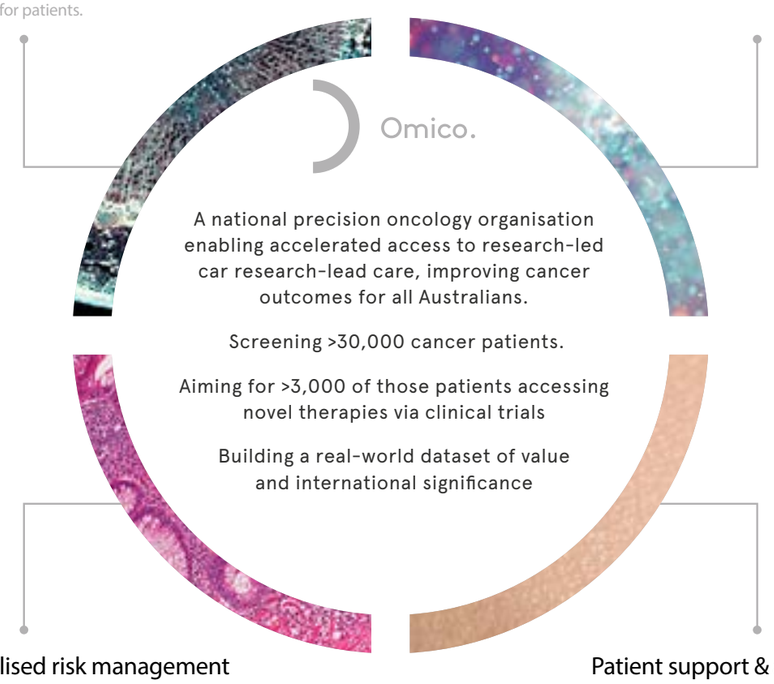
Our mission focuses on these four pillars:

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

Patient support & advocacy

Supporting patients and families today and planning

Our National Clinical Trials Network

Omico is expanding its network of cancer treatment centres around the nation.

Omico Members

linear

PathWest

Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

SA PATHOLOGY

Health
Central Adelaide
Local Health Network
Government of South Australia

In partnership with
NORTHERN TERRITORY GOVERNMENT

Metro South Health

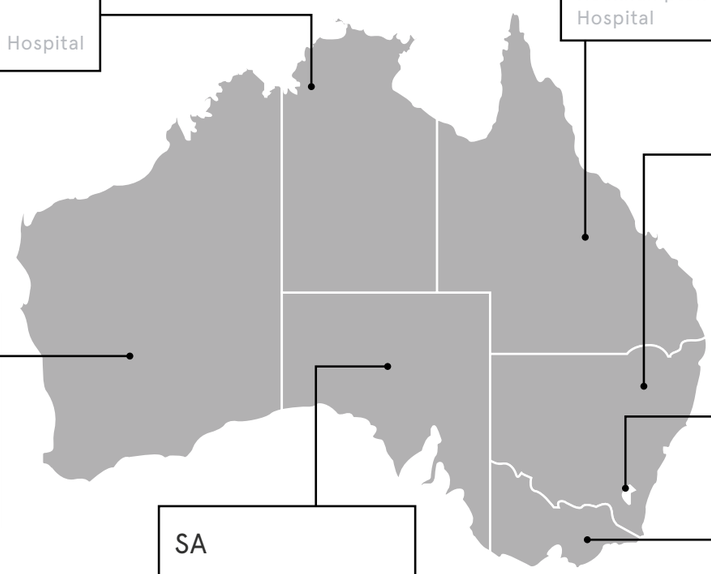
RHH

pathology queensland

THE UNIVERSITY OF SYDNEY

NHMRC
Clinical Trials Centre

Garvan Institute
of Medical Research



NT
Royal Darwin Hospital

WA
Fiona Stanley Hospital

Joondalup Health Campus (Ramsay Health)

Linear Clinical Research

Sir Charles Gairdner Hospital

SA
Clinical Research SA

Flinders Medical Centre

Queen Elizabeth Hospital

Royal Adelaide Hospital

Southern Oncology Clinical Research Unit (SOCRU)

QLD
Metropolitan:

Mid North Coast Cancer Institute

Prince Charles Hospital

Princess Alexandra Hospital

Royal Brisbane and Women's Hospital

Sunshine Coast University Private Hospital (Ramsay Health)

Regional:

Rockhampton Base Hospital

ACT
Canberra Hospital (including Canberra Region Cancer Centre)

Canberra University Hospital

TAS
Icon Cancer Centre Hobart

Royal Hobart Hospital

NEW ZEALAND
Auckland 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

MPCCC

Olivia Newton John Cancer Research Institute

Peter MacCallum Cancer Centre (PMCC)

St Vincent's Hospital Melbourne

Regional:

Ballarat Cancer Centre

Bendigo Health / Bendigo Hospital

Northeast Health Wangaratta

South West Oncology

NSW
Metropolitan:

Bankstown-Lidcombe Hospital

Calvary Mater Newcastle

Campbelltown Hospital (including Ingham Institute)

Chris O'Brien Lifehouse

Liverpool Hospital

Mater Hospital Brisbane (including Mater Adult Hospital and Mater Cancer Care Brisbane)

Nepean Cancer Care Centre

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)

Regional:

Armidale Rural Referral Hospital

Bathurst Health Service

Border Medical Oncology (BMO)

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

Moree District Hospital

Narrabri District Hospital

Orange Health Service

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

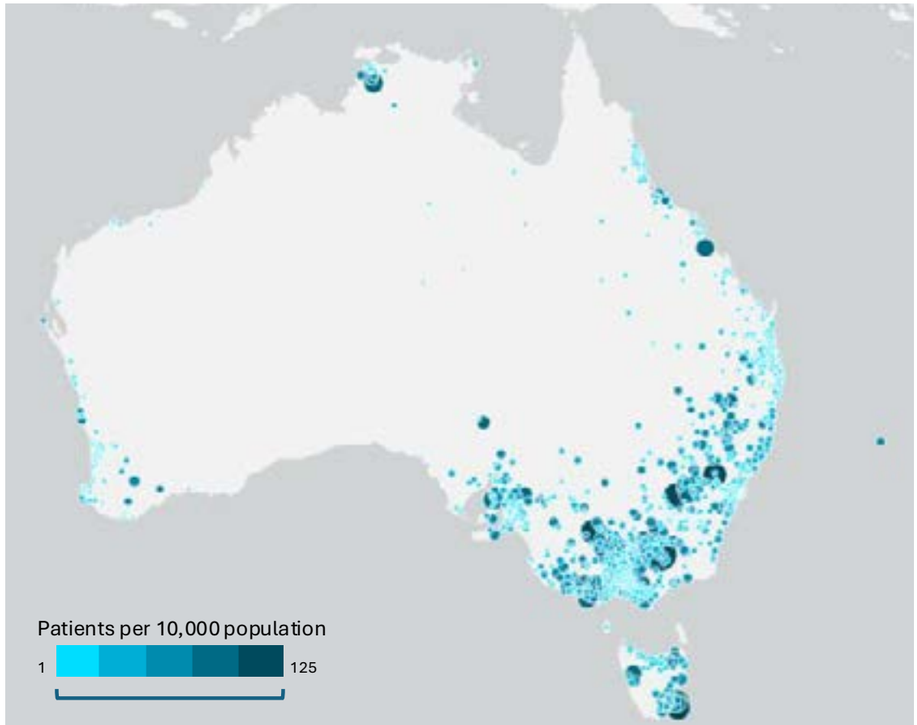
Shoalhaven District Memorial Hospital (including Shoalhaven Cancer Care Centre)

Southern Highlands Cancer Centre (Ramsay Health)

Tamworth Rural Referral Hospital

Our Patient Reach

Patients are recruited from across the nation.



More than 20,000 patients recruited into Omico's programs to date. This will grow to more than 35,000 adults and children by 2025.

Google Maps® - heat map representing the postcodes of the patients screened by our programs to date

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 Oncology

plus many others

Other industry and public sector Prospect partners include:

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

Collaborators

rare cancers australia
BioGrid
MACQUARIE University
NSW Health Pathology
Australian Genomics Health Alliance
canteen
QIMR Berghofer Medical Research Institute
Leukaemia Foundation
Minderoo Foundation
DOUGLASS HANLY MOIR PATHOLOGY
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

Chief Executive Officer

Professor David Thomas

Chief Science and Strategy Officer

Dr Anna Lavelle

(MA representative)

Professor Benjamin Kile

(for Garvan Institute of Medical Research)

Mr Bruce Goodwin*

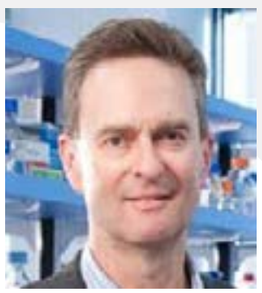
(Independent representative)

Professor John Simes

(for University of Sydney)

Ms Sue MacLeman

(Independent 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

Our leadership team

Mr Ian Black

Chief Executive Officer

Professor David Thomas

Chief Science and Strategy Officer

Dr Vera Terry

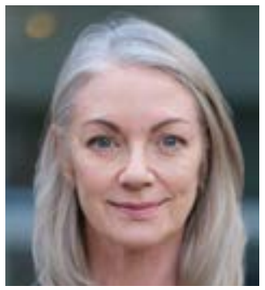
Deputy Chief Executive Officer

Dr Mandy Ballinger

Head of Cohorts

Mr Waman Tamhankar

Chief Financial Officer



Mrs Kym Bramich

Head of Marketing & Communications

Mr Matt Britland

Head, Business Development

Mr James Odell

Chief Technology Officer

Dr Ronald Chan

Chief Data Officer

Dr Lucille Sebastian

National Clinical Trials Network Program Manager

Ms Jessica Oliver

HR Manager

Our Objectives

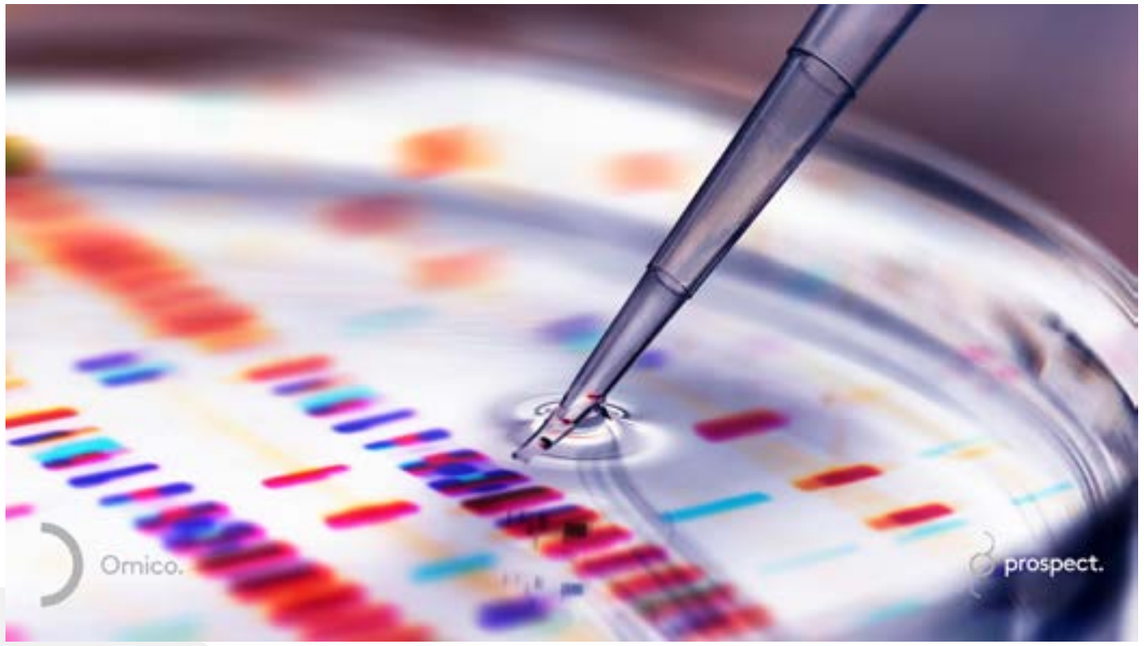
Australian Genomic Cancer Medicine Centre Ltd, trading as Omico, is a not for profit company limited by guarantee.

