CareDx

Together in Transplant

AlloHeme™: Advancing AI-Enabled Relapse Monitoring in AML & MDS Post-Cell Therapy

Positioning CareDx to lead in precision medicine for cell therapy

Investor Webcast February 12, 2026

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John Hanna

President & Chief Executive Officer

CareDx

Our Vision

A world where every patient receives the transplant they need to live longer, fuller lives.

Our Mission

Create life-changing solutions that enable transplant patients to thrive.

CareDx

Our Solutions Transform the Care of Transplant Patients

25 years

of transplant technology innovation

200K+

NGS-based HLA typing kits sold annually

70%

of US transplant centers use at least one CareDx software solution

1M+

Molecular tests performed to monitor for organ rejection

150K+

Transplant prescriptions filled annually

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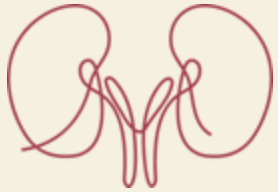
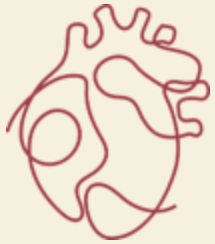
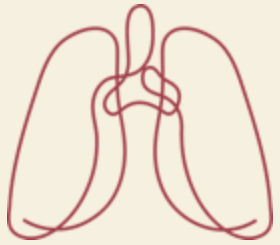
CareDx is the Market Leader in Solid Organ Transplant

IVD Kits, software & patient solutions, and testing services across the care continuum




Kidney	Liver	Heart	Lung	Multi-Organ
Transplants Annually				
~28,000	~12,500	~4,600	~3,500	~860

CareDx Services Over 200 Solid Organ Transplant Centers Across the U.S.

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Source: https://srtr.transplant.hrsa.gov, total National transplants per organ in 2025

The Next Frontier for CareDx: Cell Therapy

High-severity hematologic malignancies where diagnostic insight can inform critical, time-sensitive treatment decisions

High-acuity patient population

High-cost care pathways, with many patients having received cumulative treatments and procedures exceeding one million dollars

High cost of care

Care delivered by a concentrated group of highly specialized cell transplant and cell therapy centers

Concentrated and specialized care settings

Opportunity for CareDx to be first-to-market and take a leading role in shaping the diagnostic paradigm in this space

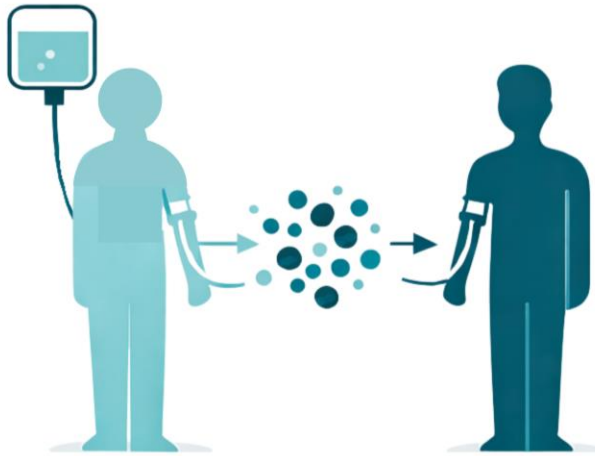
First to market

CareDx

Monitoring Solutions for Two Cell Therapy Modalities

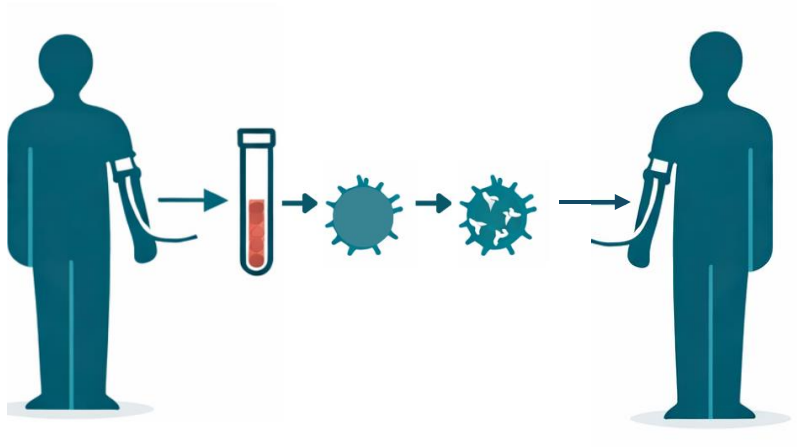
CareDx's first Transplant+ indications are fast-growing and complex care settings

Allogeneic HCT



- Treat with systemic chemotherapy to eliminate diseased cells
- HLA-matched donor stem cell infused to repopulate bone marrow
- Requires long-term, intensive monitoring

CAR-T Cell Therapy

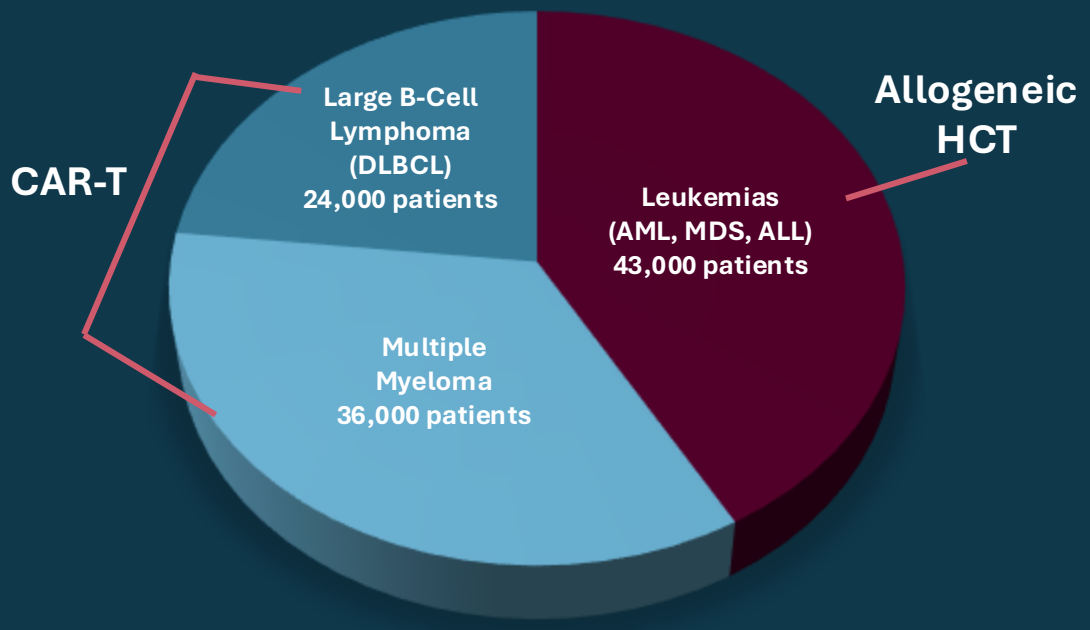


- Collect and genetically modify patient's own T-cells with the Chimeric Antigen Receptor (CAR) to target cancer cells
- Treat with systemic chemotherapy and then re-infuse CAR-T cells into the patient and intensively monitor

