

Together, cancer meets its match

Annual Report 2026

Omico.

Our Impact:

as at 30 August 2026

>39,500

Total number of Patients referred to Omico programs since 2016

>29,600

Patients with completed molecular profiling

>19,300

Patients who have received a matched therapy recommendation

>3,400

Patients who have received a matched therapy

>2,500

Number of RisC individuals with completed whole genome sequencing

21

Number of individuals enrolled in SMOC Junior

2,722

Number of individuals at increased cancer risk enrolled in SMOC+ (including SMOC Junior) and RisC

315

Number of individuals enrolled in SMOC+ adult

123 new cancers in 63 individuals

SMOC+ adult cancer detection: 123 new cancers in 63 individuals

SMOC Junior cancer detection: 4 new cancers in 3 individuals

Health and wealth of our nation through PrOSPeCT 1.0:

- $200M+ foreign investment from industry sponsored cancer clinical trials
- 83 company-sponsored trials across all states & territories supported by Omico under PrOSPeCT 1.0 (16 would not have come to Australia without Omico)
- $121.3M+ growth in Australian investment (R&D, equipment, technology, exports)

Jobs & skills created through PrOSPeCT 1.0:

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

Real-world data:

Omico is gathering data to drive new cancer discoveries

- 25,500+ patient records and growing
- 285,000+ biofractions from 18,000+ people
- 95,000+ tissue specimens from 19,000+ people

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

About Omico

Omico is changing the way we fight cancer by accelerating access to precision oncology trials. We are a national, independent, not-for-profit organisation, uniting Australia's world-class cancer institutes, researchers, clinicians, industry partners and government like never before. By leveraging a nationwide network of expertise and resources, we are facilitating the delivery of genomic cancer medicine clinical trials to thousands of Australians with advanced and incurable cancers. With fast-tracked molecular and genomic screening, biomarker-led trial set up and patient enrolment from the entire nation, we're accelerating access to next generation treatments and preventive strategies.





From Vision to Impact: Omico's Strategic Focus

Vision:

Extend and enhance the lives of Australians with cancer through research-led and evidence-based precision oncology.

Mission:

Deliver improved outcomes for patients and their clinicians through:

Enabling access to tumour-profiling to evaluate and guide biomarker-driven treatment options for patients.

Leading health system reform through patient-centered evidence.

Personalised risk assessment and management, using heritable genetic information to assess cancer predisposition and investigate clinical risk management.

Strategic goals:

Improve outcomes for cancer patients

Fuel cancer research across the Australian cancer ecosystem

Our Values:

Innovation

Pioneering solutions to improve health outcomes for people with cancer

Collaboration

Bringing innovation to life through meaningful partnerships that make a difference

Hope

Ensuring our work inspires optimism for a better future

Courage and Compassion

Approaching challenges with determination and treating all stakeholders with empathy and respect.

Omico stakeholders

Omico Members:

linear

Metro South Health | Queensland Government

PathWest Laboratory Medicine WA | Government of Western Australia

pathology queensland

Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

RHH
Royal Hobart Hospital

SA PATHOLOGY

The University of Sydney

Government of South Australia | Health
Central Adelaide Local Health Network

NHMRC Clinical Trials Centre

In partnership with Northern Territory Government

Garvan Institute of Medical Research

ACT Government Health

PrOSPeCT Strategic Partners:

UNSW Sydney

Children's Cancer Institute

rare cancers Australia

WA

Fiona Stanley Hospital
GenesisCare – Joondalup
GenesisCare - Mandurah
GenesisCare – Murdoch
GenesisCare - Wembley
Linear Clinical Research
Ramsay Health - Joondalup Health Campus
Sir Charles Gairdner Hospital

NT

Royal Darwin Hospital (incl. Alan Walker Cancer Centre)

QLD

GenesisCare – Noosa
GenesisCare – Rockhampton
GenesisCare- Urraween
Icon Cancer Centre - Chermside
Icon Cancer Centre - Mackay
Icon Cancer Centre - North Lakes
Icon Cancer Centre - South Brisbane
Icon Cancer Centre - Southport
Icon Cancer Centre - Townsville
Icon Cancer Centre - Wesley
Mater Hospital Springfield
Mater Hospital Brisbane (incl. Mater Adult Hospital and Mater Cancer Care Brisbane)
Prince Charles Hospital
Princess Alexandra Hospital
Rockhampton Base Hospital
Royal Brisbane and Women's Hospital
Ramsay Health- Sunshine Coast University Private Hospital
Sunshine Coast Haematology and Oncology Clinic
Tasman Health Care
Toowoomba Base Hospital
Townsville University Hospital

NSW

Armidale Rural Referral Hospital
Bathurst Health Service
Border Medical Oncology
Calvary Mater Newcastle
Campbelltown Hospital
Chris O'Brien Lifehouse
Coffs Harbour Health Campus (incl. Mid North Coast Cancer Institute Coffs Harbour)
Dubbo Health Service (incl. Western Cancer Centre Dubbo)
GenesisCare - Campbelltown
GenesisCare - Frenchs Forest
GenesisCare - Hurstville
GenesisCare – Kingswood
GenesisCare – Maitland
GenesisCare - North Shore (St Leonards)
Gosford Hospital
Lidcombe Hospital
Liverpool Hospital (incl. Ingham Institute)
Macquarie University Hospital
Moree District Hospital
Narrabri District Hospital
Orange Health Service
Port Macquarie Base Hospital
Prince of Wales Hospital
Royal North Shore Hospital
Ramsay Health- Wollongong Private Hospital
Ramsay Health- Southern Highlands Private Hospital & Southern Highlands Cancer Centre
Scientia Clinical Research
Shoalhaven District Memorial Hospital (incl. Shoalhaven Cancer Care Centre)
St George Hospital
St Vincents Hospital Sydney (incl. The Kinghorn Cancer Centre)
Tamworth Rural Referral Hospital
Westmead Hospital
Wollongong Hospital (incl. Illawarra Cancer Centre)
Wyong Hospital

VIC

Austin Health (incl. Austin Hospital)
Barwon Health (incl. University Hospital Geelong)
Bendigo Health (incl. Bendigo Hospital)
Cabrini Brighton
Cabrini Malvern
Grampians Health- Ballarat
Grampians Health- Horsham
Grampians Health- Stawell
Maryborough District Health Service
Monash Comprehensive Cancer Consortium (MPCCC)
Northeast Health Wangaratta
Olivia Newton John Cancer Research Institute
Peter MacCallum Cancer Centre (PMCC)
South West Oncology
St Vincent's Hospital Melbourne
The Alfred

SA

Cancer Research SA
Flinders Medical Centre
GenesisCare - Calvary North Adelaide Hospital
GenesisCare - Elizabeth Vale (Playford Health Hub)
GenesisCare - South Terrace
GenesisCare - Toorak Gardens, Burnside Hospital
Icon Cancer Centre - Windsor Gardens
Icon Cancer Centre - Kurralta Park
Lyell McEwin Hospital
Queen Elizabeth Hospital
Royal Adelaide Hospital
Southern Oncology Clinical Research Unit (SOCRU)

ACT

The Canberra Hospital (incl. Canberra Region Cancer Centre)
University of Canberra Hospital

TAS

Icon Cancer Centre - Hobart
Launceston General Hospital
North West Regional Hospital
Royal Hobart Hospital

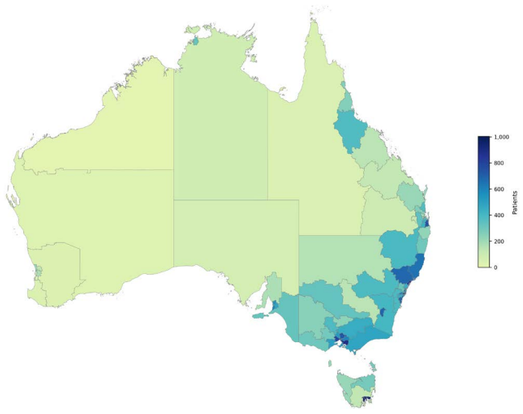
NEW ZEALAND

Auckland Hospital

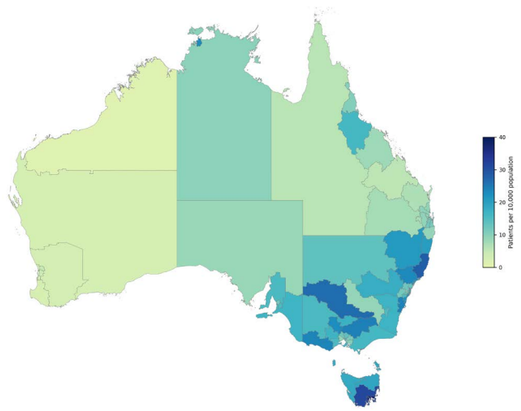
Our Patient Reach

Patients are recruited from across the nation.

Absolute distribution of Omico Patients by SA4



Per-capita distribution of Omico Patients by SA4



More than 34,900 patients recruited into Omico's programs to date.

- Includes 33,628 referred patients with a valid postcode, as at 31 August 2026.
- Covers CaSP (24,520) and MoST (9,108) patients only; excludes ZERO, RisC, and SMOC.
- Statistical Area Level 4 (SA4) regions are defined by the Australian Bureau of Statistics (ABS)
- Patients are assigned to an SA4 by postcode, and per-capita rates use 2021 Census poulation.
- Colour scales differ between the two maps.

Our Ecosystem

Prospect Foundational Partners

Omico.
Roche
NCI NATIONAL COMPUTATIONAL INFRASTRUCTURE
Children's Cancer Institute

Key Industry Partners

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

plus many others

Other industry and public sector Prospect partners include:

SYNTRO
Peter Mac Peter MacCallum Cancer Centre Victoria Australia
SONIC HEALTHCARE
BIOPLATFORMS AUSTRALIA
PRAXIS AUSTRALIA
George Clinical Science. Service. Solutions.
MICROBA™
illumina®
Southern Star RESEARCH Pharmaceutical | Biotech | Devices
LifeStrands in collaboration with MAYO CLINIC LABORATORIES
BAYER

Collaborators

rare cancers Australia
BioGrid Connecting health information
MACQUARIE University SYDNEY·AUSTRALIA
NSW GOVERNMENT Health Pathology
Australian Genomics Health Alliance
canteen
QIMR Berghofer Medical Research Institute
Leukaemia Foundation
MINDEROO FOUNDATION
DOUGLASS HANLY MOIR PATHOLOGY Quality is in our DNA
ATGC QUT Australian Translational Genomics Centre
CRBF Cooper Rice-Brading Foundation
UNSW SYDNEY

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

Powered by Community

Acknowledging the cancer advocy and support organisations that support Omico in improving access to precision oncology across Australia:

BEAT BLADDER CANCER AUSTRALIA

OVARIAN CANCER AUSTRALIA

canteen

Care-fully

NeuroEndocrine Cancer Australia

melanoma. patients australia

ALK POSITIVE AUSTRALIA

peace of mind foundation

mbc ACTION AUSTRALIA

think pink FOUNDATION

inherited CANCERS AUSTRALIA

Humanise Health.

SO BRAVE Australia's Young Women's Breast Cancer Charity

HEAD & NECK CANCER AUSTRALIA

GI CANCER TRIALS

CHORDOMA FOUNDATION

CRBF Cooper Rice-Brading Foundation *Placing one determined foot in front of the other.*

holangio.org

Prostate Cancer Foundation of Australia

RARE CANCER FOUNDATION AUSTRALIA



Our Board



Mr Richard Vines
Chair



Professor David Thomas
Chief Science and Strategy Officer



Ian Black
Chief Executive Officer and Director



Ms. Sue MacLeman
Director



Mr Bruce Goodwin
Director



Professor John Simes
Director



Professor Ricky Johnstone
Director



Craig Roy
Director



Greg Couttas
Director



Professor Alexander Swarbrick
Director



Professor Keith McNeil
Director



A/Professor Paul Martin
Company Secretary

Omico Board and Senior Executive updates:

At the October 2025 Annual General Meeting three Directors retired from the Omico Board:

- Paul Jeans - who was replaced as Omico Board Chair by Richard Vines on August 27th, 2025
- Professor Michael Brown who was replaced by Prof Keith McNeil on March 23rd, 2026
- Tze Masters who was replaced by Greg Couttas on October 23rd, 2025.
- During 2025 Prof Benjamin Kile stepped down as the Member Representative for the Garvan Institute of Medical Research and was replaced by Prof Alexander Swarbrick.