As a not for profit company with a beneficial purpose, we are regulated by the Australian Charities and Not-for-profits Commission (ACNC).

> A not-for-profit company, limited by guarantee

The Objectives of Omico are to:

1. expand the Molecular Screening and Therapeutics (MoST) and Cancer Risk in the Young (RisC and SMOC+) Programs;
2. expand the MoST study so as to provide genomic testing and access to collaborative clinical trials for Australians with advanced, incurable, rare and less common cancers across Australian centres of excellence in cancer research and treatment;
3. provide a framework for standardised consent, biobanking of tumour material and genomic profiling;
4. make biobanked material available for further research;
5. support the collection, maintenance and access to clinical data via national, linked rare cancer registries;
6. promote a managed, cooperative and networked approach nationally to research and education between cancer centres so as to maximise the benefits from that research;
7. promote and encourage science in Australia through active engagement of members and participants to ensure that the performance of Omico will be greater than that of each member and participant acting independently;
8. promote the building of clinical trials capacity nationally through engagement with clinical trials industry (diagnostic imaging, pharmaceutical, biotech, contract research organisations and industry bodies);
9. develop a consumer-led and collaborative approach to professional and community education in the field of rare and less common cancers to maximise translation of the benefits arising from that research;
10. develop and utilise Omico intellectual property and resources in order to maximise national benefit, including the Australian biotechnology and pharmaceutical industry and the Australian economy generally; and
11. secure funding for Omico activities on behalf of the members and participants for the purposes of creating, developing and maintaining social, scientific and research knowledge and capacity, especially in the field of rare and less common cancers.



We are changing the way we fight cancer by accelerating access to precision oncology, improving outcomes for Australians.

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

The MoST program closed during the last year, but only after 8,303 patients were enrolled on the program (more than double the anticipated 4,000 patients). Of these patients, 1,176 (17.7%) have commenced participation in clinical trials of novel therapies. Clinical follow-up was attempted for 3,088 patients over the past 12 months, with 2,587 (84%) having at least one successful follow-up.

Our preliminary analyses of MoST shows that patients who receive a therapy closely matched to a biomarker identified in their tumour have a more than doubling of their expected survival.

The ASPiRATION subprogram of MoST reached it's 1,000 patient recruitment milestone on 21 June 2023, with 52% having an actionable lung cancer biomarker linked to a targeted therapy. Our collaboration is ongoing with TOGA, Roche and the NHMRC CTC to ensure that the 1,000 patient dataset is available for preliminary analysis in Jan 2025. TOGA's submission of the ASPiRATION protocol was accepted by Future Oncology and published in September 2023.

In the past year, the RiSC program closed after enrolling a further 247 individuals who have been diagnosed with cancer before the age of 40 years, bringing the total enrolment to 2,339. SMOC+ has enrolled a total of 204 people, 19 in the last year, who are at extreme cancer risk. The SMOC+ program has identified 67 new primary cancers in 46 individuals. Overall, 23% of patients have cancers detected using whole-body MRI. 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.

We congratulate our hard-working clinical teams, led by Drs Mandy Ballinger, John Grady, Frank Lin, Beverley Murrow, Laura Manuel, Jenny Gu, Olivia Turnbull, Christine Napier, Greg Gaughran and Lucille Sebastian, for these remarkable achievements.

PrOSPeCT

Our landmark initiative, PrOSPeCT, commenced March 2023. This is the largest precision oncology initiative in Australia; an extraordinary approach that will enable 23,000 Australians with advanced, incurable or poor prognosis cancers to access Comprehensive Genomic Profiling (CGP) and matching to novel, targeted treatments via clinical trials. In this, it will also stimulate Australian research by expanding the number of clinical trials in Australia through direct investment by the global pharmaceutical sector.

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. We were delighted that the Labour Government reconfirmed this in September 2022.

Omico is grateful for the many partners and stakeholders enabling PrOSPeCT. Our Foundational partners - Roche Products Australia, National Computational Infrastructure (NCI) and Childrens' 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 from the time of patient consent. 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 date include:

Growing Patient Access to Precision Oncology

- More than 840 oncologists have referred patients to the program
- 9019 Total no. patients referred to PrOSPeCT (adult and paediatric)
- 7673 Total no. patients consented to PrOSPeCT (adult and paediatric)
- 5582 Total no. molecular oncology reports issued
- 3762 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

- 212 direct highly skilled jobs created in the medical and science sectors across Australia. A further 1063 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 $152M investment in research and development.

Investment and Economic growth of ~$41M in Australia including:

- research and development - $19.3M
- capital equipment - $13.5M
- new technology - $3M
- design - $0.4M
- acquisition of licenses - $0.35M
- intellectual property - $0.06M

Clinical Trials

- Over the last year our National Clinical Trial Network has expanded from 43 to 61 sites across Australia (including 1 site in Auckland, NZ). Importantly 20 of these centres are located in regional 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 60 industry sponsored oncology clinical trials - 11 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. 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 300 people joined us for the Australian Precision Oncology Symposium on March 8th and 9th. The program featured presentations from international and local speakers on a range of topics including:

- The current and future implementation of precision oncology
- Sustainable access to precision oncology
- Application and utilisation of real-world data and partnerships
- Preventive DNA testing, early detection, and germline findings from ongoing programs.

On Rare Cancers Awareness Day (June 26th, 2024) Omico's Chief Science and Strategy Officer Professor David Thomas addressed the National Press Club. David's address highlighted the challenges faced by patients living with rare cancers and how precision oncology could not only improve outcomes for these patients, but also create a sustainable model to support ongoing clinical development in Australia for the broader oncology community.

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.

There is no doubt that Omico has already contributed directly to improving health benefits for Australians with cancer. However, we also know only 8% of all cancer patients in Australia currently access clinical trials, which is critical to being able to access novel therapies to improve outcomes.

With PrOSPeCT, we hope to improve outcomes for these under-served patient populations, in a sustainable way that also grows the economy. We look forward to continuing to work with you all to bring new options for these patients for the long term. Thank you for joining us on our mission.

Mr Paul Jeans (Chair of the Omico Board)

Mr Ian Black (CEO)

Cancer
meets its match

Omico.

Omico

- advancing precision medicine in Australia

The impact we are having:

>20,000

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

>17,800

Patients enrolled onto our programs

>13,700

Patients have completed molecular screening to date

>12,200

Patients have received a matched therapy recommendation

>1,400

Patients have gone on to receive 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 840 referring clinicians, 60+ 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 13,700 Australians using genomic profiling. More than 1,400 patients have gone on to receive targeted treatments based on the molecular profile of their cancer, 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 improve 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 840 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 within Australia.

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

Provide Clinical Expertise: Our proven 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 have 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.

PrOSPeCT
– a landmark initiative

(Precision Oncology Screening Platform Enabling Clinical Trials)

Progress to date

$41M

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

$135M

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

$152M

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

7

Australian NATA accredited pathology laboratories delivering profiling services to Omico

>212

Highly skilled jobs created in genomics, clinical trials and diagnostics

61

Omico national clinical trials network (ONCTN) sites

>1,063

Indirect jobs created supporting the programs

9,019

Patients referred for genomic screening (CaSP and ZERO)

39

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

3,762

Patients received a matched therapy recommendation (CaSP and ZERO)

prospect.

PrOSPeCT (Precision Oncology Screening Platform Enabling Clinical Trials) is our landmark precision oncology initiative, enabled by public-private funding and partnerships totalling over $185M, including $61.2M grant funding from the Australian Government.

By the end of 2025 the partnership between the Children's Cancer Institute (CCI) and Omico under PrOSPeCT, will see 23,000 Australians with cancer, across the age spectrum (infant, adolescent and adult) referred to access comprehensive genomic profiling. Comprehensive genomic profiling (CGP) is a major step in identifying potential matches for patients to clinical trials of new targeted therapies.

At the end of 2023, the CCI Zero Childhood Cancer Program (ZERO) became available to **all** children (0-18 years) with cancer in Australia. ZERO is led by a multidisciplinary team effort of researchers and clinicians and includes all nine of Australia's children's hospitals together with 19 national and international research partners.

PrOSPeCT is also creating 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.

> PrOSPeCT is the largest cancer genomics initiative in Australia.

To date:

Patient access to precision oncology:

- 9019 patients have been referred to PrOSPeCT (adult and paediatric)
- 7673 patients have been consented to PrOSPeCT (adult and paediatric)
- 5582 molecular oncology reports have been issued
- 3,762 patients have matched therapy recommendations

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 June 2024 there were more than 42,500 biofractions from more than 3090 patients processed and stored at the BioBank.

Jobs, Education and Training

- More than 212 direct highly skilled jobs created in the medical and science sectors across Australia. A further 1063 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 ~$41M in Australia including:

- research and development - $19.3M
- capital equipment - $13.5M
- new technology - $3M
- design - $0.4M
- acquisition of licenses - $0.35M
- intellectual property - $0.06M

Impact on Industry growth:

Our commitment to the Department of Industry, Science and Resources (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 $152M investment in research and development.

Supporting Clinical Trials:

- Over the last year our National Clinical Trial Network has expanded to 61 sites across Australia (including 1 site in Auckland, NZ). Importantly 20 of these centres are located in regional areas.
- PrOSPeCT has supported 60 industry sponsored oncology clinical trials - 11 of these trials would not have come into Australia but for Omico's National Clinical Trial Network.

