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Investor Call on ASCO Findings
June 1, 2026
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Forward-looking statements

This presentation contains forward-looking statements, including, but not limited to our statements related to our plans, objectives, and expectations (financial and otherwise), including with respect to the timeline for commercial availability of our MRD platform and indications and our Prosigna Breast Cancer Assay and key readouts; the timing for broader availability of Decipher Prostate for use in the metastatic population; expected completion of our IVD development and manufacturing work for our Decipher PCR and Prosigna NGS tests; enrollment in our studies and trials; our strategic focuses for the business; and our intentions with respect to our tests and products, for use in diagnosing and treating diseases, in and outside of the United States. Forward-looking statements can be identified by words such as: "appears," "anticipate," "intend," "plan," "expect," "believe," "should," "may," "could," "would," "will," "enable," "positioned," "offers," "designed," "look forward," "vision," "strategic," "on track," "progress," "outlook," "guidance," "forecast," "target," "goal" and similar references to future periods. Actual results may differ materially from those projected or suggested in any forward-looking statements. These statements involve risks and uncertainties, which could cause actual results to differ materially from our predictions, and include, but are not limited to: our ability to launch, commercialize and receive reimbursement for our products; our ability to execute on our business strategies relating to the C2i Genomics acquisition, integration of the business and the realization of expected benefits and synergies; our ability to demonstrate the validity and utility of our genomic tests and biopharma and other offerings; our ability to continue executing on our business plan; our ability to continue to scale our global operations and enhance our internal control environment; the impact of the war in Ukraine, and other regional conflicts, on European economies; the impact of foreign currency fluctuations, volatile interest rates, inflation, the impact of legislation and policies enacted by the current U.S. administration; turmoil in the global banking and finance system; the ongoing conflict in the Middle East and the performance and utility of our tests in the clinical environment. Additional factors that may impact these forward-looking statements can be found under the caption "Risk Factors" in our Annual Report on Form 10-K filed on February 26, 2026, as well as in other documents that we may file from time to time with the Securities and Exchange Commission. Copies of these documents, when available, may be found in the Investors section of our website at investor.veracyte.com. These forward-looking statements speak only as of the date hereof and, except as required by law, we specifically disclaim any obligation to update these forward-looking statements or reasons why actual results might differ, whether as a result of new information, future events or otherwise.

This presentation also contains information gathered from market research, estimates and other statistical data made by independent parties and by us relating to addressable market size and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates.

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Practice-changing evidence demonstrating how our tests can guide treatment decisions

Prosigna

Predictive evidence in early-stage breast cancer

OPTIMA

Abstract title: “First results from the OPTIMA phase III randomized non-inferiority trial of test-directed chemotherapy in patients with high clinical risk ER-positive HER2-negative early breast cancer.”

Decipher

Predictive evidence in metastatic prostate cancer

ENZAMET

Abstract title: “Assessment of the ability of Decipher Prostate Genomic Classifier (DGC) >0.85 to identify patients who benefit from adding docetaxel (DOC) to Androgen Deprivation Therapy (ADT) plus enzalutamide (ENZ): Level 1B evidence from the ENZAMET study.”

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Today's participants



Marc Stapley
Chief Executive Officer, Veracyte



Iain Macpherson, Ph.D. Principal Investigator of OPTIMA
Professor of Breast Oncology at the University of Glasgow



John Leite, Ph.D.
Chief Commercial Officer, Veracyte



Phil Febbo, M.D.
Chief Scientific Officer & Chief Medical Officer, Veracyte



Rebecca Chambers
Chief Financial Officer, Veracyte

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OPTIMA Prelim supported the selection of the Prosigna test for the Phase III OPTIMA trial

OPTIMA Prelim served as a head-to-head comparison
evaluating the performance of the Prosigna test and other genomic tests in patients with high-risk breast cancer.