On June 12th, 2026 Dr Vera Terry, Deputy CEO, retired from Omico after many years of distinguished service.

Our Leadership Team



Ian Black
Chief Executive Officer



Professor David Thomas
Chief Science and Strategy Officer



Waman Tamhankar
Chief Financial Officer



Mandy Ballinger
Head of Cohorts



Kym Bramich
Head of Marketing & Communications



James Fedorow
Head of Business Development



Ronald Chan
Chief Data Officer



James Odell
Chief Technology Officer



Jessica Oliver
HR Manager



Professor Maree Toombs
Head of Indigenous Engagement



Lucille Sebastian
National Clinical Trials Network Program Manager



Jennifer Henderson
Strategy Officer

Report from the CEO

Dear Colleagues

The last year has seen Omico continue to progress and complete our research programs - MoST, RisC, SMOC and CaSP as part of PrOSPeCT.

On December 31st, 2025 we accepted our last patient referrals for our landmark initiative, PrOSPeCT 1.0 (Precision Oncology Screening Platform Enabling Clinical Trials). Since opening in March 2023, PrOSPeCT 1.0 has offered 21,500 patients the opportunity to access Precision Oncology.

The success of PrOSPeCT 1.0 enabled us to work with the Department of Health to secure additional funding in the May 2026 budget to ensure that we could continue to meet the growing patient and clinician demand for access to Precision Oncology.

A further demonstration of the DoH's desire to "mainstream" Precision Oncology came through a four month engagement with Genomics Australia during the first half of 2026. After spending many hours sharing our insights and experiences with the Genomics Australia team we look forward to seeing the release of policy recommendations in the coming year.

It has been another year of significant progress and delivery. A massive thanks to our clinical and business teams whose continued commitment has delivered a significant impact on our key programs.

Research Programs

Molecular Screening and Therapeutics (MoST)

The MoST program reached 8,126 participants in Australia by the end of December 2024. As of 31 Dec 2024:

- 7,308 patients had comprehensive genomic profiling (CGP) completed
- 5,270 patients had treatment recommendations
- 1,561 patients received a matched therapy (some patients accessing more than one therapy).

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

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

The ASPiRATION subprogram of MoST reached the 1,000 patient recruitment milestone on 21 June 2023, with 52% having an actionable lung cancer biomarker linked to a targeted therapy. Unfortunately, 71% of the cohort are now deceased.

Personalised cancer risk management

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

The Genetic Cancer Risk in the Young (RisC) study is a clinical genomics program for early-onset cancers (diagnosed with any solid cancer aged 16–40 years). RisC, and its companion the Surveillance study in Multi-Organ Cancer-Prone Syndromes (SMOC+) , have already identified cancers at an earlier, curable stage. The RisC study uses heritable genetic information to assess cancer predisposition and SMOC+ investigates clinical risk management, including whole-body MRI, in this high-risk population.

The RisC program surpassed its recruitment target and closed to general recruitment in mid 2024. Recruitment remains available for special cases upon review by the principal investigator. There have been 2,407 enrolments to date. Germline whole genome sequencing has been completed on 2,207 probands. 542 family members (biological relatives) have agreed to participate. The mean age at first cancer diagnosis is 32 years. 679 (28%) of probands have had multiple cancers and approximately 63% of cancers in RisC participants are rare. RisC probands are 58% female.

SMOC+ has enrolled a total of 315 people. One hundred and twenty-three (123) new primary cancers have been detected in 63 individuals as a result of participation in the study – 30% of these new primary cancers were detected via whole body MRI (WBMRI). Participants are 63% female and just under 65% have germline pathogenic variants in the TP53 gene (Li Fraumeni syndrome).

SMOC Junior, a childhood version, commenced in November 2022 for children at extremely high cancer risk, and expanded to John Hunter Children's Hospital in 2024 and The Children's Hospital at Westmead in July 2026. As at 31 August 2026, 21 children were enrolled, and four malignancies had been detected - 1 by WBMRI, 3 by additional surveillance.

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

Changing clinical practice guidelines

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

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

PrOSPeCT 1.0

Our landmark initiative, PrOSPeCT 1.0, commenced March 2023 and completed in December 2025 with a total of 21,500 patients referred to the program.. Omico was proud to lead this pioneering initiative involving public-private partnerships, a national network of Australia's world-class cancer institutes, researchers, industry partners, patient organisations and government, and $185M of funding. Grant funding of $61.2M was approved in early 2022 from the Federal Department of Industry Science and Resources (DISR) as part of the Modern Manufacturing Strategy.

PrOSPeCT 1.0's success relied heavily on the support from many partners and stakeholders. The Foundational partners for PrOSPeCT 1.0 – Roche Products Australia, National Computational Infrastructure (NCI) and Children's Cancer Institute – deserve a very special mention not only for their significant financial contribution but also for their strong commitment and involvement in the governance of PrOSPeCT.

PrOSPeCT 1.0 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 that are listed later in this report.

PrOSPeCT 2.0

In the May 2026 Federal Budget Omico was awarded $71.0 million to continue "PrOSPeCT-like" activities. Combined with the $30.8 million commitment from the Health Minister, the Hon Mark Butler, in March 2025, we now have sufficient resources to make Precision Oncology available to all patients referred to the program until the second half of 2028. These additional resources also allow Omico to continue to engage with key stakeholders on the longer-term goal of "mainstreaming" Precision Oncology and embedding it into routine clinical care.

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 turnaround time of 5–6 weeks. The business team has also grown to drive patient and clinician awareness and uptake of the program, and to realise the clinical trial and real world data opportunities created through PrOSPeCT 1.0.

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

The theme for APOS 2026 was Mainstreaming Precision Oncology: Transforming Care Through Science, Medicine and Equity — reflecting the growing focus on translating advances in precision oncology into routine, equitable cancer care. The program brought together leading international and Australian experts to explore the

opportunities and challenges involved in mainstreaming precision oncology across the cancer care system. Across two days, sessions explored clinical trials and tumour-agnostic therapies; emerging technologies including molecular second opinions, homologous recombination assays, proteomics and antibody-drug conjugates; the growing role of genetic and polygenic risk in cancer care; and equitable access to precision oncology, including perspectives from First Nations communities and regional Australia. The program concluded with a live Molecular Oncology Board focused on cancer of unknown primary (CUP), taking individual cases from molecular pathology through to treatment recommendations and demonstrating how precision oncology can inform clinical decision-making in practice. The 1½ day interactive Symposium had 22 speakers, 13 sponsors and 317 attendees – in person and virtual, including Australian oncology professionals – oncologists, researchers, pathologists, and members of the life science and advocacy sectors.

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.

The last 12 months has seen significant change within the Omico Board and Senior Executive.

At the October 2025 Annual General Meeting three Directors retired from the Omico Board:

- Paul Jeans - who was replaced as Omico Board Chair by Richard Vines on August 27th, 2025
- Professor Michael Brown who was replaced by Prof Keith McNeil on March 23rd, 2026
- Tze Masters who was replaced by Greg Couttas on October 23rd, 2025.

During 2025 Prof Benjamin Kile stepped down as the Member Representative for the Garvan Institute of Medical Research and was replaced by Prof Alexander Swarbrick.

On June 12th, 2026 Dr Vera Terry, Deputy CEO, retired from Omico after many years of distinguished service. Vera was there when Omico was founded and was an integral part of the organisation as it has grown and matured. On behalf of your Omico colleagues a massive thank you Vera for all of your efforts over the years.

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



Ian Black
Chief Executive Officer

Omico is changing the way we fight cancer.

The impact we are having:

>39,500

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

>34,900

Patients enrolled onto our programs

>29,600

Patients have completed molecular screening to date

>19,300

Patients have received a matched therapy recommendation

>3,400

Patients have received a matched therapy

Our programs:

Molecular Screening and Therapeutics (MoST)

Genetic Cancer Risk in the Young (RisC)

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

Cancer Screening Program (CaSP)

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

The Omico network involves more than 1,300 referring clinicians, 99 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), study was a forerunner of Cancer Screening Program (CaSP).

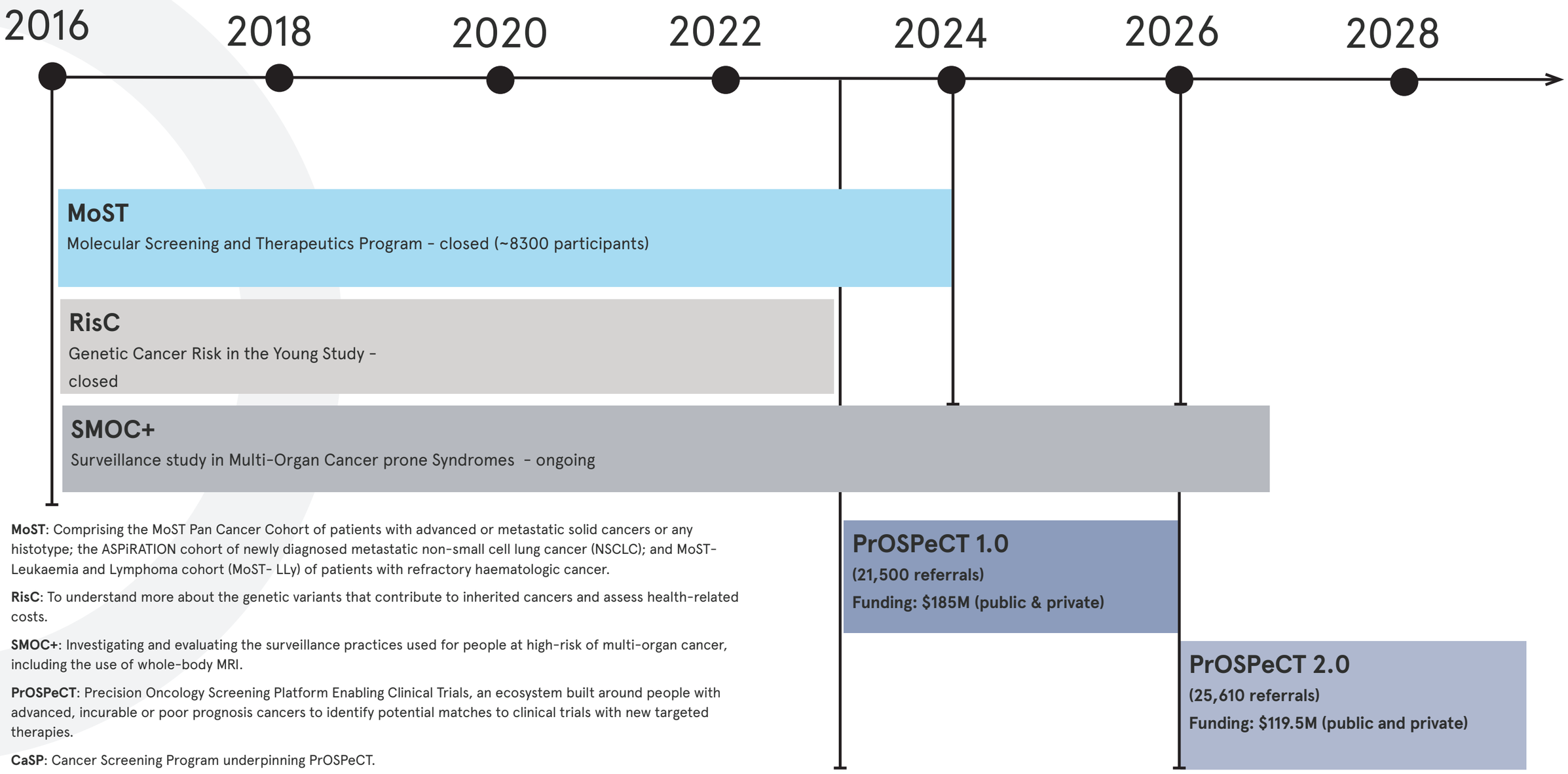
To date, across all programs, Omico has screened more than 29,600 Australians using genomic profiling. More than 3,400 patients have received targeted treatments – potentially doubling survival for those who receive a well-matched therapy.