Research Highlights

Cancer Screening Program (CaSP)

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 are enrolled onto the ZERO Childhood Cancer national precision medicine program (ZERO).

CaSP Cancer Screening Program

Molecular screening for Australian cancer patients

Progress to date:

8013
patients referred for screening under CasP

6,619
patients consented to be screened

36%
patients come from rural, regional or remote locations

1.7%
patients identify as Indigenous

>840
clinicians are referring patients

4,762
Reports sent to referring clinicians

3,495
Patients with matched treatment/ therapy recommendations

153
Patients have received a matched therapy

Cancer is a disease that arises from gene changes in normal cells. Knowing which gene changes cause a particular cancer has allowed us to develop treatments that target those changes. Unlike traditional treatments, 'targeted' therapies have led to significant improvements in stopping cancers from growing, or even in some instances stopping them completely.

What is CaSP?

Cancer Screening Program (CaSP) is the screening program associated with PrOSPeCT, which brings precision oncology trials to the Australian community by linking genomic technology to trials of new therapeutic products. There are three interrelated components of CaSP:

- CaSP enables access to Comprehensive Genomic Profiling (CGP) for 23,000 patients in Australia with incurable or advanced cancer, at no cost to the patient. The results are then reviewed by Omico's Molecular Oncology Board (MOB), which provides a report to the referring clinician, including potential clinical trials for patients.
- Observational cohort study of people enrolled in CaSP
- Research Registry and Biobank to facilitate ongoing research into cancer and its treatment.

How can a patient participate in CaSP?

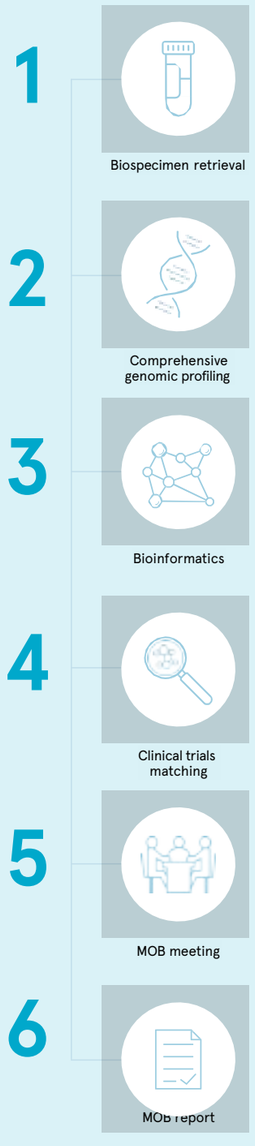
Participation in CaSP requires referral from a patient's treating oncologist. Referrals are completed online, using the Referral Form LINK.

What tumour tissue is required for CGP with CaSP?

Biospecimen that has been taken from previous procedures such as tissue resections, diagnostic biopsies, core needle biopsies or fine needle aspirations (guided by CT, EBUS or EUS). For further details on optimal tumour tissue requirements, click here.

How long does CGP take?

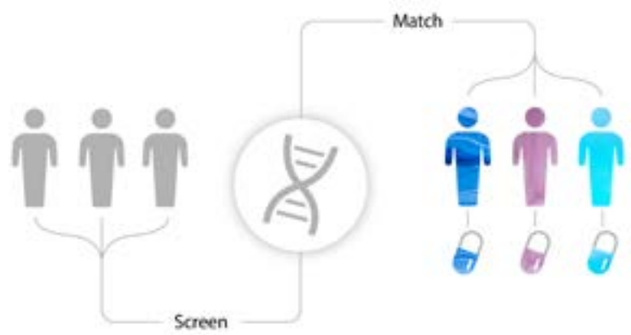
Once a patient has provided written consent to participate in CaSP, it typically takes 8-10 weeks for the referring clinician to receive the MOB report. Patients indicated as urgent by the referring clinician will be fast-tracked, with MOB reports returned in 5-6 weeks.



Cancer meets its match

Omico.

Molecular Screening and Therapeutics Program (MoST)



Recruitment to the screening component of the Molecular Screening and Therapeutics (MoST) program closed on 31 December 2023.

All patient recruitment transitioned to the Cancer Screening Program (CaSP) under the Precision Oncology Screening Platform enabling Clinical Trials (PrOSPeCT) initiative. Clinical trials matching continues unaffected by the change.

The MoST program reached **8303** participants by the end of December 2023.

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

MoST pan cancer cohort screening:

In total, over **7147** patients have been enrolled into the pan cancer cohort of the screening program since 2016.

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 63% of the pan cancer cohort are now deceased.

Sub-programs

ASPiRATION lung cancer cohort:

1000 newly diagnosed metastatic, non-small cell lung cancer patients were enrolled onto the ASPiRATION sub-program by June 2023. These patients represent an additional 1000 individuals accessing comprehensive genomic profiling (CGP) or molecular profiling for their cancer. Unfortunately 51% of the cohort are now deceased.

Leukaemia/Lymphoma (MoST-LLY) cohort:

72 lymphoma, 83 leukaemia and 1 myeloma patient have enrolled into the cohort bringing the total to **156** 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.

The sub-programs have leverage the capacity of the screening infrastructure under the MoST program. Patients recruited to ASPiRATION and MoST-LLY are in addition to the 3095 patients funded under the Commonwealth grant. The pancreatic cancer

cohort patients were identified from within the current MoST screened cohort.

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. **200 New Zealanders** enrolled into the NZ MoST counterpart. Dr Wilson and her colleagues are seeking to expand the program locally.

Pancreas (MoST-Pancreas) cohort:

More than 400 pancreatic cancer patients were referred to the program with **300 patients** recruited to the pancreatic cancer cohort. This cohort is a subset of the pan cancer cohort.

Preliminary results from the MoST cohort:

1 in 3

(38%) patients screened received recommendations for matched Tier 1 to Tier 3 therapies[1]

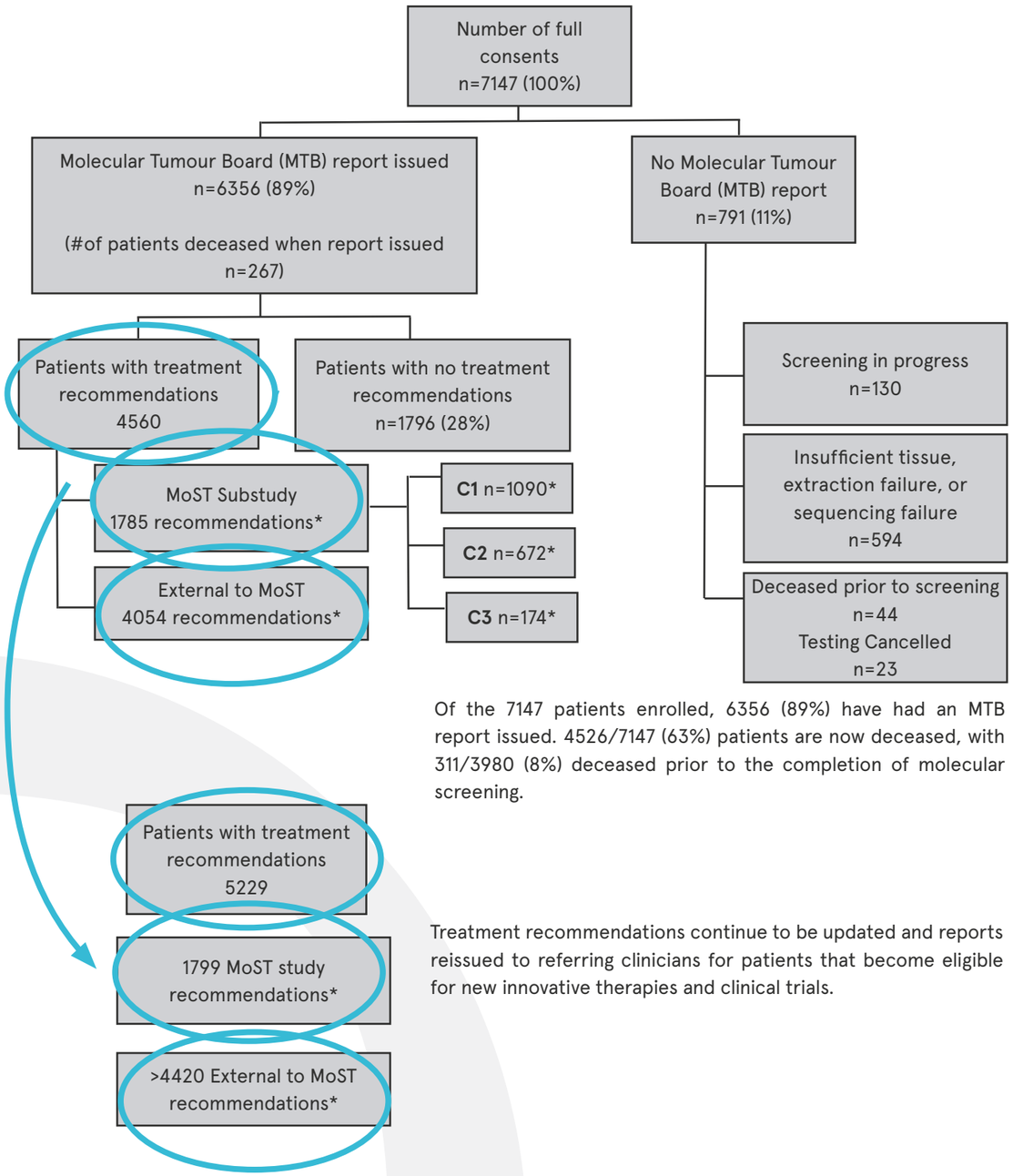
~50%

Improved survival rate once matched with a Tier 1 to Tier 3 therapy[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

Cancer patients enrolled in MoST by state, and New Zealand (as at September 2024)

About the MoST pan cancer cohort:



Of the 7147 patients enrolled, 6356 (89%) have had an MTB report issued. 4526/7147 (63%) patients are now deceased, with 311/3980 (8%) deceased prior to the completion of molecular screening.

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

Note:

*some patients had more than one treatment recommendation and may be counted more than once.

MoST therapeutics update

At Omico, we are providing Australian patients with advanced or incurable cancer accelerated access to free comprehensive genomic profiling, enabling us to potentially match them to clinical trials with new targeted therapies faster for improved outcomes.

As a result of novel partnerships and our clinical trials expansion strategy, expanded treatment options are being made available to MoST screened patients.

Substudy update:

10 closed

10 in follow-up

6 recruiting

1 in start up

60 referring[+]

Three categories of studies are supported by the MoST screening infrastructure:

MoST Core Studies (C1) - these are the substudies developed under the MoST Framework protocol and delivered by the NHMRC CTC at the University of Sydney.