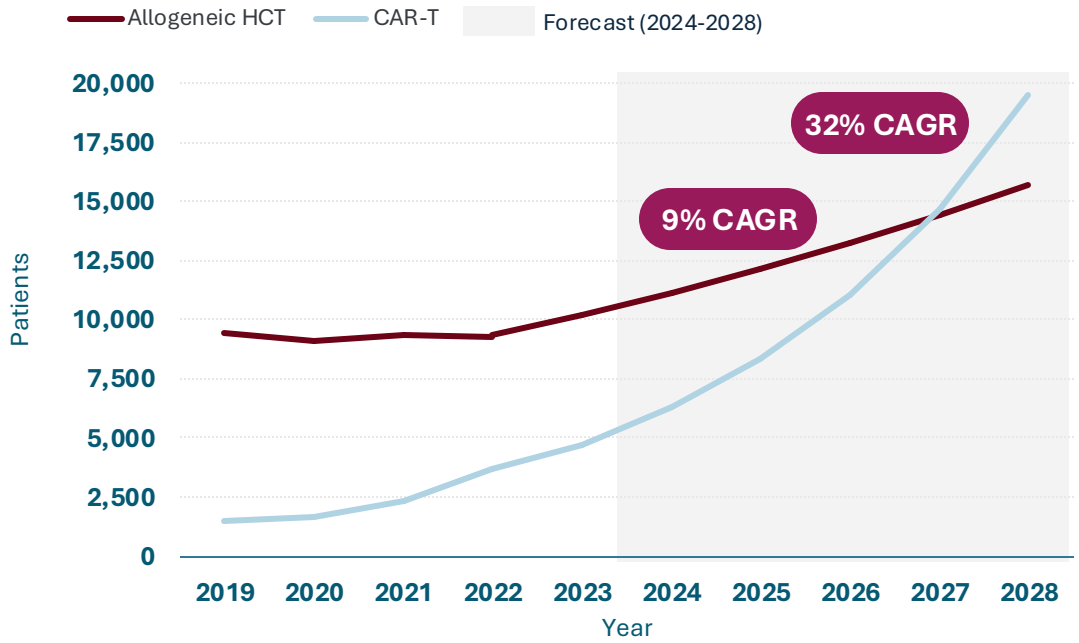
Cell Therapy is a Growing Market

CareDx Transplant+ solutions for cell therapy address a significant and expanding share of the hematology market

Annual Patient Diagnoses by Hematologic Sub-Type



Expected Continued Growth in Allogeneic HCT & CAR-T



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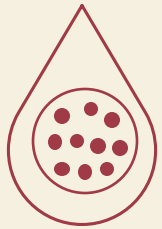
Reference: Approximate annual U.S. incidence based on SEER and American Cancer Society estimates
Transplants calculated using CIBMTR 2024 Annual Report (Released in Apr 2025) and Company estimate (data on file)

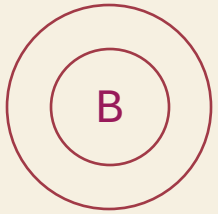
Addressing Critical Unmet Needs in Cell Therapy

Designed to monitor relapse and therapeutic efficacy in patients undergoing HCT & CAR-T



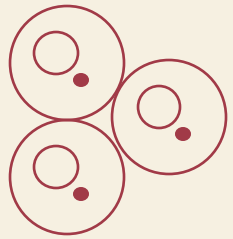
AML
Acute Myeloid Leukemias

MDS
Myelodysplastic Syndromes



DLBCL
Diffuse Large B-Cell Lymphoma

ALL
Acute Lymphoblastic Leukemia



MM
Multiple Myeloma

AlloHeme
Cancer Relapse Detection

Existing Commercial MRD Solutions

CAR-T Therapy Persistence Monitoring

~200 Bone Marrow Transplant Centers Perform HCT and CAR-T Infusion in the U.S.

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Source: https://accredited.factglobal.org total HCT and CAR-T infusions performed as of January 2026

AlloHeme: a Novel Monitoring Test for Cancer Relapse Prediction Post-Allogeneic HCT for AML/ MDS Patients

Peripheral blood sample

Leverages NGS technology to measure micro changes in cell populations

Proprietary AI algorithm incorporates longitudinal data from whole blood and cell lineage to predict relapse

Provides a Positive or Negative result for relapse similar to minimal residual disease tests

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Jeff Teuteberg, MD

Chief Medical Officer

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AML and MDS patients need relapse surveillance post-HCT

Diagnosis

Patient diagnosed and risk stratified

Induction therapy

Goal of achieving complete remission

Consolidation Therapy

Additional chemo and/or targeted Tx

Surveillance

Allogeneic Transplant

Donor selection, conditioning regimen prior to transplant, and GVHD Prophylaxis

Surveillance & relapse monitoring

Patients are monitored for 1-2 yrs by transplant center (Relapse, GVHD, Infection)

Managed by **Hem/Onc** transplant specialists at accredited HCT centers

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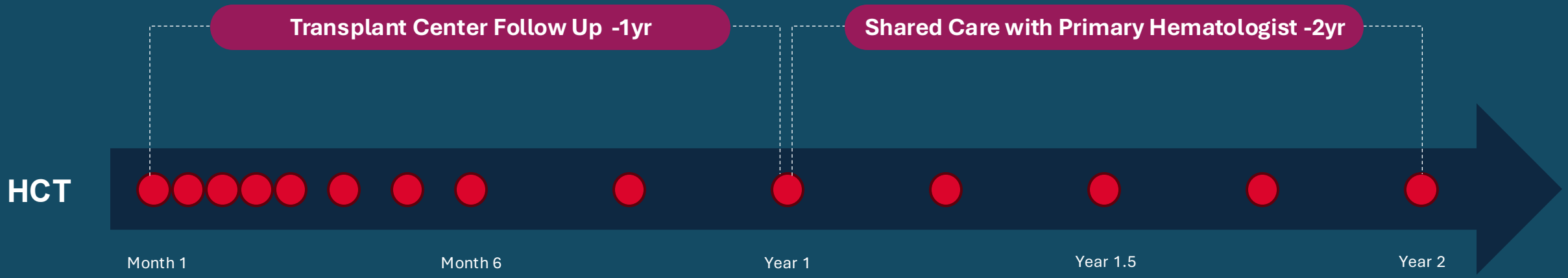
HCT: Hematopoietic cell transplantation, https://pubmed.ncbi.nlm.nih.gov/40398621/

Frequent surveillance & relapse monitoring post allogeneic transplant for 1-2 years



Frequent monitoring for:

- Engraftment
- Acute GVHD
- Infection complications
- **Early relapse**

Transplant physician monitors for:

- Chronic GVHD
- Infection
- **Relapse**

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Current Tool Limitations in Universal Relapse Monitoring

AlloHeme provides a non-invasive, universal, and sensitive detection platform

	Chimerism (STR-PCR)	MRD (MFC, qPCR, NGS)	AlloHeme
Sensitivity for Relapse Detection	Lower sensitivity for relapse detection (used to measure engraftment)	Low for MFC-MRD	✓ **High Sensitivity**
Invasiveness	Often require BM sample	Often require BM sample	✓ **Non-invasive (Blood)**
Universal Applicability	Universal	qPCR, NGS not universal	✓ **Universal**