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

We continue working to –

- **Embed Precision Oncology:** We are actively engaging and working across our networks to 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 99 treatment centres across metropolitan and regional Australia and more than 1,300 referring clinicians, ensures broad accessibility to our programs for cancer patients.
- **Grow the Australian Pathology Sector**: our programs have increased the demand for Comprehensive Genomic Profiling (CGP). This has facilitated an increase in the number of NATA accredited pathology laboratories providing the service.
- **Support Research-Led Infrastructure:** Omico's infrastructure supports research-led models of care, showcasing our ability to upscale and adapt to evolving needs.
- **Provide Clinical Expertise**: Our application of CGP and trials matching, facilitated by an experienced Molecular Oncology Board (MOB), ensures the delivery of expert and comprehensive reports with actionable recommendations to referring clinicians.
- **Facilitate Affordable and Equitable Access**: We are actively developing innovative solutions and treatment pathways to ensure affordable and equitable access, aligning with our commitment to a research-led model of care.
- **Provide Research and Data Leadership**: Omico's expertise in research and data generation is informing clinical practice and contributing to evidence-based decision-making.
- **Encourage Public/Private Partnerships**: Successfully fostering novel public/private partnerships has established Omico as an honest broker in collaborative efforts.
- **Gain International Recognition**: The international visibility and reputation of Australia for innovation further solidifies our standing as leaders in precision oncology.

Omico's Precision Oncology Research Initiatives



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

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

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

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

CaSP: Cancer Screening Program underpinning PrOSPeCT.

Transition Period from PrOSPeCT to PrOSPeCT 2.0

- Shift in funding from DISR to DHDA
- Balancing funding certainty with demand-led access within a grant-funded model
- Evolving business model, industry and policy landscape

PrOSPeCT 1.0

Precision Oncology Screening Platform Enabling Clinical Trials

Progress to 30 April 2025 - End of project, 31 December 2025

$121.3M

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

$135M

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

$200M

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

7

Australian NATA accredited pathology laboratories delivering profiling services to Omico

>258

highly skilled jobs created in genomics, clinical trials and diagnostics

81

Omico national clinical trials network (ONCTN) sites

>1,290

indirect jobs created supporting the programs

21,500

Patients referred for genomic screening (CaSP and ZERO)

39

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

10,212

Patients received a matched therapy recommendation (CaSP and ZERO)

PrOSPeCT 1.0

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

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

Over the life of the program (March 2023 – December 2025), PrOSPeCT aimed to provide free comprehensive genomic profiling to 20,000 Australians with advanced or poor prognosis cancers, enabling clinical trial access and personalised treatment. By December 2025, 21,500 patients had been referred. As at 31 August, 18,155 patients had been enrolled, and 15,800 had a successful molecular profiling attempt, with 11,008 patients going on to receive matched therapy recommendations, after being referred to the program.

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

Recruitment of patients will continue until we reach our target.

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

PrOSPeCT has stimulated the creation of skilled jobs, building Australia's capabilities and infrastructure in cancer research and care, and strengthening our position as a premier destination for precision oncology trials. Innovative and collaborative initiatives like PrOSPeCT are fundamental to the pursuit of delivering world-class cancer outcomes for all Australians in an affordable, equitable and sustainable way, and ensuring we remain internationally competitive and at the forefront of research and discovery regarding cancer.

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Patient access to precision oncology under PrOSPeCT 1 – as at 31 December 2025:

- 21,500 patients referred (by 31 December 2025) 19,426 of those patients have been referred to CaSP (adult) and 2,074 to ZERO (paediatric)
- 18,155 patients consented (as at 31st August 2026) 16,081 of those patients have consented to CaSP (adult) and 2,074 to ZERO (paediatric)
- 15,800 patients with successful sequencing

attempt (as at 31st August 2026): 13,912 (adult) and 1,888 (paediatric)

- 11,008 patients with a matched treatment/ therapy recommendation* (as at 31st August 2026): 10,647 (adult) and 361 (paediatric)

The above figures reflect ongoing activity for patients referred to ProSPeCT 1.0 prior to the closure of referrals on 31 December 2025.

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 31 August 2026, there were more than 155,000 biofractions from more than 11,500+ patients processed and stored at the NSW BioBank.

Jobs, Education and Training (as at 31 December 2025):

- More than 258 direct highly skilled jobs were created in the medical and science sectors across Australia. A further 1,290 indirect jobs were 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 ~$121.3M in Australia (as at 31 December 2025) including:

- research and development – $47.9M
- capital equipment – $49.7M
- new technology – $5.3M
- design – $1.9M
- acquisition of licenses – $0.35M
- intellectual property – $0.06M
- Digital Transformation – $0.6M
- Transaction costs – $0.15M
- Export revenue – $15.3M

Impact on Industry growth:

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

Supporting Clinical Trials:

- Over the last year our National Clinical Trial Network has expanded to 99 sites across Australia. Importantly 32 of these centres are located in regional areas.
- PrOSPeCT has supported 93 industry sponsored oncology clinical trials – 16 of these trials would not have come into Australia but for Omico's National Clinical Trial Network.

BioBank NSW is the national processing and storage facility for biospecimens collected under PrOSPeCT 1.. At the end of September 2025, there were more than 135,200 biofractions from more than 10,058 patients processed and stored at the BioBank.

PrOSPeCT 2.0

2026 - 2028

PrOSPeCT (Precision Oncology Screening Platform Enabling Clinical Trials) 2.0 maintains the ecosystem established under PrOSPeCT 1.0 through to the end of 2028.

Ongoing support from the Australian Government including funding of $30.8M in 2025, and a further $71M in May 2026, has been critical to continue the free access to molecular profiling for Australian cancer patients.

PrOSPeCT 2.0 will:

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

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



Cancer Screening Program

Cancer Screening Program (CaSP) is the framework for:

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

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

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

58.4%
of patients have common cancers

12.0%
of patients have less common cancers

29.6%
of patients have a rare cancer

Progress (31 August 2026):

25,183
patients referred for screening under CasP

21,424
patients consented to be screened

36%
patients come from rural, regional or remote locations

2.0%
patients identify as Indigenous

>1,310
clinicians are referring patients

17,913 patients with a successful sequencing attempt

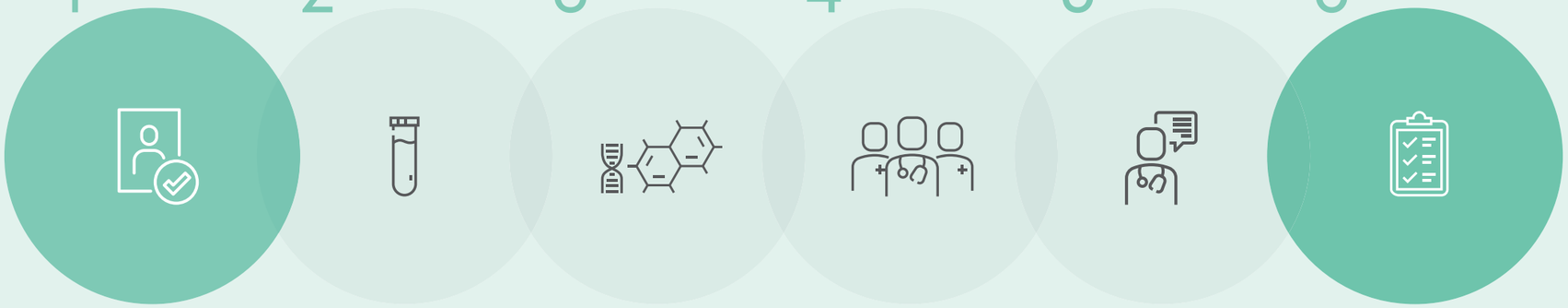
13,685
Patients with matched treatment/therapy recommendations

1,823
Patients have received a matched therapy after oncology reports have been issued

The Omico Cancer Screening Program (CaSP)

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

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



1 Consent process

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

2 Cancer tissue sample

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

3 Comprehensive genomic profiling

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

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

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

5 Report sent to your referring cancer doctor (oncologist)

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

6 Questionnaire

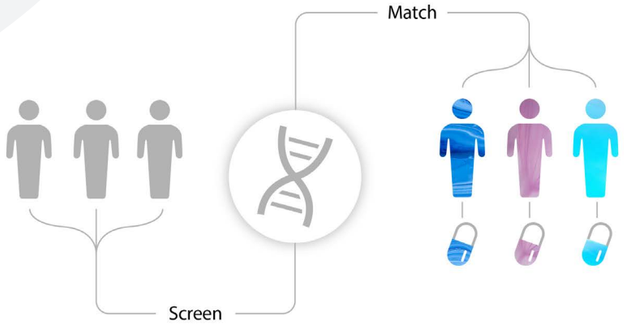
Every three months the Omico CaSP team will contact you (by email) and ask you to fill out a questionnaire about how you are feeling and coping with daily activities.

How long does this all take?

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

Research Highlights

Molecular Screening and Therapeutics Program (MoST)



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

A master protocol provided a framework for identifying actionable molecular targets and for evaluating treatments based on the molecular signatures of tumours. Together with a national network of cancer treatment centres, the master

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

protocol allowed for the rapid and cost-effective development and conduct of multiple, parallel, signal-seeking clinical sub-studies of novel treatments in precisely defined sub-populations.

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

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

The additional subprograms included:

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

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

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

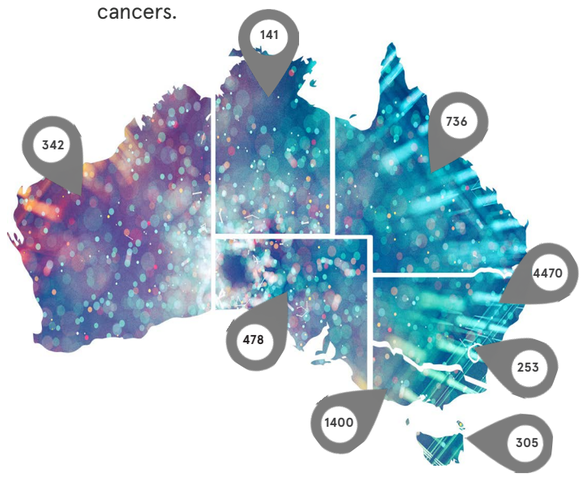
The MoST program reached 8,186 participants in Australia by the end of December 2024. As of 31 Dec 2024: 747,308 patients had comprehensive genomic profiling (CGP) completed; 5,270 patients had treatment recommendations; 1,561 patients received a match therapy (some patients accessing more than one therapy).

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

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

Screening component of MoST

- Recruitment to the MoST study was completed 31st December 2023 with 8,126 patients recruited to the study, more than double the target of 3095 patients.
- Recruitment has been from 21 sites around the country, with at least one site per state/territory.
- 1,561 patients (19%) accessed a matched therapy.
- Patients with a broad range of cancer morphologies have been enrolled – based on an updated RARE Care list with regard to treatment availability in Australia, more than 44% with rare, 9% less common and 47% with common cancers.
- Unfortunately, 80% of the cohort are now deceased.



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



NZ

MoST Sub-Programs

MoST-Pan cancer cohort – Patients with a broad range of cancer morphologies have been enrolled – based on an updated RARE Care list with regard to treatment availability in Australia, more than 52% with rare, 11% less common and 37% with common cancers. Unfortunately, more than 81% of the pan cancer cohort are now deceased.

ASPiRATION lung cancer cohort – ASPiRATION reached the 1,000 patient recruitment milestone on 21 June 2023, with 52% having an actionable lung cancer biomarker linked to a targeted therapy. Over 70% of the cohort are now deceased.