MoST Companion Studies (C2) - these studies are collaborations between Omico and other groups or organisations that leverage the MoST screening program and complement the therapeutics program. For example, MoST CIRCUIT - a collaboration with the Olivia Newton John Cancer Research Centre (ONJCRI) on an immunotherapy clinical trial and the MoST-Pancreas sub-studies deliver by The George Institute on behalf of Omico.

MoST Company Studies (C3)[+] - are studies sponsored by industry partners. These studies are supplementary to the MoST therapeutics program and leverage the screened cohort by providing focussed treatment recommendations based on selected biomarkers.

The MRFF grant funding the MoST program has ended and we are now entering a period of closing activities related to the MoST sub-study pipeline. Recruitment to all sub-studies will cease at the end of 2024 with all patients anticipated to be off treatment by the end of 2025.

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

Key achievements of the molecular therapeutics program to 19 September 2024:

Number of patients enrolled onto the MoST therapeutics (C1 & C2) program **from January 2019: 707**

Number of patients enrolled onto the therapeutics program (C1 & C2) **from September 2016: 837**

5229 treatment recommendations

2165* patients received recommendations to a MoST C1 or C2 study or a C3 study supported by Omico:

- C1 and C2 studies: 1799
- C3 studies: 366

*Some patients received more than 1 treatment recommendation

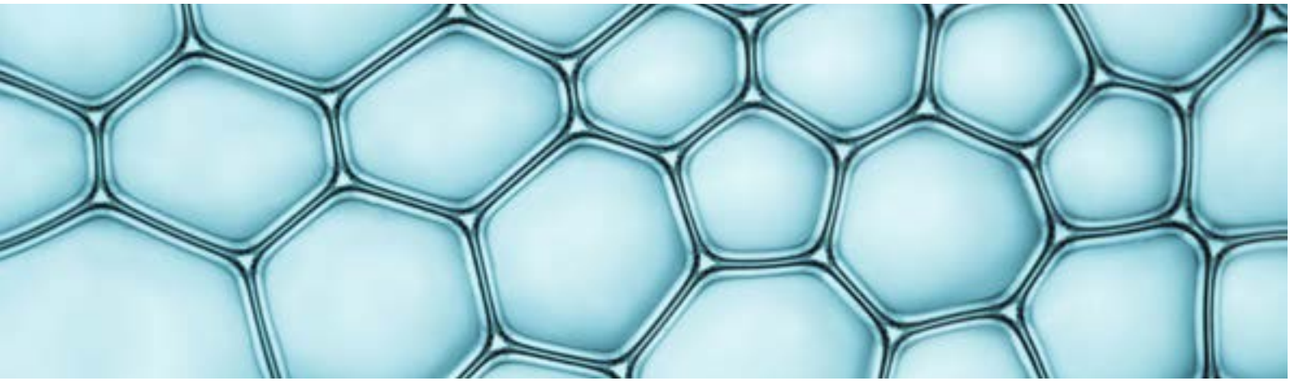
546 patients went on to receive a non-MoST matched therapy

63% of the pan cancer cohort is now deceased.

Current clinical study pipeline status:

MoST Substudies (C1) in recruitment or follow-up:		Recruitment Status	Recruitment/target
1.	Palbociclib	closed	16/16
2.	Durvalumab and Tremelimumab (pan cancer)	closed	65/65
2+	Durvalumab and Tremelimumab (pan cancer) expansion	closed	49/49
3.	Olaparib and Durvalumab	closed	49/49
4.	Vismodegib (pan cancer)	closed	16/16
5.	Eribulin (pan cancer)	closed	16/16
6.	Larotrectinib (pan cancer)	closed	16/32
7.	Tremelimumab (pan cancer)	closed	22/24
8.	Trastuzumab emtansine (Kadcyla) (pan cancer)	closed	32/32
8+	Trastuzumab emtansine (Kadcyla) (ASPiRATION) + and 2nd line lung -mNSCLC	recruiting	20/32
9.	Tucatinib and trastuzumab (pan cancer)	closed	31/32
10.	Palbociclib plus avelumab (pan cancer)	closed	64/64
11.	Tildrakizumab (pan cancer)	closed	32/32
12.	Vemurafinib and cobimetinib (combined pan cancer and ASPiRATION)	closed	64/64 (34 pan cancer, 30 ASPiRATION)
13.	Entrectinib (combined pan cancer and ASPiRATION)	closed	0/16
16.	Pamiparib (haematology)	closed	12/16
17.	Tepotinib (ASPiRATION)	closed	8/32
18.	Durvalumab plus chemotherapy (pan cancer)	closed	6/16
19.	Sotorasib (AMG510) (pan cancer)	recruiting	4/32
20.	Seribantumab (pan cancer)	closed	3/16
MoST Companion studies (C2)			Target number
1.	MoST CIRCuit (pan cancer)	closed	240/240
2.	MoST Porcupine2 (RXC004) (pancreas cancer)	closed	6/8
3.	Porcupine2 (RXC004) (pancreas cancer) Australian expansion	in start-up	0/13
4.	SPEAR (pancreas cancer)	recruiting	25/32
5.	MoST TAP (atezolizumab and tiragolumab) (pan cancer)	recruiting	15/96
MoST Company studies (C3)			Target number
	we have supported more than 60 company sponsored clinical trials	referring	366 referrals made to C3 trials under MoST

MoST Long-term follow-up unit (LTFU)



The long-term follow-up unit (LTFU) continues to collect information about patients at a number of time points throughout their cancer journey.

Patient follow-up remains at the forefront of the program and allows the capture of information that might better predict benefit from molecular screening.

Recent follow up attempts (MoST-Pan, ASPiRATION, MoST-Pancreas cohorts):

- 2467/2837 (87%) patients had at least one successful follow up attempt
- There were 4579 attempts at follow up in the first half of 2024, with 3319 completed (72%)
- Unfortunately, 4526/7148 (63%) of the pan cancer 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 the 2-year post-enrolment timepoint for half of the 1000 enrolled patients. The LTFU has obtained first line treatment data for over 90% of patients that have commenced first line treatment. Sadly, more than half of this cohort is deceased.

Matched therapies:

1044 patients received 1214 matched treatments after sequencing was completed

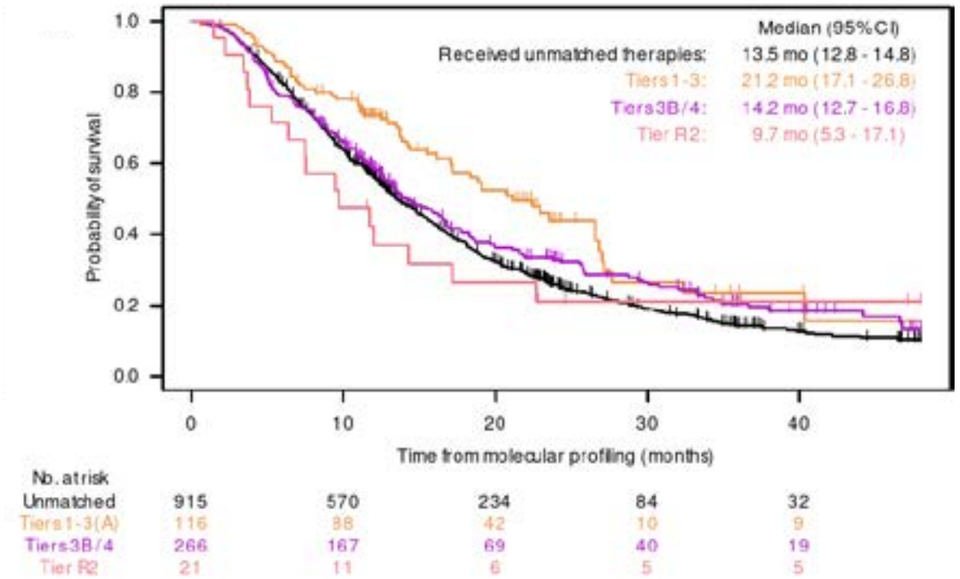
Basis for matched treatment decisions:

- 897/1214 (74%) were based on molecular profiling
- 248/1214 (20%) were based on standard of care results
- 69/1214 (6%) were other clinical decisions

Access method for matched treatments:

- 276/1214 (23%) Clinical trial
- 408/1214 (34%) MoST trials
  - C1: 364/408 (89%)
  - C2: 31/408 (8%)
  - C3: 13/408 (3%)
- 128/1214 (11%) via compassionate access
- 101/1214 (8%) privately funded
- 100/1214 (8%) via the PBS
- 201/1214 (17%) via an unknown method

Survival curve of MoST pan cancer patients, sorted by those that received a matched therapy (based on different Tiers) and those who did not.



Tier 1 – Standard of Care (SoC) therapy, Therapeutic Goods Administration (TGA) approved
Tier 2 – SoC approved outside of Australia, not TGA approved
Tier 3A – strong clinical evidence of anti-tumour activity in presence of a biomarker

Tier 3B – some strong clinical evidence of anti-tumour activity in presence of biomarker in another cancer type
Tier 4 - strong preclinical or early clinical evidence of anti-tumour activity in the presence of the biomarker.

Tier R2 - no clinical activity

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.

Helping patients with cancers of unknown primary (CUP)

Patients with cancers of unknown primary (CUPs) have difficult journeys. As the site of their cancer is unknown, clinicians may be unsure of how to treat the patient. CGP can assist in diagnosis, and thus treatment decisions, for patients with CUPs.

A resident from a small rural town in NSW was diagnosed with a CUP in early 2023. The patient had not received any chemotherapy or immunotherapy prior to their MoST referral. Their CGP results revealed a molecular signature that suggested the cancer would respond to immunotherapy. The patient has been receiving treatment for over six months and the cancer has not grown any further.

Another resident from a small rural town in NSW was found to have a CUP in 2019. Extensive surgeries were performed, but the cancer's origin was unable to be found. She received several types of chemotherapy prior to enrolment in MoST.

A gentleman from a major city in Queensland was diagnosed with a CUP in early 2023. Standard pathology was unable to ascertain the primary site from which his cancer developed. The patient was subsequently referred to MoST and his CGP results showed a gene change for which a targeted drug is available. The patient has received treatment for over a year and has had a complete response to treatment.

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) program clinical trials to identify prognostic and retrospective biomarkers of response to drugs.

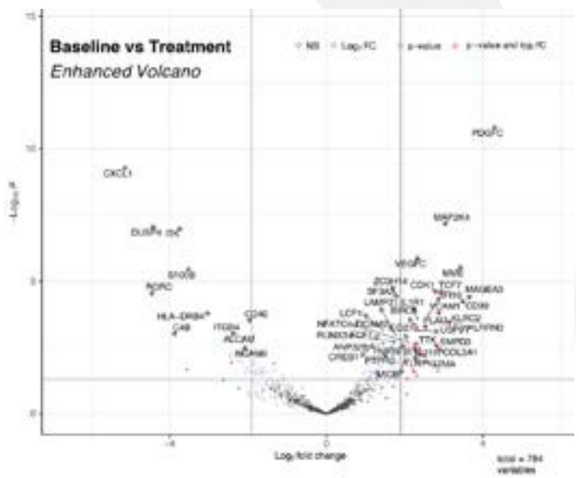
(1) Correlative studies are investigating biospecimens collected in the MoST 11 trial. In this study, tildrakizumab was administered, for the first time, in the treatment of bone and soft tissue sarcoma.