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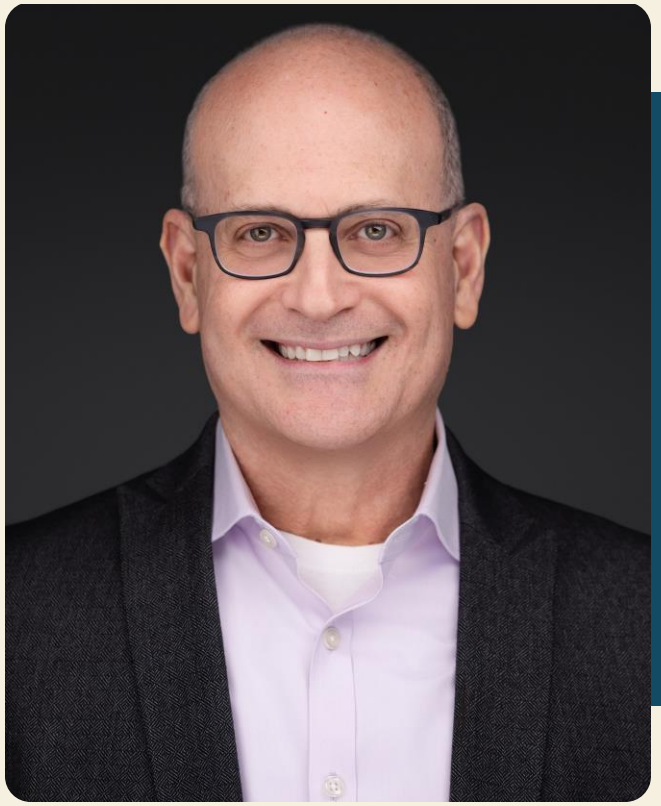
STR-PCR = Short Tandem Repeat Polymerase Chain Reaction; MFC = Multicolor Flow Cytometry; qPCR = Quantitative Polymerase Chain Reaction; NGS = Next-Generation Sequencing; BM = Bone Marrow; MFC-MRD = Multicolor Flow Cytometry–Based Measurable Residual Disease



Dr. Ran Reshef, MD, MSc

Professor of Medicine at Columbia University and Director of Translational Research, Blood and Marrow Transplantation Program at Herbert Irving Comprehensive Cancer Center

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TANDEM MEETINGS
Transplantation & Cellular Therapy Meetings
of ASTCT® and CIBMTR®
ASTCT® American Society for Transplantation and Cellular Therapy
CIBMTR® A RESEARCH COLLABORATION BETWEEN THE MEDICAL COLLEGE OF WISCONSIN AND NMDP

Acrobat Results: Peripheral Blood-Based AlloHeme Test Enables Robust Relapse Surveillance in Post-HCT AML and MDS Patients

(2-Year Analysis)

- Ran Reshef[1*], Stefan Ciurea[2*], Ronald Sobecks[3], Iskra Pusic[4], Nelli Bejanyan[5], Sagar S. Patel[6], Arpita Gandhi[7], Vamsi Kota[8], Nabeel Rajeh[9], Piyanuch Kongtim[2], Jing Shi[10], Yi Fu[10], Natali Gulbahce[10], Nishant Dwivedi[10], Monzr M. Al Malki[11#] and Corey Cutler[12#]

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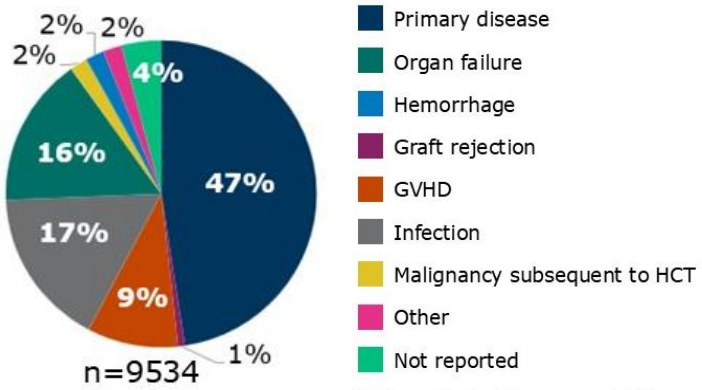
*Co-first authors; # Co-senior authors.

Relapse Monitoring After Allo-HCT: Persistent Challenges in Improving Survival Outcomes

Relapse remains the main cause of death at or beyond 100 days post-transplant[1]



*Data reflects 10-year mortality.

Existing MRD tools have limitations for Universal Relapse Monitoring[2,3]

	STR-PCR	MFC	qPCR/dPCR	NGS
Sensitivity	1-5%	~10^{-3}–10^{-4}	~10^{-4}–10^{-6}	~10^{-4}–10^{-6}
Advantage	Universal post-HCT; useful for engraftment	Rapid; widely available; works without molecular targets	High sensitivity for validated targets	Broad coverage; detects multiple mutations; clonal evolution
Disadvantage	Not leukemia-specific; lower sensitivity	Operator dependent, cannot be harmonized	Requires a known target; only useful for distinct patient subsets.	Complex, not universal, requires further standardization
Tissue	BM or blood	Mostly BM	BM or blood	BM or blood

Abbreviations: Allo-HCT: Allogeneic Hematopoietic Cell Transplant, GVHD: Graft vs. Host Disease,MRD: Measurable Residual Disease, STR-PCR: Short Tandem Repeat - Polymerase Chain Reaction, MFC: Multiparametric Flow Cytometry, qPCR: Quantitative Polymerase Chain Reaction, dPCR: Digital Polymerase Chain Reaction, NGS: Next Generation Sequencing, BM: Bone Marrow.

1) Spellman SR, et al. Current Activity Trends and Outcomes in Hematopoietic Cell Transplantation and Cellular Therapy - A Report from the CIBMTR. Transplant Cell Ther. 2025
2) Haaksma LH et.al., Flow cytometric and molecular MRD in AML: current methods, clinical applications and challenges. Leukemia & Lymphoma. 2025
3) Blouin and Askar, Chimerism analysis for clinicians: a review of the literature and worldwide practices BMT 2022

ACROBAT Study Design: Prospective observational study to evaluate AlloHeme performance