Pancreas (MoST-Pancreas) cohort – More than 400 pancreatic cancer patients have been referred to the program with 300 patients enrolled into the cohort. Sadly, only 11% are still alive.

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

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

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

Data analysis from the MoST cohort

An analysis published by Lin et al. in JAMA Oncology1 demonstrated that of the first 3,383 patients enrolled in the MoST-Pan cancer cohort, >60% of patients received recommendations for matched therapies. Of the screened cohort, 38% of patients had a drug target identified that was associated with increased survival.

[1]Genomic therapy matching in rare and refractory cancers. (2026) FP Lin, S Thavaneswaran, JP Grady, CE Napier, M Kansara, et al. JAMA Oncology 12(5), 458-468.

Therapeutics component of MoST

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

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

Substudy summaries

MoST 1 – Palbociclib

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

Status: closed

Recruitment: 16/16

Findings: Negative

Manuscript: DOI: 10.1002/ijc.34649

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

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

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

MoST 2 – Durvalumab and tremelimumab (pan cancer)

Biomarker: Enriched for high TMB

Status: closed

Recruitment: 64/64; expansion 48/48

Findings: Positive

Manuscript: DOI:10.1101/2022.06.30.22277092

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

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

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

MoST 3 – Olaparib and durvalumab

Biomarker: BRCA1/2 or other HRR alterations

Status: closed

Recruitment: 48/48

Findings: Positive

Manuscript: DOI:10.1038/s41416-023-02311-0

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

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

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

MoST 4 – Vismodegib (pan cancer)

Biomarker: PTCH1, SMO mutations

Status: closed

Recruitment: 16/16

Findings: Negative

Manuscript: Pending

MoST 5 – Eribulin (pan cancer)

Biomarker: CD31 positive

Status: closed

Recruitment: 16/16

Findings: Published

Manuscript: https://doi.org/10.1158/1078-0432.CCR-25-3362

MoST 6 – Larotrectinib (pan cancer)

Biomarker: NTRK fusions or extremes of overexpression

Status: closed

Recruitment: 17/32

Findings: Negative

Manuscript: DOI: 10.1093/oncolo/oyae339

Outcome: Out of the 17 participants:

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

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

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

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

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

MoST 7 – Tremelimumab (pan cancer)

Biomarker: High TMB

Status: closed

Recruitment: 22/24

Findings: Negative

Manuscript: DOI 10.1038/s41698-025-01156-5

Outcome: The trial found that tremelimumab had limited benefit overall in advanced cancers with high tumour mutational burden and did not meet its primary goal: only 6% of patients were progression-free at six months. Median progression-free survival was 1.9 months and overall survival was 6.3 months. However, two patients had tumour shrinkage—one with endometrial cancer and one with sarcoma—with responses lasting 3.8 and 15.9 months. Treatment-related serious adverse events affected five patients, suggesting occasional meaningful benefit but limited overall effectiveness.

MoST 8 – Trastuzumab emtansine (pan cancer)

Biomarker: HER amplification or mutation

Status: closed

Recruitment: 32/32

Findings: Positive

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

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

MoST 8 – Trastuzumab emtansine (ASPiRATION)

Biomarker: HER2 amplification or mutation

Status: in treatment and follow-up

Recruitment: 23/32

Findings: Pending

Manuscript: In preparation

MoST 9 – Tucatinib and trastuzumab (pan cancer)

Biomarker: HER2 amplification or mutation

Status: in treatment and follow-up

Recruitment: 32/32

Findings:

- HER2 Amplification – Positive
- HER2 mutations – Negative

Manuscript: https://doi.org/10.1038/s41698-026-01590-z

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

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

MoST 10 – Palbociclib plus avelumab (pan cancer)

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

Status: Closed

Recruitment: 64/64

Findings: Pending

Manuscript: In preparation

MoST 11 – Tildrakizumab

Biomarker: none specified

Status: Closed

Recruitment: 32/32

Findings: Pending

Manuscript: In preparation

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

Biomarker: BRAF V600E mutations

Status: Closed

Recruitment: 64/64

Findings: Positive

Manuscript: DOI: 10.1016/j.annonc.2024.08.690

Outcome: Both solid cancer and first line non-small cell lung cancer (1L NSCLC) groups met the predefined threshold, achieving ORR of 50% (18 of 36, solid) and 42% (10 of 24 RECIST evaluable, 1L NSCLC). In the solid group, the median PFS and OS were 7.9 mo (95% CI: 5.6-15.9) and 15.9 mo (9.1-21.9). The 6-mo PFS rates were 68% (48-82%) and 67% (45-81%) for the solid and 1L NSCLC groups respectively. Ten pts (16%) discontinued treatment and 21 pts (33%) required dose adjustments due to adverse events.

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

MoST 13 – Entrectinib (combined pan cancer and ASPiRATION)

Biomarker: NTRK fusions or ROS1 rearrangements

Status: Closed

Recruitment: 0/16

Findings: N/A did not recruit

Manuscript: N/A did not recruit

MoST 14 – Alectinib (combined pan cancer and ASPiRATION)

Biomarker: ALK rearrangements

Status: Closed

Recruitment: 16/16

Findings: Pending

Manuscript: Manuscript pending

MoST 15 – Acalabrutinib plus durvalumab (haematology)

Biomarker: nil specified

Status: Closed

Recruitment: 23/32

Findings: Pending

Manuscript: Manuscript pending

MoST 16 – Pamiparib (haematology)

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

Status: Closed

Recruitment: 12/16

Findings: Pending

Manuscript: Manuscript pending

MoST 17 – Tepotinib (ASPiRATION)

Biomarker: MET exon 14 skipping mutation

Status: Closed

Recruitment: 8/16

Findings: Pending

Manuscript: Manuscript pending

MoST 18 – Durvalumab plus chemotherapy (pan cancer)

Biomarker: nil specified

Status: Closed

Recruitment: 6/16

Findings: Not clearly positive

Manuscript: https://doi.org/10.1016/j.jtocrr.2026.101014

Outcome: In this phase II study of six patients with extrapulmonary small cell carcinoma, durvalumab plus chemotherapy achieved a 50% response rate, median progression-free survival of 4.9 months, and median overall survival of 8.8 months. No new safety signals emerged, but responses were short-lived, with no clear improvement over historical chemotherapy outcomes. Early closure due to slow recruitment and the absence of a control group prevented definitive conclusions about added benefit.

MoST 19 – Sotorasib (AMG510) (pan cancer)

Biomarker: KRAS G12C mutation

Status: In treatment and follow-up

Recruitment: 4/32

Findings: Pending

Manuscript: Manuscript pending

MoST CRESTONE (seribantumab) (pan cancer)

Biomarker: NRG1 fusions

Status: Closed

Recruitment: 3/16

Findings: Pending

Manuscript: DOI: 10.1200/PO.22.00263

MoST CIRCUIT (Nivolumab and ipilimumab) (pan cancer)

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

Status: In treatment and follow-up

Recruitment: 240/240

Findings: Positive

Manuscript:

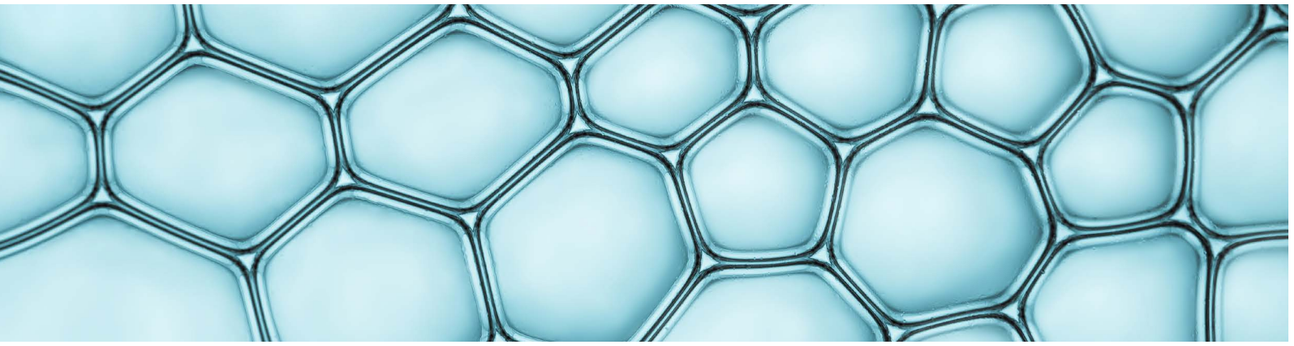
DOI: 10.1001/jamaoncol.2025.1916. PMID: 40608313; PMCID: PMC12232261.

DOI: 10.1001/jamaoncol.2025.1916

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



From the Clinical Follow-up team



The Clinical Follow-up team is still collecting treatment, outcome and survival information for over 1800 patients enrolled in the MoST-Pan, MoST-Pancreas and ASPiRATION cohorts of the MoST Program. We are continuing to identify patients that receive therapy as a result of CGP obtained through the MoST Program or via studies run through the MoST Program. In particular, we would like to highlight the MoST-CIRCUIT (MoST Combination Immunotherapy in Rare Cancers Under InvesTigation).

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

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

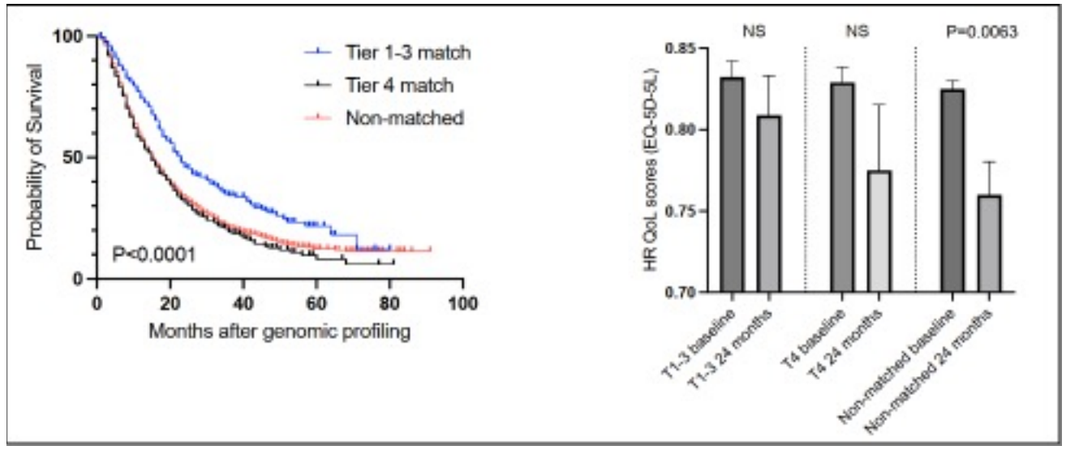
A patient from a culturally and linguistically diverse background was diagnosed with pancreatic cancer and underwent standard of care treatment for over a year. As the patient's MoST CGP results identified a high level of microsatellite instability, the patient was deemed eligible for the MoST-CIRCUIT trial. The patient received immunotherapy for two years, and has not required additional treatment.

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

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

- an average of almost 2,000 patients per month are being followed up;
- 99% of patients in all cohorts completed a baseline questionnaires health questionnaire; and
- >65% of attempts to obtain clinical follow up attempts were completed.

Survival benefit for patients accessing a T1 – T3 matched therapy



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

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

Translational Oncology Laboratory (TOL)

The Translational Oncology Laboratory (TOL) conducts in-depth molecular and biological analysis of patient samples collected through the Molecular Screening and Therapeutics (MoST) and Cancer Screening Program (CaSP). Using genomic, transcriptomic and proteomic technologies, the team investigates biomarkers that may help explain cancer behaviour and response to treatment.

In 2026, TOL expanded protein screening alongside comprehensive genomic profiling and progressed research into sarcoma biology and the tumour immune environment. By mid-July, the laboratory had completed or scored immunohistochemistry screening for 2,034 unique patients across its protein screening programs.