Tildrakizumab is an antibody that inhibits the activity of interleukin-23 (IL-23), a pro-inflammatory cytokine expressed by immune cells in the tumour micro-environment.

Drugs inhibiting IL-23 are commonly used for the treatment of psoriasis. In a multi-centre, single-arm open label phase II study, tildrakizumab was tested in 32 patients with advanced sarcomas (16 with bone sarcomas and 16 with soft tissue sarcomas). Tildrakizumab was well tolerated.

Post hoc analysis of biospecimens included investigating transcriptional changes using Nanostring™ in matched tumour biopsies - one at baseline and the other on study. Figure 1 shows a volcano plot mapping changes in gene expression following treatment with tildrakizumab. The genes that showed significant up-regulation are involved in regulation of γδ T-cells as well as NF-kappa β and TNF signalling. This work is ongoing.

Fig 1. Volcano plot of differentially expressed genes in matched baseline and on treatment tumour samples. The volcano plot shows the fold-change (x-axis) versus significance (y-axis). Single genes are depicted as dots. The transcript level of 14 genes had greater then 2.5-fold change in treatment relative to baseline (p<0.05 padj) samples. Nanostring nCounter Pan Cancer Immune profiling panel (784 genes)



(2) Another biomarker we have focused on is the calcium-dependent transmembrane protein 17 (CDH17), which plays a role in cell-cell adhesion. Drugs have been developed to target CDH17 on cancer cells, inhibiting cell adhesion and promoting cancer cell death. Identifying suitable patient populations and biomarkers for CDH17-targeted therapy is essential for its successful implementation in clinical practice.

We have conducted a pilot study investigating CDH17 expression in MoST patients with colorectal, gastric, or pancreatic cancer. Figure 2 illustrates examples of CDH17 staining. We found that CDH17 was highly expressed in colorectal and gastric cancers, indicating that patients with these cancers may be responsive to drugs targeting CDH17.

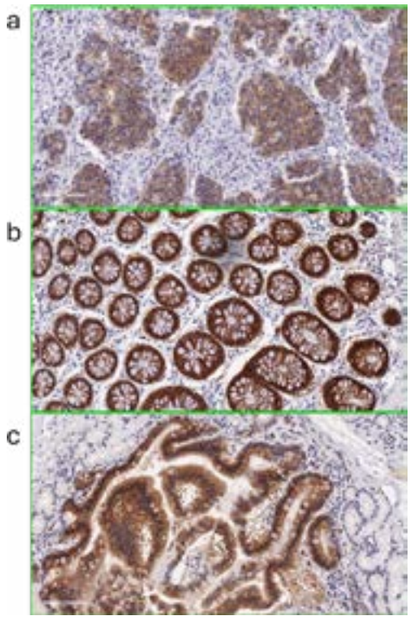
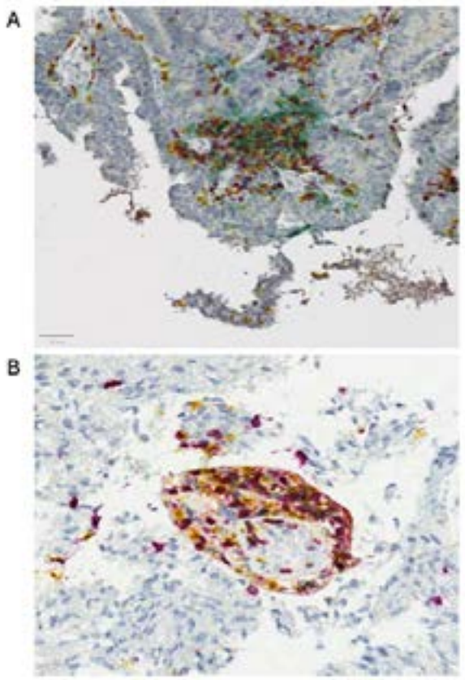


Fig 2. IHC showing expression of CDH17 brown staining in a) colorectal cancer, b) gastric cancer and a c) pancreatic cancer. Thermofisher (PA-55340) (1:1000 dilution)

(3) Antibody-drug conjugates (ADCs) are a new type of cancer treatment that combines two powerful strategies: the precision of monoclonal antibodies and the strength of chemotherapy drugs. By attaching a chemotherapy drug to a monoclonal antibody, ADCs can specifically target cancer cells that have certain markers on their surface, leaving healthy cells mostly unharmed. This targeted approach reduces side effects and improves the effectiveness of cancer therapy. Recent improvements in ADCs have made them more effective and broadened their use in treating cancer. We are investigating the ADC protein targets in the MoST program, staining tumour samples using immunohistochemistry (IHC). Targets being investigated include HER2, TROP2, Claudin 17, and Claudin-18.2. Claudin 18 is expressed at high levels in ~ 50% of gastric and pancreatic cancers. Figure 3 shows high expression of Claudin 18 in gastrointestinal cancers in patients from the MoST cohort.

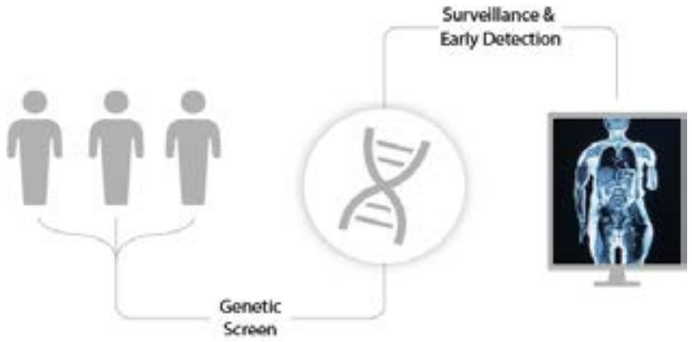
Fig 3. Immunohistochemistry showing expression of CDH18.2 (brown staining) in three gastrointestinal cancers in the MoST cohort. Staining was conducted using the Invitrogen (34H14L15) antibody at 1:400 dilution), 20X magnification.



(4) We are also working on prospective selection for a single arm open label phase II signal seeking trial of tiragolumab and atezolizumab targeting immune checkpoints TIGIT and PD-L1 with tiragolumab + atezolizumab in patients with advanced pan cancers. Biomarkers for trial selection include Tumour Area Positivity (TAP score) of PD-L1 expression >20%, TAP score 5-20%. Another cohort for this trial included tumours with high infiltration of cytotoxic T-lymphocytes defined by >5% CD3++CD8+ expressing cells. To date more than 300 patients have been screened for these biomarkers, determining eligibility for enrolment onto the study. Figure 4 shows multiplex IHC staining of two patients (A and B) who fit the criteria for this trial. We are conducting the correlative studies for the MoST 10 palbociclib and avelumab study, including flow cytometry and Nanostring™ analysis as well as completing the analysis for the correlative studies conducted for the MoST 11 tildrakizumab study.

Fig 4. Immunohistochemistry showing multiplex staining of PD-L1 (green), CD3+ (yellow), CD8+ (red) on the Ultra discovery (Roche).
A) Endocervical adenocarcinoma showing PD-L1 expression >40%,
B) Glioblastoma showing CD3++CD8+ infiltrating cytotoxic lymphocytes (>60%). 20X magnification

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.

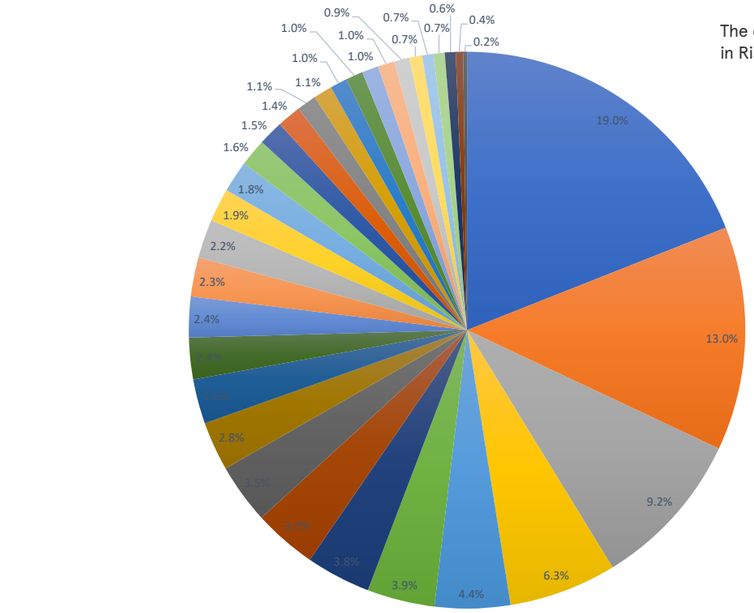
Understanding heritable cancer risk is important as it allows individuals at high cancer risk to be identified and clinical risk management strategies to be implemented. Increasingly this information also has therapeutic implications and can inform lifestyle and reproductive decisions.

Those identified as being at increased multi-organ cancer risk are eligible for participation in the companion project the Surveillance study in Multi-Organ Cancer prone syndromes (SMOC+).