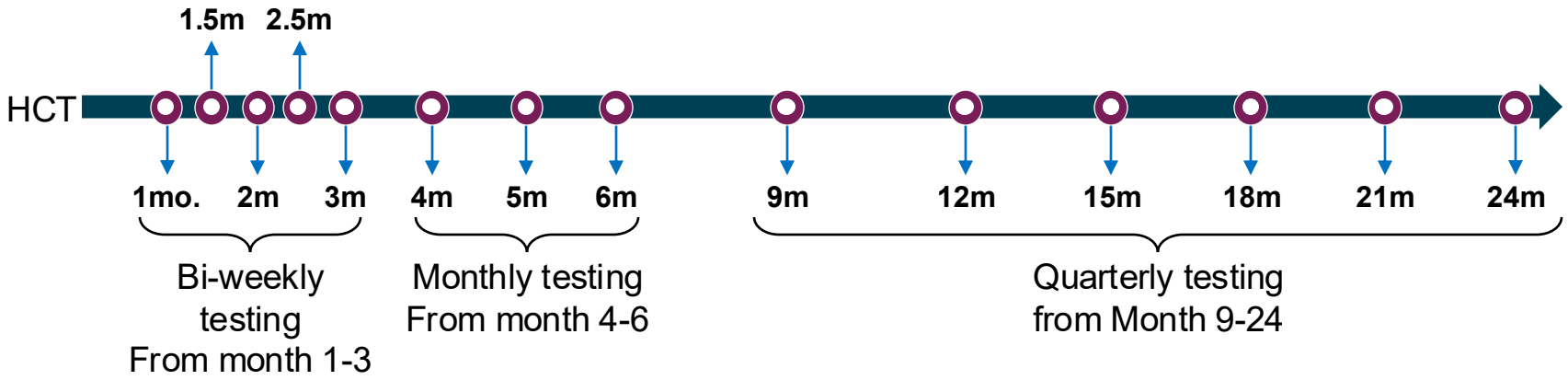
Study Overview

- Prospective observational cohort study to evaluate AlloHeme performance to detect relapse in patients with hematologic malignancies (AML, ALL and MDS)

Number of Patients

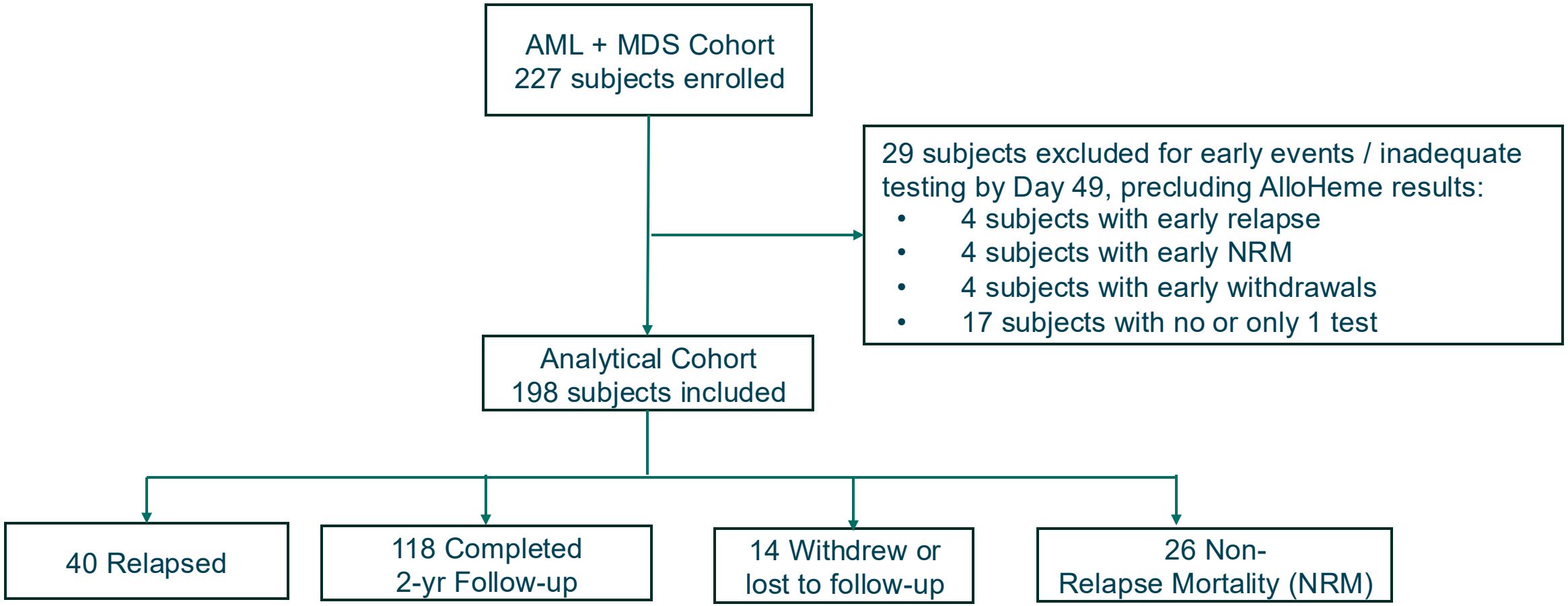
- **285** enrolled patients received HCT (AML-162; MDS-65; ALL-58) between Oct 2021 and Oct 2023 across 11 US sites

Schedule of AlloHeme Assessments



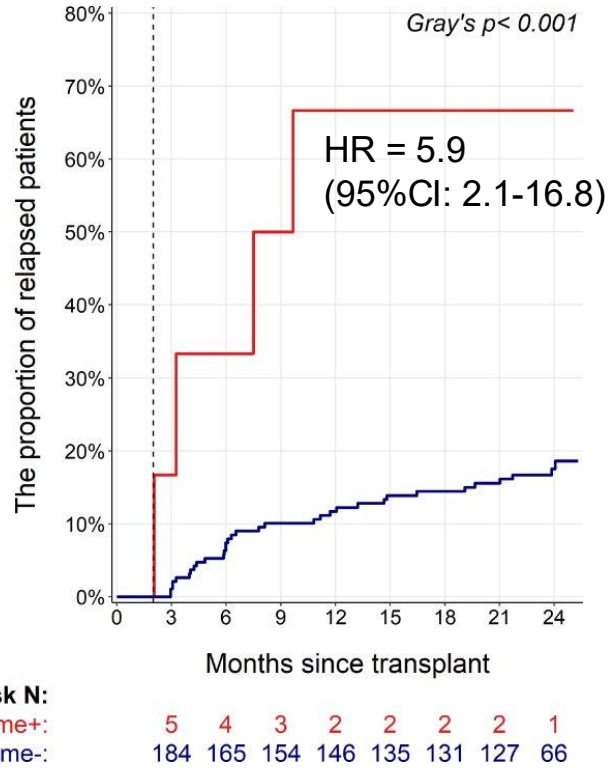
ACROBAT Study: AML+MDS Cohort

Patient Disposition

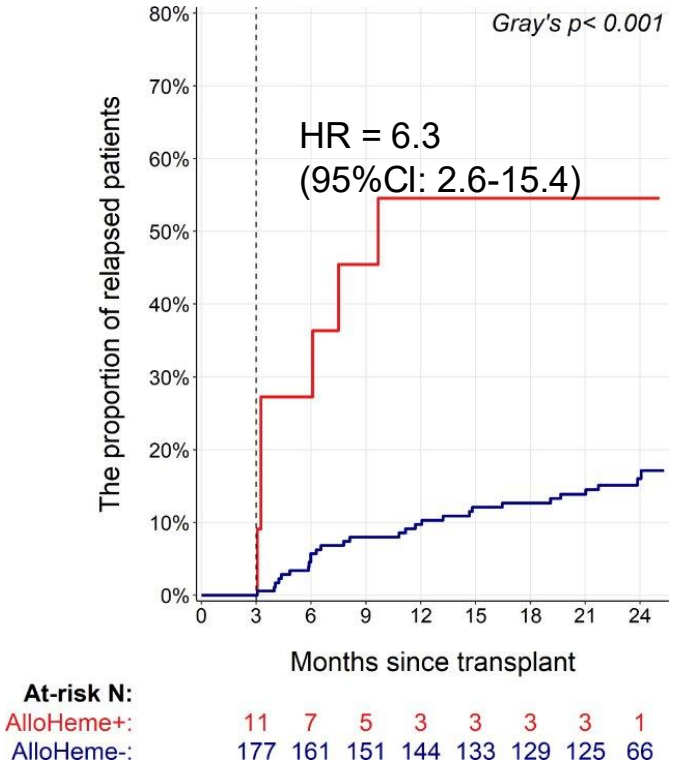


Landmark analyses at 2, 3, and 6 months showed that the subjects positive for AlloHeme are at increased risk for post-HCT relapse