Expanding the search for treatment targets

A cancer's DNA can help guide treatment, but it does not tell the whole story. Immunohistochemistry (IHC) adds another view by staining tumour tissue so pathologists can assess which cells express a protein, where it appears and how strongly it is expressed. This can reveal potential treatment targets that genomic profiling alone cannot establish.

Protein screening is particularly relevant to antibody-drug conjugates (ADCs), which link an antibody that recognises a target protein to a cancer-killing drug. A screening result may support consideration of a targeted therapy or clinical trial, although eligibility can require trial-specific testing and other clinical criteria.

B7-H3 screening informs sarcoma trial development

Building on screening initiated in 2025 supported by the Cooper Rice Brading Foundation and Tour de Cure, TOL continued to investigate B7-H3 expression in sarcoma, a diverse group of cancers for which treatment options can be limited. By August 2026, tumour samples from 435 unique patients had been stained and scored. Of these, 282 (65%) had tumours meeting the laboratory's positivity criterion: moderate or strong membrane B7-H3 staining in at least 10% of tumour cells.

The data will be used to support a clinical trial proposal. The proposed study would investigate the B7-H3-directed ADC in advanced or metastatic soft tissue sarcoma.

B7-H3 screening informs sarcoma trial development

Building on screening initiated in 2025 supported by the Cooper Rice Brading Foundation and Tour de Cure, TOL continued to investigate B7-H3 expression in sarcoma, a diverse group of cancers for which treatment options can be limited. By August 2026, tumour samples from 435 unique patients had been stained and scored.

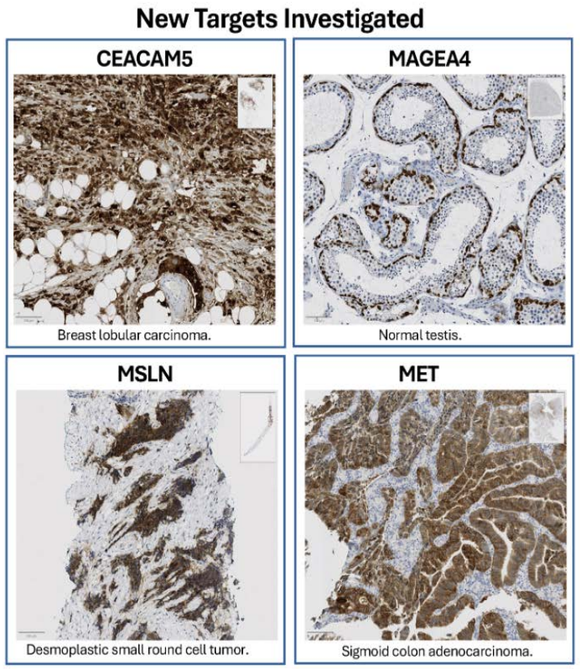


Figure 1. Investigating additional protein targets through IHC. Representative tissue sections show staining for CEACAM5 in breast lobular carcinoma (top left), MAGEA4 in normal testis (top right), mesothelin (MSLN) in desmoplastic small round cell tumour (bottom left), and MET in sigmoid colon adenocarcinoma (bottom right). Brown indicates target protein; blue staining; blue highlights cell nuclei. Insets locate enlarged regions. Scale bar :100 µm.

Of these, 282 (65%) had tumours meeting the laboratory's positivity criterion: moderate or strong membrane B7-H3 staining in at least 10% of tumour cells.

The data will be used to support a clinical trial proposal. The proposed study would investigate the B7-H3-directed ADC in advanced or metastatic soft tissue sarcoma.

Exploring protein targets in gynecological cancers

In August 2026, TOL began a pilot screening tumour sample from patients with advanced gynecological cancers for FR□, TROP2 and B7-H3. At the August research update, samples from 110 patients had been screened. The pilot connects protein screening with Omico's existing genomic screening and molecular oncology review.

As results accumulate, the team will assess how frequently each target is detected across cancer types, whether targets occur together, and whether findings support clinical trial consideration. Tracking subsequent recommendations, referrals and enrolment will help establish the practical value of the additional screening for patients.

Understanding the tumour immune environment

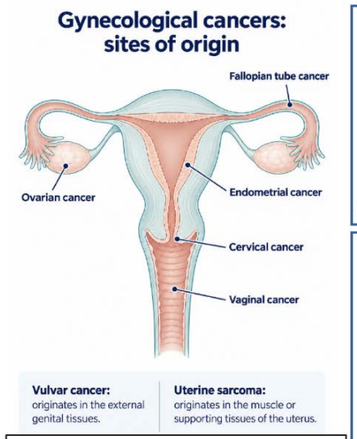
For the TAP study of tiragolumab and atezolizumab in advanced cancers, TOL used multiplex IHC to assess PD-L1 alongside the immune-cell markers CD3 and CD8. Approximately 965 unique patients underwent staining during the screening program. Assessing these markers within the same tissue section provides information about the immune cells present and their relationship to the tumour. A follow-on study has stained samples from 44 trial participants for DNAM-1, also known as CD226, to explore whether this marker adds information about response to the treatment combination. Pathology scoring and treatment outcome analyses remained pending.Next steps include the use of artificial intelligence methods to analyse the multiplex images. The project aims to map the distribution, proximity and clustering of tumour and immune cells and investigate whether these patterns add information beyond conventional scoring.

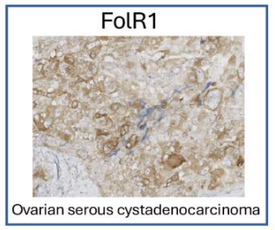
Mapping Australia's sarcoma genomic landscape

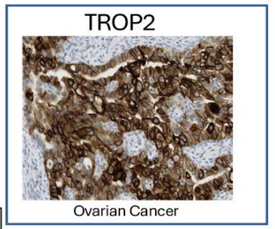
Alongside protein screening, TOL is investigating the sarcoma cohort screened through MoST and CaSP. Between November 2016 and June 2026, 2,062 patients representing 72 distinct bone and soft tissue histotypes underwent comprehensive genomic profiling. The cohort provides an opportunity to examine rare subtypes, molecular differences associated with anatomical site, and alterations that could inform diagnosis or treatment.

Initial analyses identified confirmed or strongly supported gene fusions in 243 patients, including NTRK, ALK and COL1A1::PDGFB fusions with established treatment relevance. Across the cohort, 588 patients had at least one evidence-based treatment opportunity, and 182 received treatment matched to a recorded genomic biomarker.

By integrating genomic findings with protein expression and the tumour immune environment, TOL is building evidence to support more informed treatment and clinical trial decisions. Ongoing work focuses on validating emerging biomarkers, assessing treatment outcomes and identifying gaps in treatment options for patients with sarcoma.







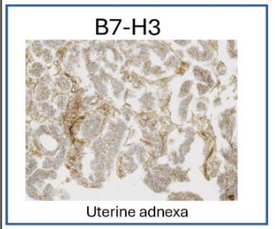
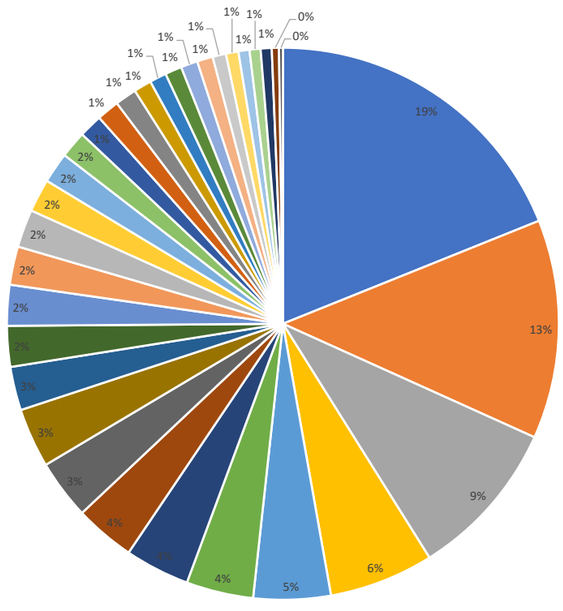


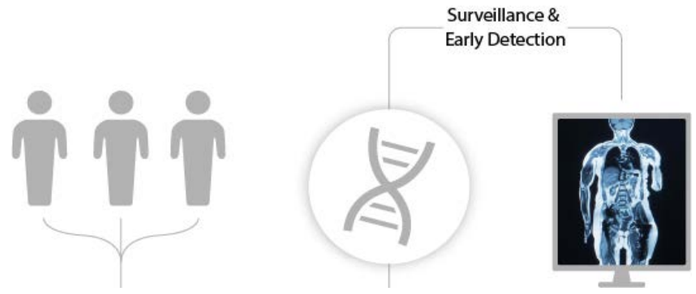
Figure 2. Protein targets in gynaecological cancers. Left: anatomical sites of origin. Right: representative staining for FRα (FolR1) in ovarian serous cystadenocarcinoma, TROP2 in ovarian cancer, and B7-H3 in uterine adnexal tissue. Brown indicates target protein; blue highlights nuclei. These markers are being investigated in TOL's pilot screening program.

The different cancer types identified in RisC patients



- Bone and Soft Tissue
- Breast
- Colorectal
- Brain
- Melanoma
- Kidney
- Skin, Non-Melanoma
- Other
- Benign Conn. Tissue Tum.
- Thyroid
- Lung
- Head, Face and Neck
- Non-Hodgkin Lymphoma
- Pancreas
- Ovary
- Prostate
- Testicular
- Hodgkin Lymphoma
- Bladder
- Uterine
- Gynaecologic
- Leukaemia
- Appendix
- Biliary
- Cancer of Unknown Primary
- Gastric
- Central Nervous System
- Adrenal Gland
- Oesophagus
- Small Intestine
- Thymus
- Liver
- Peritoneum

Genetic Cancer Risk in the Young (RisC) study



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

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

Mean age at first cancer diagnosis for RisC patients is 32 years. 679 probands (28%) have had multiple primary cancers.

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

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

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

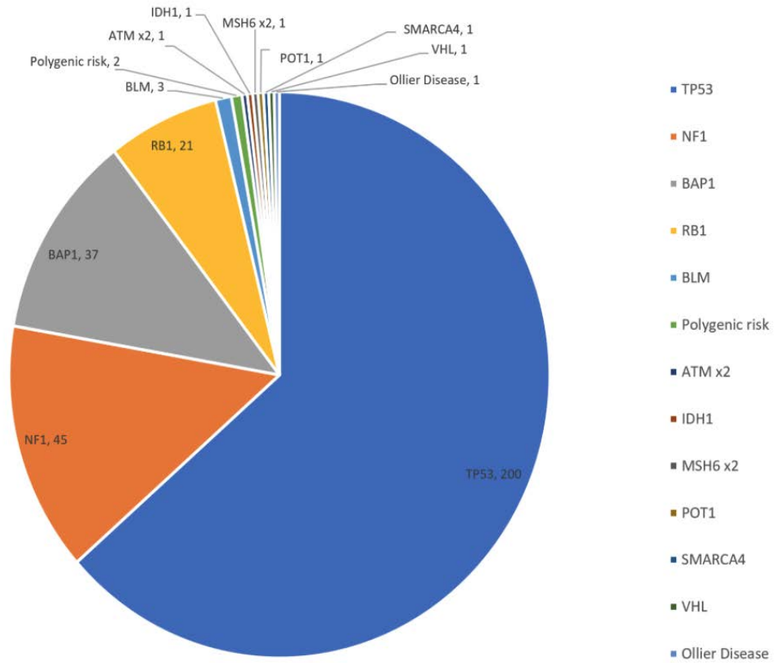
Non-cancer related gene variants are also being analysed, including pharmacogenomic genes. Variants in these genes can have an impact on an individual's ability to break down certain medications, leading to drug toxicity.