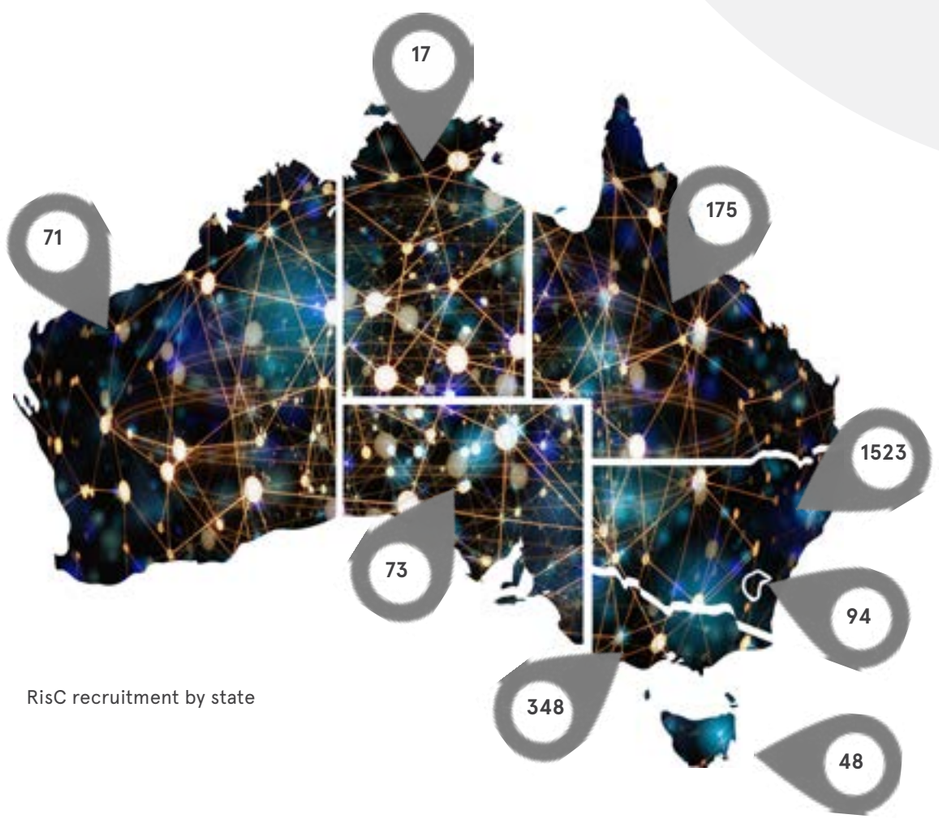
* a proband is a person serving as the starting point for the genetic study of a family

By September 2024:

- 2350 probands have been enrolled from around the country
- 1524 participants are from NSW
- RisC probands are 58% female
- 525 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 1836 probands
- 607 (26%) of probands have had multiple cancers
- approximately 63% of cancer in RisC participants are rare



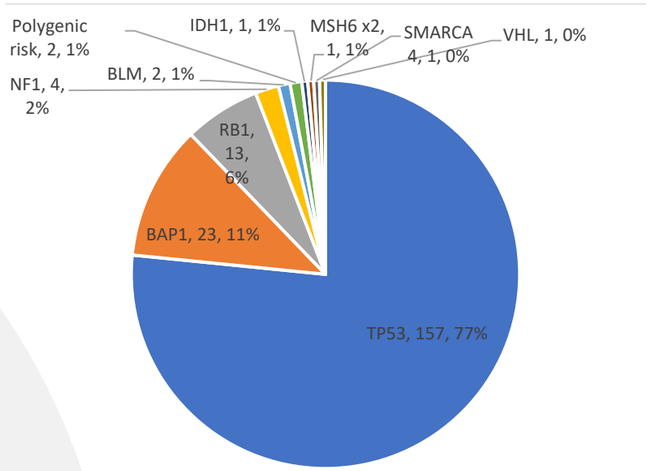
The different cancer types identified in RisC patients



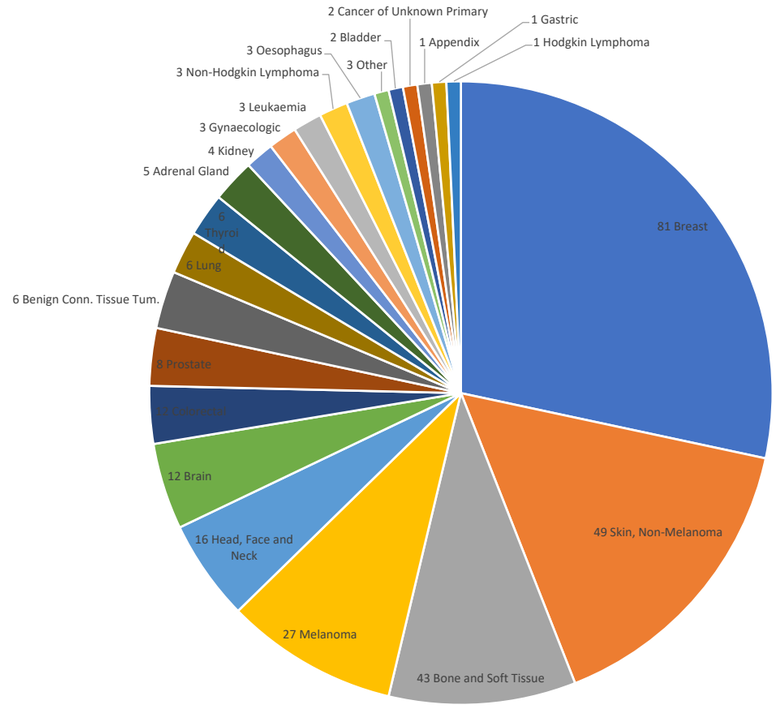
RisC recruitment by state

Surveillance in Multi-Organ Cancers (SMOC+) study

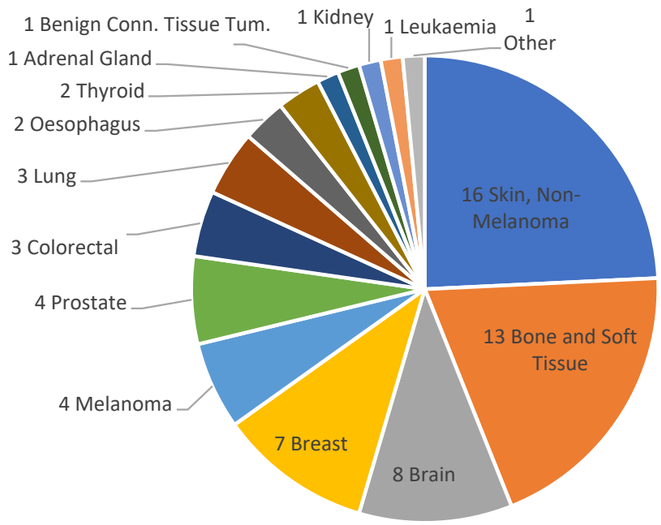
- 205 patients have been enrolled in the SMOC+ study Australia wide with 116 from Victoria, 82 from NSW and 7 from South Australia.
- Participants are 64% female and just under 80% have germline pathogenic variants in the TP53 gene (Li Fraumeni syndrome).
- Sixty seven (67) new primary cancers have been detected in 46 individuals as a result of participation in the study. Twenty eight (28) of the patients are female.
- 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 false negatives)
- The SMOC Junior study investigating whole body MRI surveillance in children at high cancer risk started recruitment in November 2022. As at 30 June 2024, 9 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 than75% of SMOC+ Study patients have Li-Fraumeni Syndrome (TP53 mutations).



Cancers of the breast and bone and soft tissue account for over 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)



SMOC+ Study surveillance led to 67 cancer diagnoses in 46 patients (28 females, 18 males). Just over 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

2026:

Changing access to medicines

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

Cancer

meets its match

Advocacy and support

Meeting the people that matched

Social Media Campaign – Launched August 2024

Omico launched a national educational initiative to provide Australians with advanced, incurable, or poor-prognosis cancers with an increased understanding of the power of comprehensive genomic profiling and precision oncology.

The 'Meet the People that Matched' campaign features four stories of people with advanced cancer diagnoses who have benefited from Omico's comprehensive genomic profiling (CGP) and matching to targeted treatments.

The campaign covers CGP and what it can provide, clinical trials and their role, raising and discussing CGP and precision oncology with an oncologist, and guidance on the eligibility for Omico's Cancer Screening Program (CaSP).

Four extraordinary people have shared their story and cancer journey.

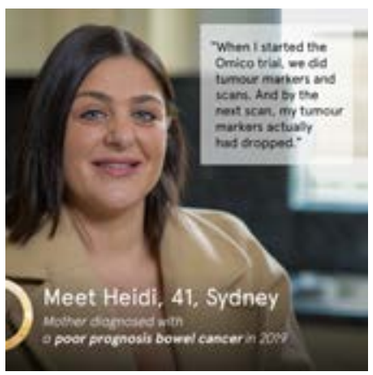
Meet Emma, Matt, Beth and Heidi through their videos here:

https://www.omico.com.au/patients-and-families/

National Press Club Address – Rare Cancers Awareness Day

Addressing the National Press Club on Rare Cancers Awareness Day (26 June 2024), Prof. David Thomas called for a bolder approach to harnessing rapid advances in cancer innovation known as 'precision oncology'. For Australians with the challenging diagnosis of rare, advanced or incurable cancers, the words 'it's time to get your affairs in order and prepare your family' needs to be replaced with an immediate directive to the access the genomics tools now available – genomic profiling of the cancer and matching to precision medicines.

Action is needed to accelerate access and equity, especially for patients with rare cancers, who suffer long-term disadvantage under the current model. Prof. Thomas points out the disparity in survival rates between common and rare cancers, with only 62% of those with rare cancers and 45% for less common cancers survive beyond 5 years, compared to 77% for common cancers. "Our data shows Australians with rare



cancers today have 40% fewer standard treatment options than those with common cancers."

You can watch the presentation at:

https://www.youtube.com/watch?v=ih8ANzDadzA

Creating resources to help patients, families and carers understand CGP and potential treatment matching

Omico is dedicated to raising awareness about precision oncology and the importance of patients discussing with their oncologists how these advances might affect their treatment options. Available resources created with input from clinicians, patients, and advocacy groups address five key questions:

1. What is precision oncology and why is it important?
2. What is comprehensive genomic profiling (CGP) and how can it lead to better treatment matching?
3. How do clinical trials offer additional treatment options?
4. How can patients request a referral to CaSP for CGP if eligible?
5. What does the CaSP referral process involve?

The Patient Information Booklet can be downloaded from the Omico website:

https://www.omico.com.au/wp-content/uploads/2024/08/2006541_Omico_Patient-Booklet_DIGITAL_v1.0.pdf

Educational Webinar

Omico had created a webinar to help patients, families and carers grasp advances in precision oncology and how comprehensive genomic profiling can possibly match patients with targeted treatments for their specific cancer. Omico's Professor David Thomas and Associate Professor Mandy Ballinger provided the latest updates, while Beth Ivimey, a registered oncology nurse with bile duct cancer, shared her personal experience with genomic profiling and targeted treatment.

https://vimeo.com/user160189098/omicowebinar?share=copy

Rare Cancers Australia - CanForum - 20 August 2024 - "Rare Cancer Moonshot"

Omico continues to share opportunities with Rare Cancer Australia, driving advocacy for cancer patients and supporting health improved outcomes.

Download a copy of the Rare Cancer Moonshot report at:

https://bit.ly/4dB8FCn

Speaking at CanForum24, Prof. Thomas introduced a new frontier that is within the reach of cancer patients - health system reform buffering the introduction of new science into routine clinical care. The Health System Incubator (HSI) was proposed as a vehicle to drive structural reform of a complex health system environment that fills the gap between TGA registration of new, safe and effective therapies and the Pharmaceutical Benefit Scheme (PBS).

HSI incorporates a mechanism for completion of value assessment of new and innovative treatments that is adaptable to the Australian health system more generally, is scalable and provides equitable access to these therapies to all Australians. It is based on a "Pay for Performance" model of efficacy that provides the data driven evidence required to support value, and value for investment for drug funding and reimbursement.