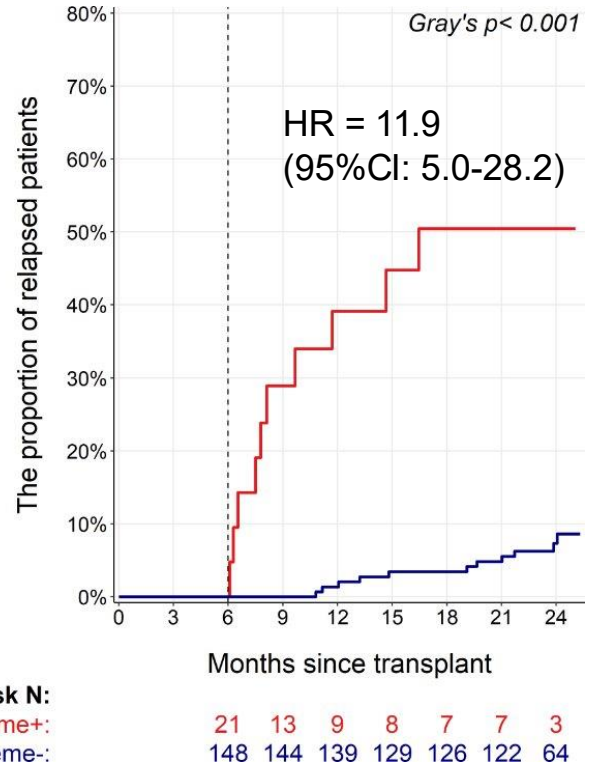
2 months post HCT



3 months post HCT



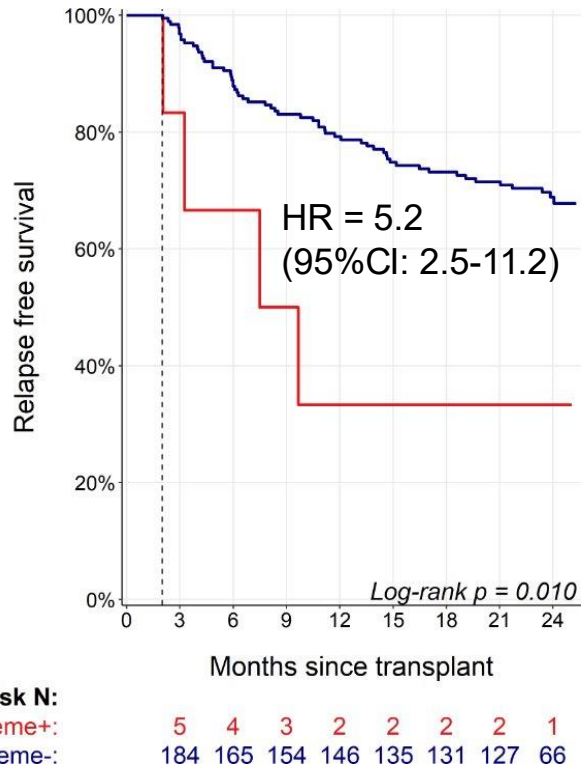
6 months post HCT



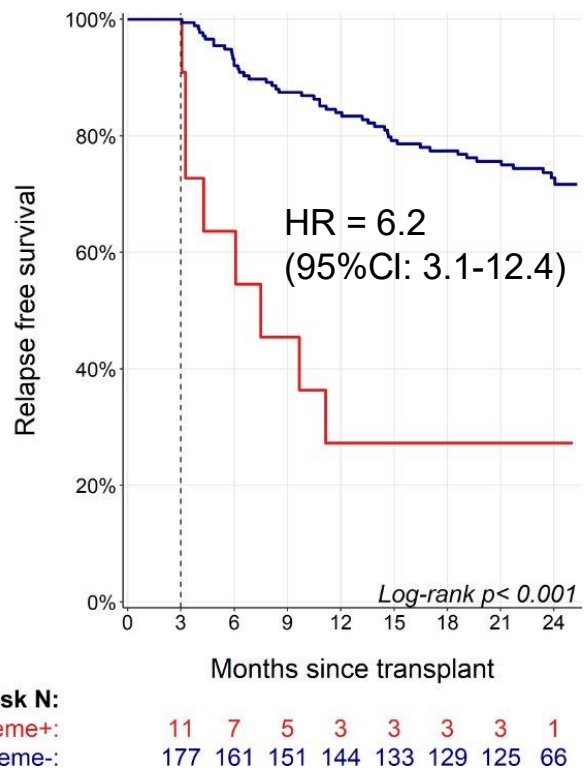
The AlloHeme+ group comprises all subjects who were AlloHeme Test-positive at or before the landmark time points (2, 3 or 6 months).

Landmark analyses at 2, 3, and 6 months showed that the subjects positive for AlloHeme are at increased risk for post-HCT relapse or death