As at 30 Sept, 2026:

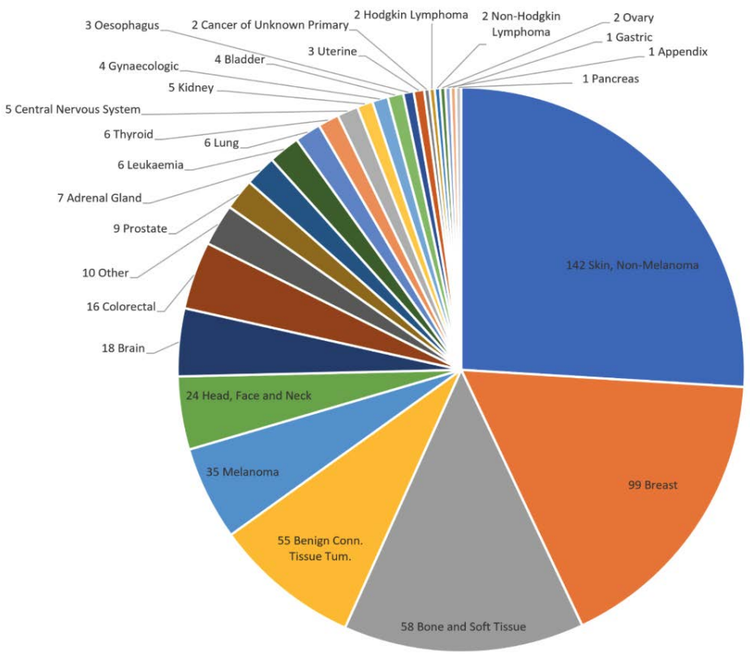
- 2407 probands* have been enrolled from around the country
- 1558 participants are from NSW
- RisC probands are 58% female
- 542 family members (biological relatives) have agreed to participate
- mean age at first cancer diagnosis is 32 years
- germline whole genome sequencing has been completed on 2207 probands
- 679 (28%) probands have had multiple cancers
- over 60% of cancer in RisC participants are rare

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

a) Recruitment by variant: Just under 65% of SMOC+ Study patients have Li-Fraumeni Syndrome (TP53 variants).



b) All cancers in SMOC+: Cancers of the breast and bone and soft tissue account for 30% 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).

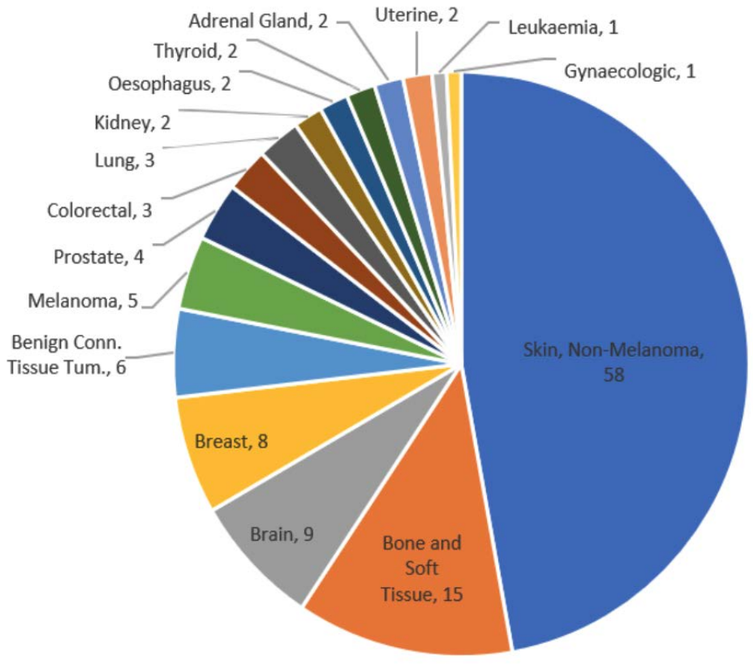


Surveillance in Multi-Organ Cancers (SMOC+) study

SMOC+ has addressed an unmet clinical need for surveillance in highly cancer-prone populations where there are no Australian guidelines that consider the multi-organ nature of cancer risk in many hereditary syndromes. SMOC+ has recruited 315 participants, ahead of its 5-year target of 180. One hundred and twenty-three (123) new primary cancers have been detected in 63 individuals as a result of participation in the study.

Expansion of the SMOC+ program into the junior space (whole body MRI surveillance in children with a high cancer risk) has recruited 21 junior patients with 4 malignancies already detected. Health economic analysis on this data resulted in application to the Medical Services Advisory Committee (MSAC) outlining the case for WBMRI surveillance in this cancer risk population. Annual whole body MRI surveillance for Li Fraumeni syndrome received reimbursement 1 March 2023.

- SMOC+ has enrolled a total of 315 people.
- One hundred and twenty-three (123) new primary cancers have been detected in 63 individuals as a result of participation in the study - 30% of these new primary cancers were detected via whole body MRI (WBMRI).
- Participants are 63% female and just under 65% have germline pathogenic variants in the TP53 gene (Li-Fraumeni Syndrome).
- The mean age of first cancer diagnosis is 29 years.
- SMOC Junior, a childhood version, commenced in November 2022 for children at extremely high cancer risk, and expanded to John Hunter Children's Hospital in 2024, and The Children's Hospital at Westmead in July 2026. As at 31 August 2026, 21 children were enrolled, and 4 malignancies were detected in 3 participants (1 by WBMRI, 3 by additional surveillance).



c) SMOC+ detected cancers: SMOC+ Study surveillance led to 123 cancer diagnoses in 63 patients (35 females, 28 males). 30% of these new primary cancers were detected by whole body MRI (WBMRI).

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



A World Beyond Cancer

2016:

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

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

2019:

NSW is the national leader in precision oncology

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

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

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

Omico has created jobs and economic growth

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

2023:

Omico landmark initiative PrOSPeCT

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

PrOSPeCT 2.0:

We will to continue to make Precision Oncology available to all patients referred to the program until the second half of 2028 whilst planning the next phase of improving health outcomes for cancer patients.

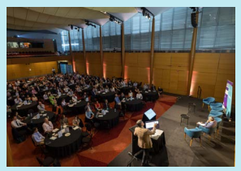
Cancer meets its match

Building understanding, engagement and advocacy

Research and evidence create greater impact when they are shared, understood and acted upon. Realising the potential of precision oncology requires clinicians to have access to precision oncology in practice and opportunities to build and share knowledge as the field evolves, patients and communities who know what may be possible, advocates who can help people navigate their options, decision makers who understand the evidence and system needs, and industry and research partners who can help translate innovation into access.

Omico works across these audiences to build understanding, share knowledge and evidence, strengthen collaboration and help extend the benefits of precision oncology to more Australians facing cancer.









1. Building knowledge and capability

Precision oncology is evolving rapidly. Translating advances into better cancer care requires opportunities to share evidence, exchange expertise and build understanding across clinical practice, research and industry.

Bringing the community together - Omico's Australian Precision Oncology Symposium (APOS).

In March, Omico delivered **APOS 26** - Mainstreaming Precision Oncology: Transforming Care Through Science, Medicine and Equity, bringing together clinicians, researchers, pathologists, industry, advocates and policymakers to explore the implementation of precision oncology in cancer care. The program spanned new therapies and clinical trials, emerging technologies, germline precision oncology, equity of access, and a live Molecular Oncology Board. 317 people participated, with delegates rating their likelihood of attending a similar educational meeting in the future 9.3/10.

P Planning is well underway for a milestone **APOS 27** on **26–27 February 2027**, marking the **10th Australian Precision Oncology Symposium.**

Sharing expertise and ideas

Across the year, Omico team members made over 35 contributions to scientific and professional conferences and meetings in Australia and internationally, sharing research, evidence and experience from across our work. Professor David Thomas was also co-convenor of the ESMO Sarcoma and Rare Cancers Congress in Switzerland in March 2026.

Omico also partners with UNSW and the University of Sydney to deliver the NSW Big Ideas Oncology Seminar Series, which has hosted five seminars in 2026, bringing together national and international thought leaders and encouraging cross-institutional knowledge exchange.

Extending access to research resources

In June, Omico launched new **real-world data and biospecimen resources**, enabling industry and research partners to access them to support research, evidence generation and decision-making.

Omico's real-world data brings genomic data together with detailed clinical, treatment and outcomes information, while its biospecimen resource provides access to samples linked to clinical and genomic data for translational research, biomarker discovery and academic collaboration.

A dedicated information hub and webinar attended by **more than 100 people** introduced these capabilities and opportunities to potential partners.

317
APOS 26 participants

35+
conference and meeting contributions

5
Big Ideas Oncology Series seminars since Oct 2026

100+
Real-World Data webinar registrants

2. Helping patients and communities understand their options

Understanding what precision oncology may offer, and knowing what questions to ask, can help patients and families navigate their options at a challenging time. Omico provides accessible information and resources about precision oncology and our programs through our website and digital channels, while partnering with patient support and advocacy organisations to extend that understanding further.

Partnering with patient and advocacy organisations

Omico works with patient support and advocacy organisations in ways that respond to the needs of the organisations and communities they serve. This can include providing information and advice about our programs, responding to requests for clarification, and delivering tailored sessions for teams supporting patients and families, and directly to patients through cancer support groups.

Through these relationships, we share knowledge and build understanding of precision oncology and the opportunities available through Omico's research programs, while learning from the experiences and perspectives of the communities these organisations represent.

Omico's longstanding partnership with Rare Cancers Australia (RCA) reflects a shared commitment to increasing access to clinical trials and precision oncology for people with rare and other challenging cancers. Through our legacy partnership, we work together to strengthen awareness and advocacy for more equitable access to these opportunities.

During the year, Omico participated in RCA's **CanForum26**, where Professor David Thomas presented on how Australia could keep pace with advances in cancer science while improving access, equity and affordability, including through expanding access to clinical trials and a national Learning Health System connecting research, access to innovative treatments and real-world evidence.

Omico also contributed to **RCA's Policy Roundtable Series**, sharing experience and perspectives from our national network on the availability, accessibility and translation of cancer clinical trials in Australia, including in regional and remote communities.

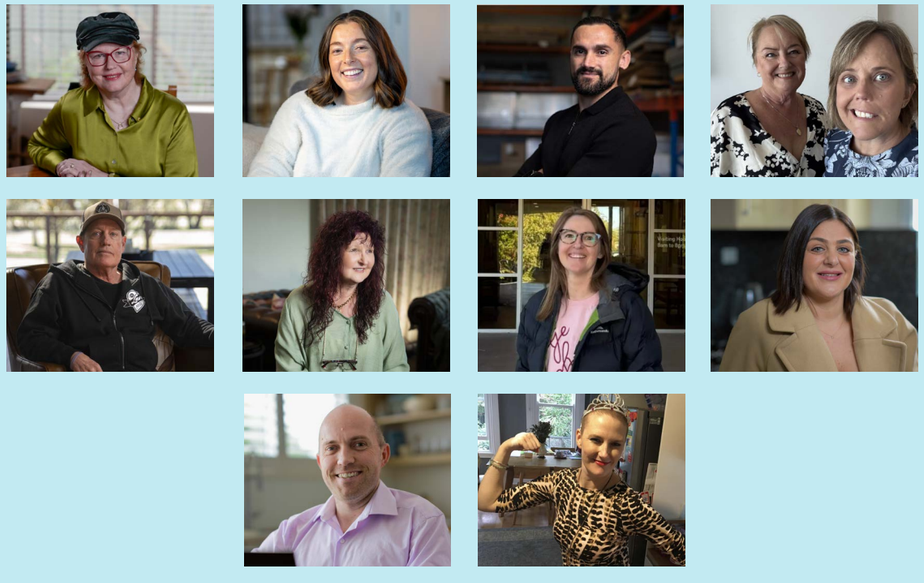
Lived experience helping others

People who participate in Omico's programs play an important role in helping others understand what precision oncology can mean in practice. Throughout the year, participants generously continued to share their experiences through media, events and Omico communications, helping other patients and families **know their options, understand what may be possible and feel better equipped to discuss these with their treating team.** Their experiences also bring an important lived-experience perspective to broader conversations about access to precision oncology.