Watch the presentation at:

https://www.youtube.com/watch?v=j-X8e0LeVMA

Rare Cancers Australia and Omico

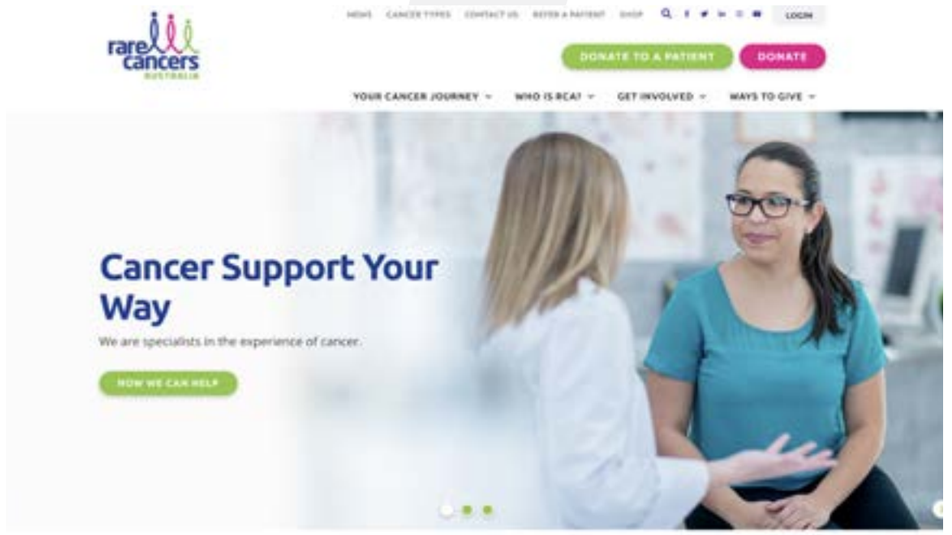
Omico and Rare Cancers Australia (RCA) continue to work closely driving advocacy, education and awareness with cancer patients and targeted advocacy groups. By partnering, we have been able to achieve a deeper connection to government representatives, patients groups and industry partners.

RCA has been pivotal in securing opportunities for Omico to present a shared vision for cancer patients - National Press Club address in June 2024 and CanForum24.

Rare Cancers Australia

Over the last 10 years, the team at Rare Cancers Australia has worked to improve the lives and health outcomes of Australians living with rare, less common and complex cancers

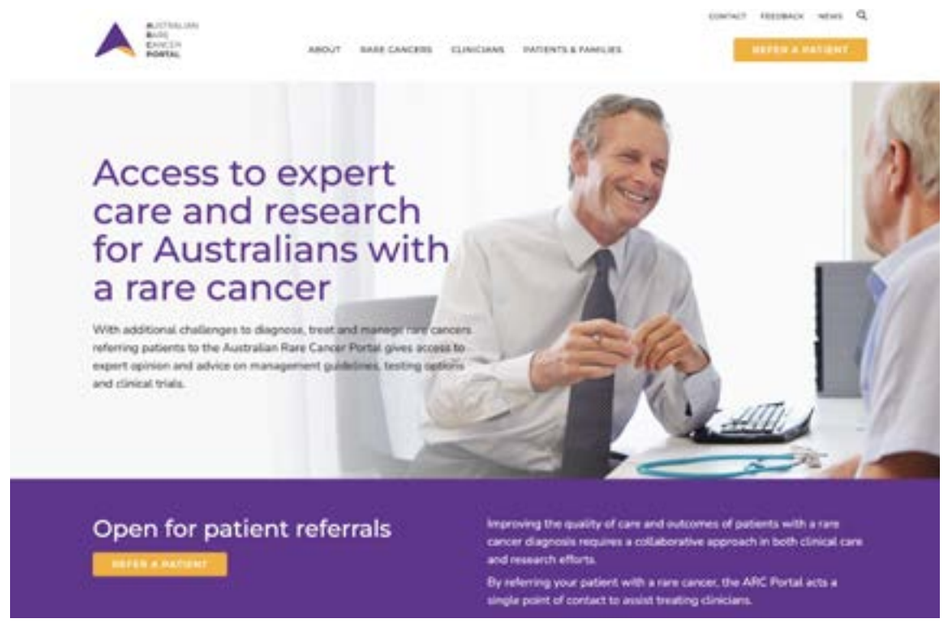
https://www.rarecancers.org.au/



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/



Research outputs

Publications

(134 to 30 September 2024)

2023

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8. Mersiades AJ, Solomon BJ, Thomas DM, Lee CK, Cummins MM, Sebastian L, Ballinger ML, Collignon E, Turnbull OM, Yip S, Morton RL, Brown C, Wheeler PJ, Itchins M, Simes RJ, Pavlakis N. ASPiRATION: Australian observational cohort study of comprehensive genomic profiling in metastatic lung cancer tissue. Future Oncol. 2023 Sep 28. doi: 10.2217/fon-2023-0366. Epub ahead of print. PMID: 37767626.
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community of experts on the minimum requirements for the evaluation of activity of systemic treatments. Cancer Treat Rev. 2022 Nov;110:102455. doi: 10.1016/j.ctrv.2022.102455. Epub 2022 Aug 18. PMID: 36031697.

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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.

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12. Walpole, I.R., Zaman, F.Y., Zhao, P., Marshall, V.M., Lin, F.P., Thomas, D.M., Shackleton, M., Antolin, A.A. and Ameratunga, M., 2024. Computational repurposing of oncology drugs through offtarget drug binding interactions from pharmacological databases. Clinical and Translational Medicine, 14(4).

Presentations & Abstracts

2023

1. Genomic targetability and survival outcomes of biliary tract cancers (BTC): A retrospective cohort study of the Australian Molecular Screening and Therapeutics (MoST) program. S Thavaneswaran, FPY Lin, CE Napier, JP Grady, ML Ballinger, ...Journal of Clinical Oncology 41 (16_suppl), 4093-4093.

2. Long-term clinical and psychosocial outcomes of surveillance in Li Fraumeni syndrome. M Zaheed, CE Napier, EJ Cops, N Ferris, K Moodie, B Milner, D Moses, ...Journal of Clinical Oncology 41 (16_suppl), 10578-10578.

3. Molecular tumor profiling and therapy selection in advanced gynecological cancers: A retrospective cohort analysis from the Australian Molecular Screening and Therapeutics ...D Kee, FPY Lin, S Thavaneswaran, CE Napier, ML Harrison, PJ Beale, ...Journal of Clinical Oncology 41 (16_suppl), 5526-5526.

4. Clinical activity of palbociclib and ribociclib monotherapy in advanced cancers with cyclin D-CDK4/6 pathway alterations in the Dutch DRUP and Australian MoST trials.LJ Zeverijn, E Looze, S Thavaneswaran, JM van Berge Henegouwen, ...Journal of Clinical Oncology 41 (16_suppl), 3101-3101.

5. Genomic alterations associated with response to immune checkpoint inhibitors in rare cancers: A biomarker exploration study from the Australian Molecular Screening and ...M Kansara, FPY Lin, S Thavaneswaran, CE Napier, JP Grady, ...Journal of Clinical Oncology 41 (16_suppl), 2594-2594.

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

7. Trastuzumab emtansine (T-DM1) in advanced cancers with HER2 mutations or amplification: Results from the Molecular Screening and Therapeutics (MoST) Program substudy. S Thavaneswaran, A Mersiades, FPY Lin, D Espinoza, JP Grady, CK Lee, ...Journal of Clinical Oncology 41 (16_suppl), 3127-3127.

2024

8. Dziadziuszko, R., Barlesi, F., Kim, J. E., Gadgeel, S. M., Krzakowski, M., Jeong, J. H., ... & Thomas, D. M. (2024) Atezolizumab in patients (pts) with tumor mutational burden (TMB)–high tumors from the TAPISTRY trial. Journal of Clinical Oncology 42 (17_suppl), LBA2509-LBA2509.

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11. 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.

Finances

Australian Genomic Cancer Medicine Centre Limited

ABN 67 627 640 733

Financial Report - 30 June 2024

Australian Genomic Cancer Medicine Centre Limited
Corporate information statement
30 June 2024

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)
Dr. Anna Lavelle (appointed on 13 December 2023)
Professor Benjamin Kile
Mr Bruce Goodwin (appointed on 30 August 2023)
Professor David Thomas
Mr Ian Black (appointed 2 April 2024)
Professor Michael Brown
Professor Ricky Johnstone
Professor Robert Simes
Ms Susan MacLeman
Ms Tze Masters

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 2024

General information

The financial statements cover Australian Genomic Cancer Medicine Centre Limited as an individual entity. 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 28 August 2024. The Board members have the power to amend and reissue the financial statements.

Australian Genomic Cancer Medicine Centre Limited
Statement of profit or loss and other comprehensive income
For the year ended 30 June 2024

	Note	2024 $	2023 $
Revenue and income	3	52,258,929	24,469,469
Interest income		2,458,536	801,318
Total revenue and other income		54,717,465	25,270,787
Expenses			
Service provider and project expenses		(55,399,339)	(14,710,879)
Consulting and support services expenses	4	(515,317)	(1,344,338)
Employee benefits expense		(2,015,040)	(479,693)
Research materials		(24,080)	(276,209)
Administrative costs		(3,902,369)	(1,648,173)
(Deficit)/surplus for the year attributable to the members of Australian Genomic Cancer Medicine Centre Limited	12	(7,138,680)	6,811,495
Other comprehensive income for the year		-	-
Total comprehensive income for the year attributable to the members of Australian Genomic Cancer Medicine Centre Limited		(7,138,680)	6,811,495

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

Australian Genomic Cancer Medicine Centre Limited
Statement of financial position
As at 30 June 2024

	Note	2024 $	2023 $
Assets			
Current assets			
Cash and cash equivalents	5	50,203,810	61,600,309
Trade and other receivables	6	4,529,868	1,108,132
Other assets	7	363,110	1,511,856
Total current assets		55,096,788	64,220,297
Non-current assets			
Property, plant and equipment	8	73,391	9,038
Total non-current assets		73,391	9,038
Total assets		55,170,179	64,229,335
Liabilities			
Current liabilities			
Trade and other payables	9	3,186,444	6,017,622
Contract liabilities	10	36,640,200	35,809,568
Employee benefits	11	149,701	69,631
Total current liabilities		39,976,345	41,896,821
Total liabilities		39,976,345	41,896,821
Net assets		15,193,834	22,332,514
Funds			
Accumulated funds	12	15,193,834	22,332,514
Total funds		15,193,834	22,332,514

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

Australian Genomic Cancer Medicine Centre Limited
Statement of changes in equity
For the year ended 30 June 2024

	Accumulated funds $
Balance at 1 July 2022	15,521,019
Surplus for the year	6,811,495
Other comprehensive income for the year	-
Total comprehensive income for the year	6,811,495
Balance at 30 June 2023	22,332,514

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

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

Australian Genomic Cancer Medicine Centre Limited
Statement of cash flows
For the year ended 30 June 2024

	Note	2024 $	2023 $
Cash flows from operating activities			
Receipts from government grants, other funding and other revenue		47,916,323	56,534,538
Payments to funding recipients, suppliers and employees		(61,672,509)	(16,075,607)
Interest received		2,458,536	801,318
Net cash (used in)/from operating activities		(11,297,650)	41,260,249
Cash flows from investing activities			
Payments for property, plant and equipment	8	(98,849)	(9,038)
Net cash used in investing activities		(98,849)	(9,038)
Net cash from financing activities		-	-
Net (decrease)/increase in cash and cash equivalents		(11,396,499)	41,251,211
Cash and cash equivalents at the beginning of the financial year		61,600,309	20,349,098
Cash and cash equivalents at the end of the financial year	5	50,203,810	61,600,309

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

Australian Genomic Cancer Medicine Centre Limited
Notes to the financial statements
30 June 2024

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. The Company is a not-for profit Health Promotion Charity registered with the Australian Charities and Not-for-profits Commission and under the *Charitable Fundraising Act NSW, 1991*.