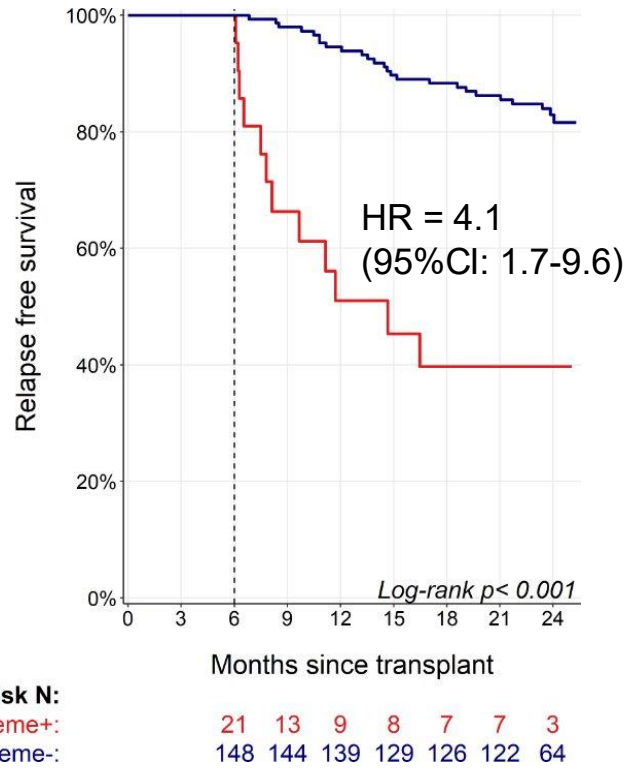
2 months post HCT



3 months post HCT



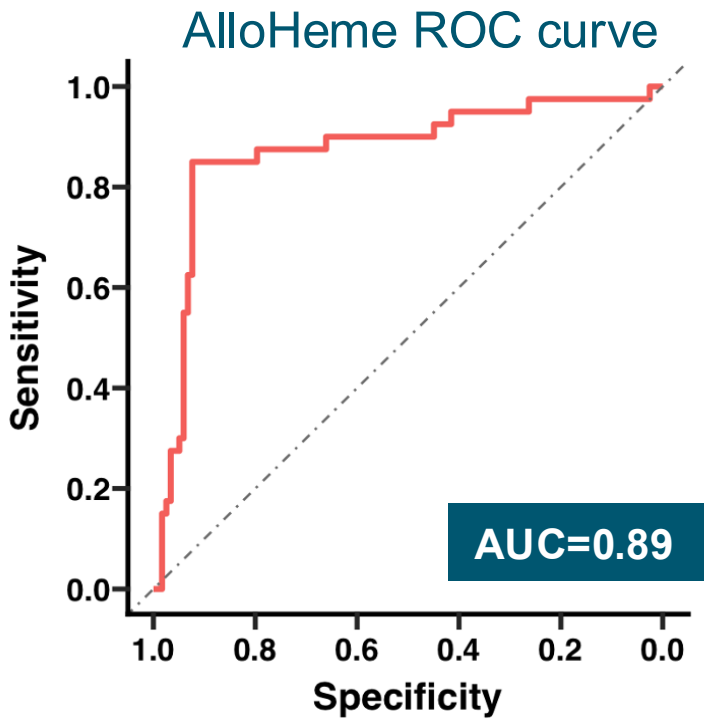
6 months post HCT



The AlloHeme+ group comprises all subjects who were AlloHeme Test-positive at or before the landmark time points (2, 3 or 6 months).

AlloHeme Assay Performance

	Relapse	No Relapse
AlloHeme positive	34	9
AlloHeme negative	6	109
Test Performance	85% Sensitivity	92% Specificity
	95% NPV	79% PPV



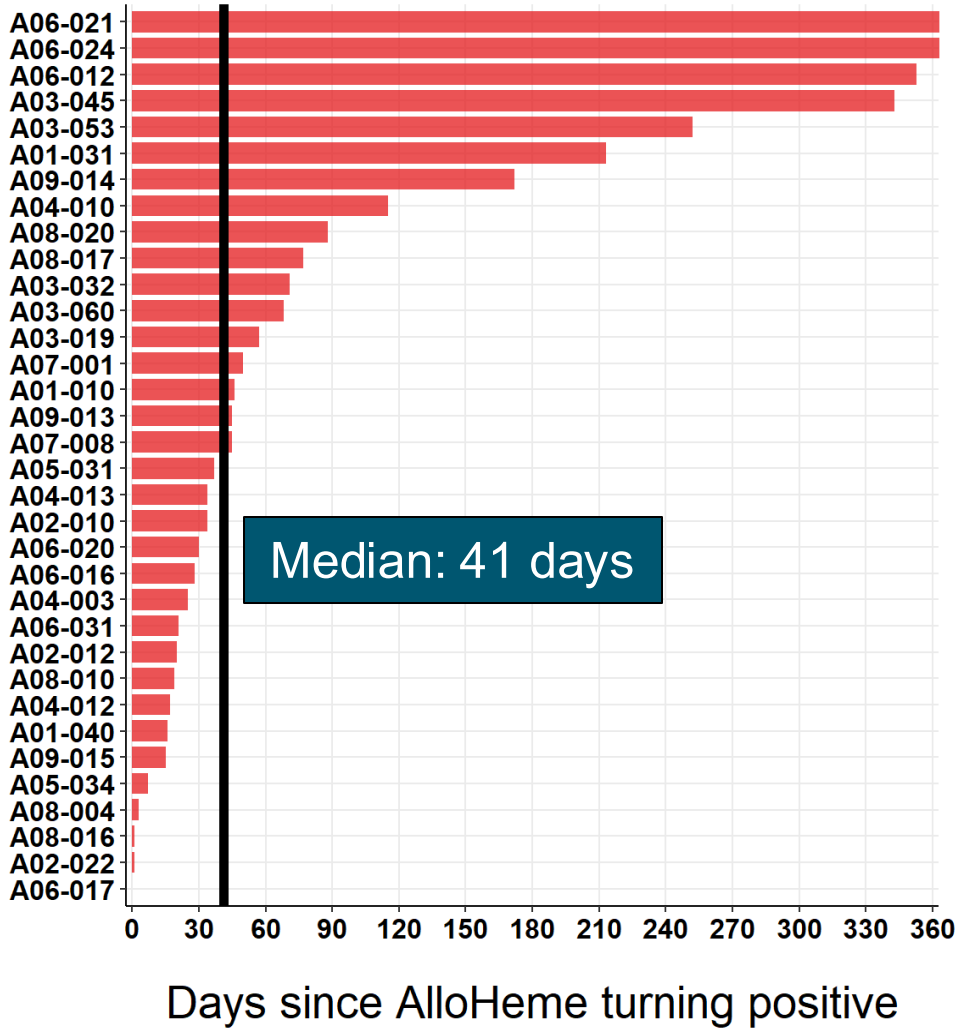
Performance Cohort Characterization:

- ≥2 valid AlloHeme tests
- Excluding NRM and Withdrawals, **Total Subjects n=158** (AML, n=114 and MDS, n=44)
- Based on a median of 11 tests/patient vs recommended 14 tests in the protocol
- Subjects with the "disease not evaluated" status during the last (24-month) status are considered "Non-Relapsed" for the analysis

AlloHeme Positive Signal Occurred a Median 41 Days Before Clinical Relapse

Relapses with AlloHeme Positive (n=34)	
Lead time Median (IQR)	41 (19 – 85)
Lead Time Mean ± SD	101 ± 153

Note: No statistical difference was observed between lead time in AML and MDS cohorts