Among them is **Beth Ivimey, Omico's STAR Ambassador — Screening and Therapy Advocate with Real-Life Experience.** Drawing on both her experience of advanced cholangiocarcinoma and her career as a cancer nurse, Beth advocates for precision oncology and helps patients, families and clinicians better understand what it can make possible and the options that may be available.

Thank you for sharing your experience

We thank the participants and families who have generously shared their experiences to help others understand precision oncology and what may be possible.



3. Bringing precision oncology into the national conversation

Greater awareness of precision oncology matters. When people understand what may be possible, they are better placed to ask questions, seek information and discuss potential options with their treating team.

Broader community understanding also helps build awareness of the access and system changes needed to ensure advances in cancer science can benefit more Australians.

Omico uses media, digital channels and public communications to take precision oncology beyond the research and cancer sectors. We share evidence and expertise, bring patient experiences to wider audiences, provide accessible information and resources, and contribute to public discussion about access to new approaches in cancer care.

During the year, Omico proactively pursued media around six key stories and developments, generating more than 32 pieces of coverage across national, metropolitan, regional and specialist media. Omico's research, expertise and activities also featured in additional media coverage initiated independently by journalists and other organisations.

Making precision oncology relevant to people

Patient experiences helped bring precision oncology to life for mainstream audiences. Coverage included Nathan Borg's experience of young-onset bowel cancer and genomic profiling in the Sydney Morning Herald, and Emma Sinclair's experience of accessing a matched treatment for brain cancer through a clinical trial, featured by ABC News. Their stories helped explain the possibilities created by precision oncology while highlighting broader challenges, from understanding cancer in younger people to ensuring people in regional Australia can access clinical trials and emerging biomarker-led treatments.

Sharing evidence and expertise

Omico's research and evidence also helped bring the value of precision oncology into the national conversation. Publication of long-term outcomes from Omico's MoST program in JAMA Oncology, involving Omico's Professor David Thomas and Dr Frank Lin, provided important evidence about when precision oncology can improve outcomes. Patients who received genomically matched therapies backed by strong clinical evidence had significantly longer overall survival.

The research also contributed to a wider conversation about access and implementation, with national media coverage highlighting the gap between identifying treatment opportunities and patients being able to access matched therapies. Professor Thomas contributed perspectives on barriers to clinical trial access and the need to ensure advances in precision oncology translate into more equitable access to biomarker-led treatments.

Extending understanding through our digital channels

Alongside earned media, Omico's digital channels provide an ongoing way to share research and program developments, patient experiences and resources with our diverse audiences.

Connecting with our audiences

Media

6
key stories and developments

32+
pieces of coverage

Social

377,951
social media engagements

eNewsletter

7
all-audience editions

7
referring clinicians editions

omico.org.au

92,918
total website visits

3,127
CaSP patient information booklet downloads

Vimeo

1,719
video views

4. Demonstrating impact and building support for continued investment

A major focus during the year was demonstrating the value and impact of the national precision oncology capability Omico has built with our partners over almost a decade, to build support to sustain our landmark initiative, PrOSPeCT, while advocating for mainstreaming precision oncology.

Omico brought together evidence of the impact being delivered for patients, the health system, research and industry, and the Australian economy. An integrated advocacy and communications campaign combined this evidence with patient experiences, engagement with government and other stakeholders, and media activity, helping demonstrate the value of continued investment in PrOSPeCT.

Every 15 minutes.

An Australian with incurable cancer is referred to PrOSPeCT.

This powerful measure of demand has continued throughout 2025–26 and underscores both the need to sustain PrOSPeCT and the importance of building a sustainable pathway for precision oncology in Australia.

From Momentum to Mainstream

Our campaign culminated in the launch of Omico's inaugural **Impact Report: From Momentum to Mainstream** at Parliament House in November 2025.

The report captured almost a decade of progress and evidence, demonstrating what Omico, together with our partners, had built and achieved through investment in precision oncology, and the impact being delivered across Australia. It also looked ahead to the opportunity to build on these foundations and move towards more equitable, mainstream access.

The launch brought together Federal Health Minister the Hon Mark Butler MP, Minister for Health and Ageing, Members of Parliament and advisers, Omico participants and families, and leaders from advocacy, policy, research, healthcare and industry. It generated **93 pieces of media coverage across television, radio, print and online, with an estimated reach of more than 19.3 million people.**

In the 2026 Federal Budget, the Australian Government committed a further $71 million to continue PrOSPeCT through to 2028–29, enabling a further 25,000 Australians facing advanced, incurable or poor prognosis cancers to access comprehensive genomic profiling (CGP) and matching to biomarker-led treatments and clinical trials, at no cost. It also enables continued evidence generation to help support future integration of precision oncology into routine cancer care.

On behalf of the thousands of Australians and families this initiative will continue to support, we acknowledge and congratulate the Australian Government and Minister Butler for enabling continuation of PrOSPeCT.







Research outputs

Publications (172 to 30 September 2026)

2025

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7. Gao B., Carlino M.S., Michael M., Underhill C., Marshall H., Gunjur A., So J., Kee D., Antill Y., Lam W.S., Chan H., Harrup R., Hamilton A., Grady J., Ballinger M., Tavancheh E., Yoon W.H., Palmer J., Thomas D., Wilkie K., Cebon J., & Klein O. 2025 Nivolumab and Ipilimumab Combination Treatment in Advanced Ovarian and Endometrial Clear Cell Cancers: A Nonrandomized Clinical Trial. JAMA Oncol. doi: 10.1001/jamaoncol.2025.1916.

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Finances

Australian Genomic Cancer Medicine Centre Limited

ABN 67 627 640 733

Annual Report - 30 June 2026

Docusign Envelope ID: D2485190-1C37-8F33-82AC-5AAD87958DB3

Australian Genomic Cancer Medicine Centre Limited
Corporate information statement
30 June 2026

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) held office during the financial year and up to at the date of this report, unless otherwise stated:

Mr Richard Vines (appointed 27 August 2025) (Chair)
Mr Bruce Goodwin
Professor David Thomas
Mr Ian Black
Professor Ricky Johnstone
Professor Robert Simes
Ms Susan MacLeman
Mr Craig Roy
Professor Alexander Swarbrick (appointed 5 September 2025)
Mr Greg Couttas (appointed 23 October 2025)
Professor Keith McNeil (appointed 23 March 2026)
Mr Paul Jeans (resigned 23 October 2025)
Professor Michael Brown (resigned 23 October 2025)
Ms Tze Masters (resigned 23 October 2025)

Company secretary
Associate Professor Paul Martin

Chief Executive Officer
Mr Ian Black

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Auditor's Independence Declaration

To the Responsible Entities of Australian Genomic Cancer Medicine Centre Limited

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead auditor for the audit of Australian Genomic Cancer Medicine Centre Limited for the year ended 30 June 2026, 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

A G Rigele
Partner – Audit & Assurance

Sydney, 24 September 2026

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Australian Genomic Cancer Medicine Centre Limited
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30 June 2026

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General information

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

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

The financial statements were authorised for issue, in accordance with a resolution of Board members, on 24 September 2026. The Board members have the power to amend and reissue the financial statements.

Australian Genomic Cancer Medicine Centre Limited
Consolidated statement of profit or loss and other comprehensive income
For the year ended 30 June 2026

	Note	Consolidated 2026 $	Consolidated 2025 $
Revenue and income	3	37,491,316	100,893,781
Interest income		1,429,601	2,281,633
Expenses			
Service provider and project expenses		(29,376,294)	(87,837,799)
Consulting and support services expenses	4	(916,730)	(422,885)
IT expenses		(1,850,257)	(1,616,670)
Employee benefits expense	4	(4,528,413)	(4,548,781)
Depreciation expense	4	(43,662)	(42,849)
Other expenses		(1,640,956)	(4,080,272)
Surplus for the year attributable to the members of Australian Genomic Cancer Medicine Centre Limited		564,605	4,626,158
Other comprehensive income for the year		-	-
Total comprehensive income for the year attributable to the members of Australian Genomic Cancer Medicine Centre Limited		564,605	4,626,158

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

Docusign Envelope ID: D2485190-1C37-8F33-82AC-5AAD87958DB3

Australian Genomic Cancer Medicine Centre Limited
Consolidated statement of financial position
As at 30 June 2026

	Note	Consolidated 2026 $	Consolidated 2025 $
Assets			
Current assets			
Cash and cash equivalents	5	15,534,302	39,610,584
Trade and other receivables	6	815,862	1,641,280
Financial assets	7	11,805,000	14,935,863
Other assets	8	53,658	597,549
Total current assets		28,208,822	56,785,276
Non-current assets			
Property, plant and equipment	9	19,018	42,165
Total non-current assets		19,018	42,165
Total assets		28,227,840	56,827,441
Liabilities			
Current liabilities			
Trade and other payables	10	3,557,878	17,729,917
Contract liabilities	11	3,982,717	15,717,880
Employee benefits	12	189,820	218,600
Other liabilities	13	-	3,245,434
Total current liabilities		7,730,415	36,911,831
Non-current liabilities			
Employee benefits	12	112,828	95,618
Total non-current liabilities		112,828	95,618
Total liabilities		7,843,243	37,007,449
Net assets		20,384,597	19,819,992
Equity			
Retained surpluses		20,384,597	19,819,992
Total equity		20,384,597	19,819,992

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

Docusign Envelope ID: D2485190-1C37-8F33-82AC-5AAD87958DB3

Australian Genomic Cancer Medicine Centre Limited
Consolidated statement of changes in equity
For the year ended 30 June 2026

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

Consolidated	Retained surpluses $	Total equity $
Balance at 1 July 2025	19,819,992	19,819,992
Surplus for the year	564,605	564,605
Other comprehensive income for the year	-	-
Total comprehensive income for the year	564,605	564,605
Balance at 30 June 2026	20,384,597	20,384,597

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

Docusign Envelope ID: D2485190-1C37-8F33-82AC-5AAD87958DB3

Australian Genomic Cancer Medicine Centre Limited
Consolidated statement of cash flows
For the year ended 30 June 2026

	Note	Consolidated 2026 $	Consolidated 2025 $
Cash flows from operating activities			
Receipts from grants, other funding and other revenue		25,669,744	91,641,053
Payments to funding recipients, suppliers and employees		(51,155,112)	(104,499,889)
Interest received		1,429,601	2,281,633
Net cash used in operating activities		(24,055,767)	(10,577,203)
Cash flows from investing activities			
Payments for property, plant and equipment	9	(20,515)	(16,023)
Net cash used in investing activities		(20,515)	(16,023)
Cash flows from financing activities			
Net cash from financing activities		-	-
Net decrease in cash and cash equivalents		(24,076,282)	(10,593,226)
Cash and cash equivalents at the beginning of the financial year		39,610,584	50,203,810
Cash and cash equivalents at the end of the financial year	5	15,534,302	39,610,584

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

Australian Genomic Cancer Medicine Centre Limited
Notes to the consolidated financial statements
30 June 2026

Note 1. Material accounting policy information

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

The financial report was authorised for issue by the Board on 24 September 2026.

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

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

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

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

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

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

Principles of consolidation
The consolidated financial statements incorporate the assets and liabilities of the subsidiary of Australian Genomic Cancer Medicine Centre Limited ('Consolidated entity' or 'parent entity') as at 30 June 2026 and the results of the subsidiary for the year then ended. Australian Genomic Cancer Medicine Centre Limited and its subsidiary together are referred to in these financial statements as the 'Consolidated entity'.

The subsidiary is an entity over which the Consolidated entity has control. The Consolidated entity controls an entity when the Consolidated entity is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power to direct the activities of the entity. The subsidiary is consolidated from the date on which the Consolidated entity obtains control of the investee and is deconsolidated from the date the Consolidated entity loses control of the investee.

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

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

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

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Australian Genomic Cancer Medicine Centre Limited
Notes to the consolidated financial statements
30 June 2026

Note 1. Material accounting policy information (continued)

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

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

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

All other assets are classified as non-current.

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

All other liabilities are classified as non-current.

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

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

Comparatives
Where necessary, comparative figures have been reclassified to conform with the changes in presentation in the current year.