The financial report was authorised for issue by the Board on 28 August 2024.

New or amended Accounting Standards and Interpretations adopted
The Company 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.

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 Company'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.

Interest income
Interest income is recognised in the statement of comprehensive income as it accrues, using the effective interest method.

Income tax
As the Company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it 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 Company'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 Company'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.

Note 1. Material accounting policy information (continued)

Financial assets at fair value through other comprehensive income
Financial assets at fair value through other comprehensive income include equity investments which the Company 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.

Goods and Services Tax ('GST') and other similar taxes
Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

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
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.

Note 3. Revenue and income

	2024 $	2023 $
From continuing operations		
Revenue from operations	52,258,929	24,469,469

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

	2024 $	2023 $
Revenue recognised under AASB 15 (recognised over time)		
Government funding	11,677,241	6,328,583
Funding and grants from corporate and institutional funding bodies	33,530,025	6,961,594
	45,207,266	13,290,177
Income recognised under AASB 1058 Income of NFP Entities		
Government funding	-	10,000,000
Funding and grants from corporate and institutional funding bodies	944,131	654,292
In-kind contribution	6,107,532	525,000
Total revenue and income from operations	52,258,929	24,469,469

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 Company 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.

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.

Note 3. Revenue and income (continued)

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

Note 4. Expenses

	2024 $	2023 $
(Deficit)/surplus includes the following specific expenses:		
Depreciation		
Computer equipment	34,496	887
Employee benefit expenses		
Defined contribution superannuation expense	198,741	44,497
Employee benefits expense excluding superannuation	1,816,299	423,256
Total employee benefit expenses	2,015,040	467,753
Consulting and support services expenses		
Consulting and administration	291,086	1,036,725
Legal costs	102,634	221,528
Other costs	121,597	86,085
Total consulting and support services expenses	515,317	1,344,338

Note 5. Cash and cash equivalents

	2024 $	2023 $
Current assets		
Cash at bank	50,203,810	61,600,309

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

	2024 $	2023 $
Current assets		
Trade receivables	416,672	1,108,132
Other receivables	2,751,929	-
BAS receivable	1,361,267	-
	4,529,868	1,108,132

Note 6. Trade and other receivables (continued)

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

	2024 $	2023 $
Current assets		
Accrued revenue	363,110	1,511,856

Note 8. Property, plant and equipment

	2024 $	2023 $
Non-current assets		
Computer equipment - at cost	106,149	11,700
Less: Accumulated depreciation	(37,158)	(2,662)
	68,991	9,038
Office equipment - at cost	4,400	-
	73,391	9,038

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

	Computer equipment $	Office equipment $	Total $
Balance at 1 July 2023	**9,038**	**-**	**9,038**
Additions	94,449	4,400	98,849
Depreciation expense	(34,496)	-	(34,496)
Balance at 30 June 2024	**68,991**	**4,400**	**73,391**

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	***Useful life***
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 Company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Note 9. Trade and other payables

	2024 $	2023 $
Current liabilities		
Trade payables	1,704,949	469,078
Accrued expenses	1,481,495	2,488,415
BAS payable	-	3,060,129
	3,186,444	6,017,622

Accounting policy for trade and other payables
These amounts represent liabilities for goods and services provided to the Company 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

	2024 $	2023 $
Current liabilities		
Income received in advance	36,640,200	35,809,568

Note 11. Employee benefits

	2024 $	2023 $
Current liabilities		
Employee benefits	149,701	69,631

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.

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

Note 12. Retained funds

	2024 $	2023 $
Accumulated funds at the beginning of the financial year	**22,332,514**	**15,521,019**
(Deficit)/surplus for the year	(7,138,680)	6,811,495
Accumulated funds at the end of the financial year	**15,193,834**	**22,332,514**

Australian Genomic Cancer Medicine Centre Limited
Notes to the financial statements
30 June 2024

Note 13. Key management personnel disclosures

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

	2024 $	2023 $
Aggregate compensation	760,566	842,812

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 14. 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 Company:

	2024 $	2023 $
Audit services - Grant Thornton Audit Pty Ltd		
Audit of the financial statements	42,000	30,000
Other services - Grant Thornton Australia Limited		
Taxation	-	24,000
Assistance in the compilation of financial statements	6,000	3,000
	6,000	27,000
	48,000	57,000

Note 15. Contingent liabilities

The Company had no contingent liabilities as at 30 June 2024 and 30 June 2023.

Note 16. Commitments

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

Note 17. Related party transactions

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

Key management personnel
Disclosures relating to key management personnel are set out in note 13.

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

In 2023, the Company entered into an Agreement for Supply of Professional Services with the spouse of Board member, Bruce Goodwin, as a Director of Sundial Management Pty Limited. Bruce Goodwin, who was Acting CEO of the Company at the time the agreement was entered into, is also a Director of Sundial Management Pty Limited. The Company paid $57,200 in 2023 to this entity for project management services rendered. There was no payment in 2024.

Note 17. Related party transactions (continued)

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 is the appointed Director of this Company, by the Garvan Institute of Medical Research. 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:

- From financial year 2020 to 2024 (inclusive), $4,740,798 is payable for IT infrastructure, Personnel and Director and Clinical Cohorts. During the year, $199,993 (2023: $377,155) was paid by this Company to Garvan Institute of Medical Research for these services. From 1 January 2023, the Company entered into a new agreement for the provision of IT Professional Services by Garvan Institute of Medical Research for $500,000 per annum. During the year $640,804 was paid by this Company to Garvan Institute of Medical Research for these activities.
- From financial year 2020 to 2024 (inclusive), an estimated $10,688,500 is 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, $2,321,875 (2023: $2,758,375) was paid by this Company to Garvan Institute of Medical Research for these activities.
- From financial year 2020 to 2024 (inclusive), $955,645 is receivable as part of NSW Health funds allocated to support the establishment of a Business Development Office for this Company. During the year, $150,000 (2023: $202,592) was received from Garvan Institute of Medical Research as part of this funding.

Under a Licence to Occupy Agreement between the two entities, Garvan Institute of Medical Research provided this Company access to a licensed area on a pro-bono basis. This agreement ceased during 2023.

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 is party to a multi-year Master Clinical Trial Research Agreement where $6,981,514 is payable over six years. These payments are contingent on contractual milestones being met by the service provider. During the year, $2,440,709 (2023: $4,372,258) was paid to that entity by this Company under this agreement. An additional $527,625 was paid to the University under a separate agreement for molecular screening. In 2023, $270,704 was paid to the University for drugs, kits and logistics. No such amounts were paid in the current year.

Richard Vines was a Board member of this Company (resigned on 31 December 2023) and was also the Chief Executive Officer and Chairman of Rare Cancers Australia (a charity registered with the ACNC). Bruce Goodwin is a Board member of this Company and is also a Board member of Rare Cancers Australia. Rare Cancers Australia is party to a multi-year service contract with this Company where $4,500,000 is payable over four years. These payments are contingent on contractual milestones being met by the service provider. $500,00 (2023: $500,000) was paid to that entity during the year. From 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. During the year $157,000 was paid by this Company to Rare Cancers Australia for these activities.

Medicine Australia delegates, as a group, appoint a Director of this Company per this Company's constitution. Dr Anna Lavelle was the Medicine Australia Nominating Group appointed Director of this Company. Entities that may receive funding from this Company may be associated with Medicine 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 $529,667 was made in the year (2023: $20,000) towards research services provided by Central Adelaide Local Authority Network.

University of Melbourne Professor Ricky Johnstone is a representative member on the Board. A payment of $799,150 has been made in the current year (2023: $780,100) towards research services provided by University of Melbourne.

On 11 April 2023, Chief Science & Strategy Officer, Professor David Thomas was appointed the Director of the Centre for Molecular Oncology at the University of New South Wales (UNSW). The Company has the following agreements with UNSW:

Australian Genomic Cancer Medicine Centre Limited
Notes to the financial statements
30 June 2024

Note 17. Related party transactions (continued)

- The Company has a Research Collaboration Agreement with UNSW and received $nil (2023: $352,234) from the University during the year under this agreement.
- The Company has entered into a Master Research Services Agreement with UNSW during the year. Under this agreement, the Company will pay approximately $17,108,607 over two years to UNSW for research services delivered by the University. During the year $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.

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 2024.

Note 18. Entity details

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

Note 19. Events after the reporting period

No matter or circumstance has arisen since 30 June 2024 that has significantly affected, or may significantly affect the Company's operations, the results of those operations, or the Company's state of affairs in future financial years.

Note 20. Disclosures in accordance with the Charitable Fundraising Act NSW, 1991

The Company 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.

The Company's revenue from operations, disclosed at note 3, includes amounts received from nongovernment, corporate and institutional funders and donations to be used and distributed for the charitable purposes for which the Company operates. The application of the Company'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 Company at year end for future use by the Company in its charitable purposes.

Australian Genomic Cancer Medicine Centre Limited
Declaration by the Principal Officer in accordance with the Charitable Fundraising Act 1991
25 June 2024

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

Grant Thornton Audit Pty Ltd
Level 17
383 Kent Street
Sydney NSW 2000
Locked Bag Q800
Queen Victoria Building NSW
1230

T +61 2 8297 2400

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 2024, 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, 28 August 2024

Grant Thornton Audit Pty Ltd
Level 17
383 Kent Street
Sydney NSW 2000
Locked Bag Q800
Queen Victoria Building NSW
1230

T +61 2 8297 2400

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"), which comprises the statement of financial position as at 30 June 2024, and the statement of profit or loss and other comprehensive income, statement of changes in funds and 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 Registered Entity's financial position as at 30 June 2024 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 for the year ended 30 June 2024, 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.

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, 28 August 2024


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