AlloHeme performance is consistent across subgroups

strata	Sub-group	N total	N relapse	Sensitivity	Specificity	PPV	NPV	AUC	P sens	P spec
Disease Group (AML vs MDS)	AML	114	27	0.85	0.92	0.77	0.95	0.89	1	1
	MDS	44	13	0.85	0.94	0.85	0.94	0.89		
Donor Type	Related	55	15	0.87	0.93	0.81	0.95	0.90	1	1
	Unrelated	103	25	0.84	0.92	0.78	0.95	0.88		
Conditioning Regimen	Myeloablative	64	16	0.75	0.92	0.75	0.92	0.83	0.20	1
	RIC / Non Myeloablative	94	24	0.92	0.93	0.82	0.97	0.92		
Disease Risk Index (DRI)	Low or Intermediate	89	16	0.81	0.95	0.77	0.96	0.88	0.67	0.30
	High or Very High	69	24	0.88	0.89	0.81	0.93	0.88		
Pre-transplant MRD Result	Positive	49	15	0.93	0.88	0.78	0.97	0.91	0.60	0.43
	Negative	86	16	0.81	0.94	0.77	0.96	0.88		
Graft Type	PBSC	144	34	0.85	0.92	0.76	0.95	0.89	1	1
	Bone marrow	13	5	0.8	1	1	0.89	0.90		
GVHD Prophylaxis	PTCy	74	22	0.82	0.94	0.86	0.93	0.88	0.68	0.73
	All Other	82	17	0.88	0.91	0.71	0.97	0.90		

AlloHeme has significantly higher sensitivity and longer lead time in detecting relapse compared to real-world chimerism testing

Test	N Total	N Relapse	Tests per patient (Median IQR)	Sensitivity	Specificity	PPV	NPV	AUC	Lead time to Relapse (Median IQR)
AlloHeme	158	40	11 (8-12)	0.85	0.92	0.79	0.95	0.89	41 (19 – 85)
Real World Chimerism*	151	37	5 (3-6)	0.60#	0.86	0.58#	0.87#	0.73#	0 (0 – 80)#
NGS-Chimerism Modeled (at 1% cutoff)**	158	40	11 (8-12)	0.53#	0.93	0.72	0.85#	0.73#	16 (1 – 37)#

*Calculated at either 1% or 5% iMC (STR-PCR) and 1% iMC (qPCR, NGS) in any whole blood, BM, or cell subtype as reported by each participating site; based on available data set on Jan 15th, 2026
**modeled with CD33 iMC using NGS- based Chimerism assay at 1% cutoff
#Statistical significance $p<0.05$ as compared to AlloHeme

AlloHeme showed a superior sensitivity, NPV and improved lead time compared to real-world MRD testing in ACROBAT

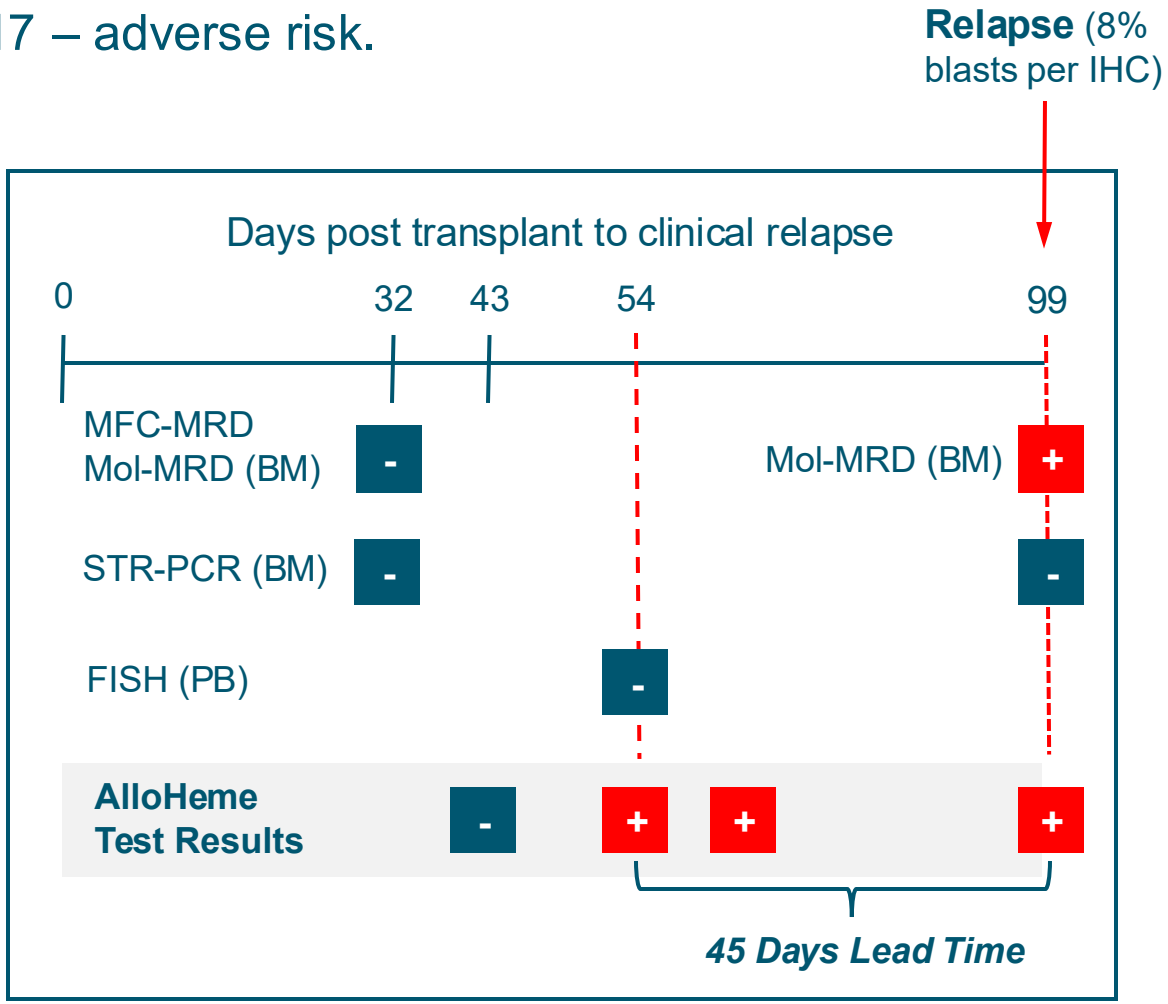
Test	Total (n)	Relapse (n)	Tests per patient (Median IQR)	Sensitivity	Specificity	PPV	NPV	AUC	Lead time to Relapse (Median IQR)
AlloHeme	158	40	11 (8-12)	0.85	0.92	0.79	0.95	0.89	41 (19 – 85)
BM MFC-MRD*	106	28	3 (2-4)	0.54#	0.92	0.71	0.85#	0.73#	0 (0 – 0)#
Mol-MRD*	75	21	2 (1-3)	0.48#	0.91	0.67	0.82#	0.69#	0 (0 – 88)
MRD (any method – MFC+Mol)	106	28	5 (3-6)	0.57#	0.90	0.67	0.85#	0.73#	0 (0 – 18)#

*MFC-MRD and Molecular MRD (PCR or NGS) tests were performed at the participating sites as per their established protocol or treating physician's discretion; based on available data set on Jan 15th, 2026

#Statistical significance $p<0.05$ as compared to AlloHeme

Case study from ACROBAT

- 77yo Female
- AML with minimal differentiation (FAB M0). ELN 2017 – adverse risk.
  FISH: -5, -17/abn(17p); Mol: DNMT3A, TP53, NF1
- Disease status: CR MRD+ before HCT
- Donor: MUD, Male
- Conditioning: Non-myeloablative
- GVHD ppx: PTCy/Tac/MMF



Conclusions

1. AlloHeme is a blood-based, NGS-driven, multi-analyte test powered by AI for early and accurate relapse detection in post-HCT AML and MDS patients.
2. ACROBAT 2-year follow up shows strong performance in relapse detection: AUC 89%, Sensitivity 85%, Specificity 92%, NPV 95% and PPV 79%.
3. In relapsed patients, AlloHeme provided a median lead time of 41 days (IQR 19-85) before clinical relapse.
4. AlloHeme outperformed all real-world chimerism, MFC-MRD, and Molecular MRD methods used as standard of care at participating sites.
5. ACROBAT results suggest that blood-based AlloHeme monitoring offers a simple, effective strategy for identifying relapse risk and enabling early intervention.