Note 2. Critical accounting judgements, estimates and assumptions

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

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

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Australian Genomic Cancer Medicine Centre Limited
Notes to the consolidated financial statements
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Note 3. Revenue and income

	Consolidated 2026 $	Consolidated 2025 $
Revenue from operations	37,491,316	100,893,781

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

	Consolidated 2026 $	Consolidated 2025 $
Revenue recognised under AASB 15 (recognised over time)		
Government funding	26,477,897	36,386,651
Funding and grants from corporate and institutional funding bodies	6,177,309	60,364,613
	32,655,206	96,751,264
Income recognised under AASB 1058 Income of NFP Entities		
Funding and grants from corporate and institutional funding bodies	-	503,028
In-kind contributions	-	3,639,489
Donations	4,836,109	-
Total revenue and income from operations	37,491,315	100,893,781

Accounting policy for revenue and income recognition
One of the two criteria for determining whether AASB 15 or AASB 1058 applies to the recognition of revenue and income of not-for-profit entities is identifying whether a contract has sufficiently specific performance obligations and, where relevant, whether those performance obligations have been met. This is an important and fundamental concept as the specificity of performance obligations (together with enforceability) will determine whether the transaction is accounted for under AASB 1058 (which may result in point in time upfront income recognition) or under AASB 15 (which may require overtime and/or point in time revenue recognition depending on the contract terms of the arrangement). Judgement is required to assess whether a promise is sufficiently specific. Such judgement takes into account any conditions specified in the arrangement, whether explicit or implicit, regarding the promised goods or services.

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

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

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

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

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

Note 3. Revenue and income (continued)

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

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

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

Donations
Monetary donations are recognised as revenue when the Consolidated entity gains control of the contribution or the right to receive the contribution. As disclosed above, non-monetary contributions include $nil (2025: $3.6m) of in-kind contributions from external partners to specific projects. This, together with the Consolidated entity's internal (unrecognised) in-kind contributions to specific projects totalled $nil (2025: $5.7m) for the year. Non-monetary donations are not recognised as revenue where they cannot be reliably measured.

Note 4. Expenses

	Consolidated 2026 $	Consolidated 2025 $
Surplus includes the following specific expenses:		
Depreciation expense		
Plant and equipment	43,662	42,849
Employee benefit expenses		
Defined contribution superannuation expense	438,078	425,536
Employee benefits expense excluding superannuation	4,090,335	4,123,245
Total employee benefit expenses	4,528,413	4,548,781
Consulting and support services expenses		
Consulting and administration	706,590	161,760
Legal costs	56,886	142,902
Other costs	153,254	118,223
Total consulting and support services expenses	916,730	422,885

Note 5. Cash and cash equivalents

	Consolidated 2026 $	Consolidated 2025 $
Current assets		
Cash at bank	15,534,302	39,610,584

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.

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Australian Genomic Cancer Medicine Centre Limited
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Note 6. Trade and other receivables

	Consolidated 2026 $	Consolidated 2025 $
Current assets		
Trade receivables	196,000	1,641,280
GST receivables	619,862	-
	815,862	1,641,280

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.

Note 7. Financial assets

	Consolidated 2026 $	Consolidated 2025 $
Current assets		
Term deposits	11,805,000	14,935,863

The term deposits are unrestricted and have maturity of more than 90 days.

Note 8. Other assets

	Consolidated 2026 $	Consolidated 2025 $
Current assets		
Accrued revenue	52,904	597,549
Prepayments	754	-
	53,658	597,549

Note 9. Property, plant and equipment

	Consolidated 2026 $	Consolidated 2025 $
Non-current assets		
Computer equipment - at cost	142,687	122,172
Less: Accumulated depreciation	(123,669)	(80,007)
	19,018	42,165

Note 9. Property, plant and equipment (continued)

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

Consolidated	Computer equipment $
Balance at 1 July 2025	42,165
Additions	20,515
Depreciation expense	(43,662)
Balance at 30 June 2026	19,018

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:

Class of asset	*Expected useful life of asset*
Computer equipment	2–10 years

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

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

Note 10. Trade and other payables

	Consolidated 2026 $	Consolidated 2025 $
Current liabilities		
Trade payables	697,982	2,477,541
Accrued expenses	2,859,896	3,511,925
BAS payable	-	421,957
Project service payable	-	11,318,494
	3,557,878	17,729,917

The project service payable in 2025 primarily comprised amounts payable to the Australian National University and Children's Cancer Institute for project-related services and activities undertaken under collaborative research arrangements.

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

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Australian Genomic Cancer Medicine Centre Limited
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30 June 2026

Note 11. Contract liabilities

	Consolidated 2026 $	Consolidated 2025 $
Current liabilities		
Revenue received in advance	3,982,717	15,717,880

Accounting policy for contract liabilities
Contract liabilities represent the Consolidated entity's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the Consolidated entity recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the Consolidated entity has transferred the goods or services to the customer.

Note 12. Employee benefits

	Consolidated 2026 $	Consolidated 2025 $
Current liabilities		
Annual leave	189,820	218,600
Non-current liabilities		
Long service leave	112,828	95,618
	302,648	314,218

Accounting policy for employee benefits

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

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

The Consolidated entity's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the Group does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions

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

Note 13. Other liabilities

	Consolidated 2026 $	Consolidated 2025 $
Current liabilities		
Other payables	-	3,245,434

Note 14. Key management personnel disclosures

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

	Consolidated 2026 $	Consolidated 2025 $
Aggregate compensation	1,299,518	1,023,337

In March 2026, NSW Fair Trading granted approval under Section 48 of the Charitable Fundraising Act 1991 (NSW) for governing body members to be remunerated. Accordingly, the Members resolved to remunerate Independent Board members during the year and a total of $180,000 was paid to the Independent Board members (2025: $nil). Board members may also receive reimbursement for direct expenses incurred in carrying out their duties as Directors. The CEO is also a Board member under the Company's Constitution.

Note 15. Remuneration of auditors

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

	Consolidated 2026 $	Consolidated 2025 $
Audit services - Grant Thornton Audit Pty Ltd		
Audit of the financial statements	50,400	48,000
Other assurance services - grant acquittal audit	7,300	9,200
	57,700	57,200
Other services - Grant Thornton Australia Limited		
Assistance with the compilation of financial statements	6,945	6,000
	64,645	63,200

Note 16. Contingent liabilities

The Consolidated entity had no contingent liabilities as at 30 June 2026 and 30 June 2025.

Note 17. Commitments

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

Note 18. Related party transactions

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

Subsidiaries
Interests in subsidiaries are set out in note 20.

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

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Australian Genomic Cancer Medicine Centre Limited
Notes to the consolidated financial statements
30 June 2026

Note 18. Related party transactions (continued)

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

Board members of the Company may be Board members or executive level employees of entities with which this entity contracts, including as follows:
Garvan Institute of Medical Research is a member of this entity and appoints a Director to the Board under this Company's constitution. Professor Alexander Swarbrick is the appointed Director of this Company. 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.

From 1 January 2023, the Company entered into an agreement for the provision of IT Professional Services by Garvan Institute of Medical Research for $500,000 per annum, which was rolled over on a monthly basis. During the year, $111,222 (2025: $606,737) was paid by this Company to Garvan Institute of Medical Research for these activities. This agreement concluded during the year. The Company also paid $35,730 to Garvan Institute of Medical Research for Biospecimen processing services.

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. During the year $463,253 (2025: $870,593) was paid to the University for molecular screening and substudy.

Bruce Goodwin & Richard Vines are Board members of this Company and are also Board members of Rare Cancers Australia. During the year, $250,000 (2025: $260,000) was paid by this Company to Rare Cancers Australia to engage and inform patients about Cancer Support Program and to support advocacy efforts.

Medicines Australia delegates, as a group, appoint a Director of this Company per this Company's constitution. Sue MacLeman is the Medicines Australia Nominating Group appointed Director of this Company. Entities that may receive funding from this Company may be associated with Medicines Australia.

Sue MacLeman is also an Advisory Board member of L.E.K Consulting Australia. In the previous year, the Company had a consultancy agreement with LEK Consulting Australia. During the year no amounts were paid (2025: $66,134) by this Company to LEK Consulting 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. Professor Michael Brown retired from the Board on 23 October 2025 and was replaced by Professor Keith McNeil on 23 March 2026. A payment of $1,961,874 was made in the year (2025: $1,472,426) towards sequencing and tissue processing services provided by Central Adelaide Local Authority Network.

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

- The Company has a Research Collaboration Agreement with UNSW and received $336,151 (2025: $174,798) from the University during the year under this agreement.
- The Company entered into a Master Research Services Agreement with UNSW in 2024. Under this agreement work orders have been executed to the value of $45,598,810 to be paid to UNSW for research services delivered by the University. During the year $8,430,924 (2025: $14,160,910) 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 $150,000 (2025: $150,000).

The Company entered into a Professional Services Agreement with Dr Mandy Ballinger who is the wife of Professor David Thomas, for the oversight of operational aspects of the Omico Molecular Oncology Board. Under this Agreement, in the current year the Company paid $30,000 to Dr Mandy Ballinger (2025: $30,000).

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 2026 (2025: nil).

Receivable from and payable to related parties
There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Australian Genomic Cancer Medicine Centre Limited
Notes to the consolidated financial statements
30 June 2026

Note 18. Related party transactions (continued)

Loans to/from related parties
There were no loans to or from related parties at the current and previous reporting date.

Note 19. Entity details

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

Note 20. Interests in subsidiaries

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

Name	Principal place of business / Country of incorporation	Ownership interest 2026 %	Ownership interest 2025 %
Omico Connect Limited *	Australia	100%	100%

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

Note 21. Events after the reporting period

On 31 August 2026, Australian Genomic Cancer Medicine Ltd entered into a Deed of Variation with the Commonwealth Department of Health, Disability and Ageing in relation to the PrOSPeCT P2 program, which commenced on 6 October 2025. The variation provides additional grant funding of $71.0 million, increasing total grant funding from $30.8 million to $101.8 million, and extends the activity period to 30 June 2028. Over the term of the program, the Company has committed to accept referrals for at least 21,000 cancer patients.

The variation is a non-adjusting event and has no impact on the amounts recognised as at 30 June 2026.

No other matter or circumstance has arisen since the reporting date that has significantly affected, or may significantly affect, the Company's operations, results or state of affairs in future financial years.

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Australian Genomic Cancer Medicine Centre Limited
Responsible entities' declaration
30 June 2026

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

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

(a) Giving a true and fair view of its financial position as at 30 June 2026 and of its performance for the financial year ended on that date;

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

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

Signed in accordance with a resolution of the Board.

Richard Vines _____

Richard Vines
Chair of the Board of Directors

Greg Couttas _____

Greg Couttas
Director

24 September 2026
Sydney

Grant Thornton Audit Pty Ltd
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Independent Auditor's Report

To the Members of Australian Genomic Cancer Medicine Centre Limited

Report on the audit of the financial report

Opinion

We have audited the financial report of Australian Genomic Cancer Medicine Centre Limited (the "Registered Entity") and its subsidiaries ("the Group"), which comprises the consolidated statement of financial position as at 30 June 2026, and the consolidated statement of comprehensive income, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information and the Directors' 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 2026 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 Regulations 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

The Directors are responsible for the other information. The other information comprises the information included in the Registered Entity's annual report for the year ended 30 June 2026, 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 Directors for the financial report

The Directors 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 Directors 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 Directors 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 Directors either intend to liquidate the Registered Entity or to cease operations, or have no realistic alternative but to do so.

The Directors 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 Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Registered Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Registered Entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
- Plan and perform the group audit to obtain sufficient appropriate audit evidence regarding the financial information of the entities or business units within the group as a basis for forming an opinion on the group financial report. We are responsible for the direction, supervision and review of the audit work performed for the purposes of the group audit. We remain solely responsible for our audit opinion.

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

Grant Thornton

Grant Thornton Audit Pty Ltd
Chartered Accountants

A G Rigele
Partner – Audit & Assurance

Sydney, 24 September 2026

1800 954 350

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omico.org.au

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