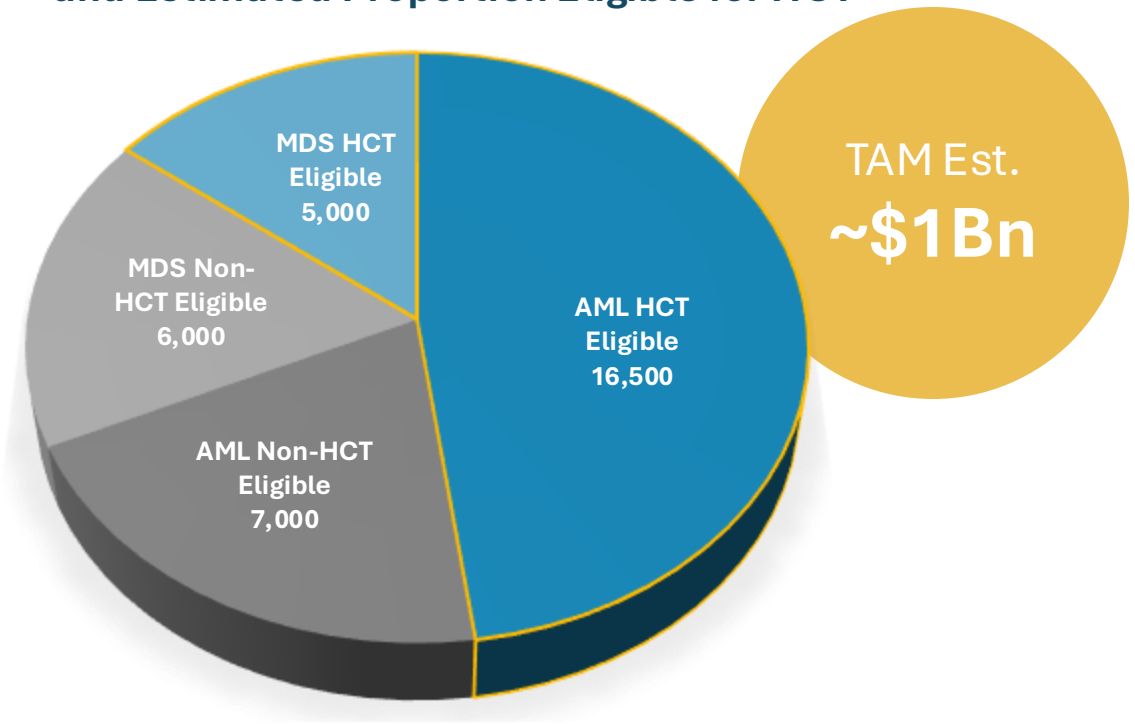
John Hanna

President & Chief Executive Officer

CareDx

Allogeneic HCT is a Growing Market

2030 Projected AML & MDS Incidence and Estimated Proportion Eligible for HCT



Transplant Growth Drivers:

- Growing AML & MDS population
- Increasing referrals for Cell Therapy
- Expanding donor options
- Improved overall survival outcomes

CareDx

https://seer.cancer.gov/statfacts/html/amyl.html, Transplant Data based on HRSA Reported from CIBMTR Registry (2019-2023), Company Data on File

AlloHeme Launch Timeline

Planned path to commercialization & revenue contribution

2026

- ACROBAT Publication Submission
- CLIA Readiness

2027

- Commercial Launch
- Coverage Submission

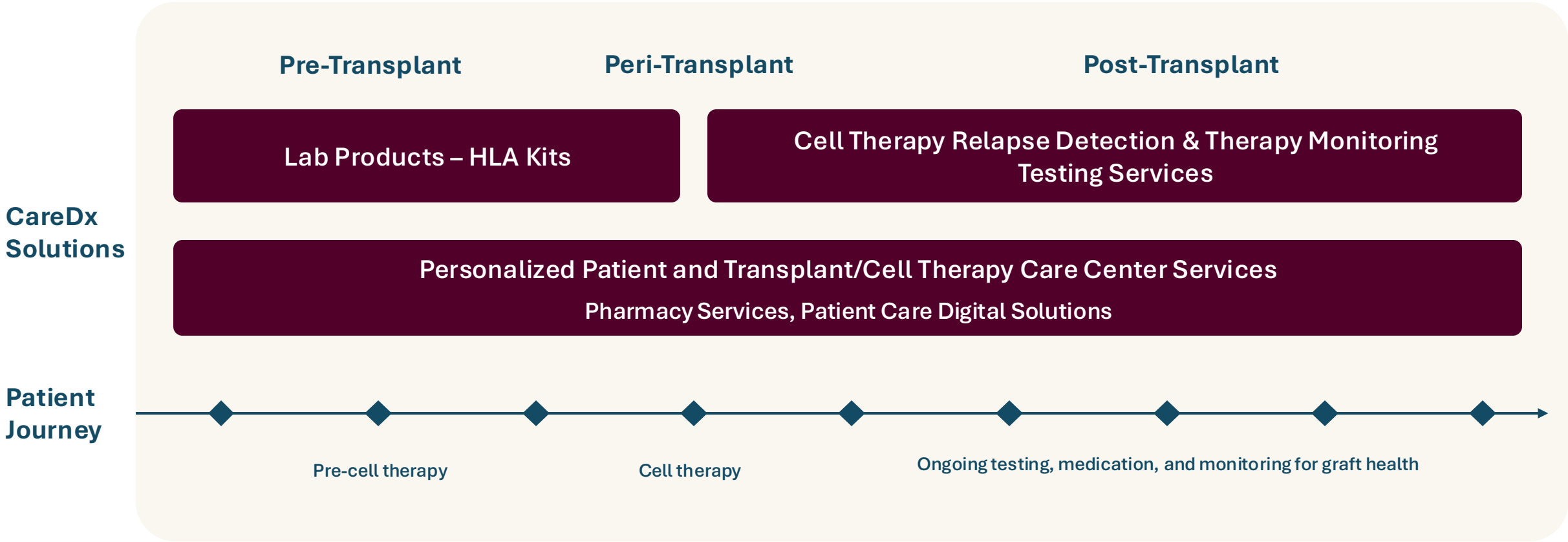
2028

- Medicare Coverage Est.
- Revenue Contribution

CareDx

Total Solutions Strategy

Cell therapy expected to integrate seamlessly into the comprehensive, end-to-end strategy employed in solid organ transplantation



CareDx

Thank you.

CareDx

Q&A