The Prosigna test had higher prognostic accuracy in high-risk patients
compared to the test that was initially used to assign patients to treatment groups, as demonstrated in the positive 10-year clinical outcomes[1].

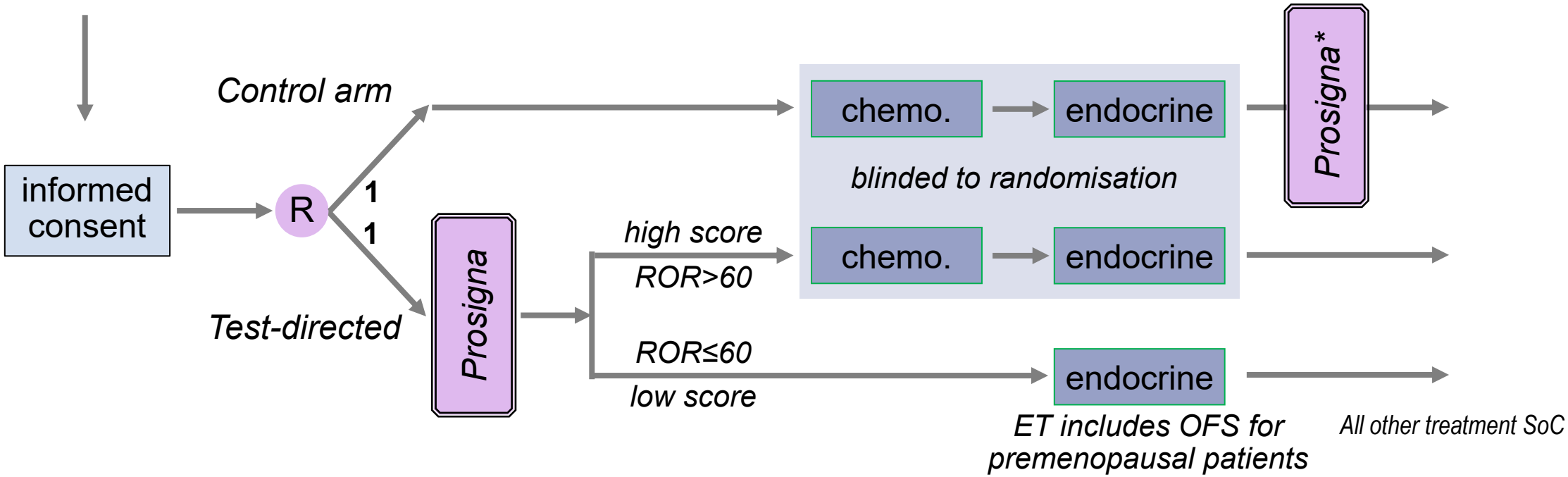
The Prosigna test identified 22% of patients as having a high risk of recurrence (ROR)
after they had initially been classified as low-risk. These patients did not receive chemotherapy and went on to have adverse outcomes.

1. Presented at the 2025 ESMO Breast Cancer Annual Congress
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OPTIMA design

Main eligibility criteria

- Women & men age ≥40 with excised breast cancer
- ER-pos (IHC>10%) & HER2-neg
- Nodes: ▸0-9N+,
  ▸minimum T-size requirement if N0/ N1mi
- Neoadjuvant chemotherapy prohibited



*Control arm Prosigna testing used for analysis only. U.K. control arm testing performed following recruitment completion

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Statistical design

Primary outcome: Invasive Breast Cancer Free Survival (IBCFS) endpoint

Local / regional / distant relapse; second primary breast cancer; death from any cause

Does not include new, non-breast cancers

Primary analysis: per-protocol population – minimum follow-up of one year

Non-inferiority hypothesis – 3% absolute non-inferiority margin for IBCFS

83% power at one-sided 5% significance assuming 87.5% five-year IBCFS in control arm for primary analysis

Key secondary analysis: performed in per-protocol population with tumor Prosigna ROR ≤60

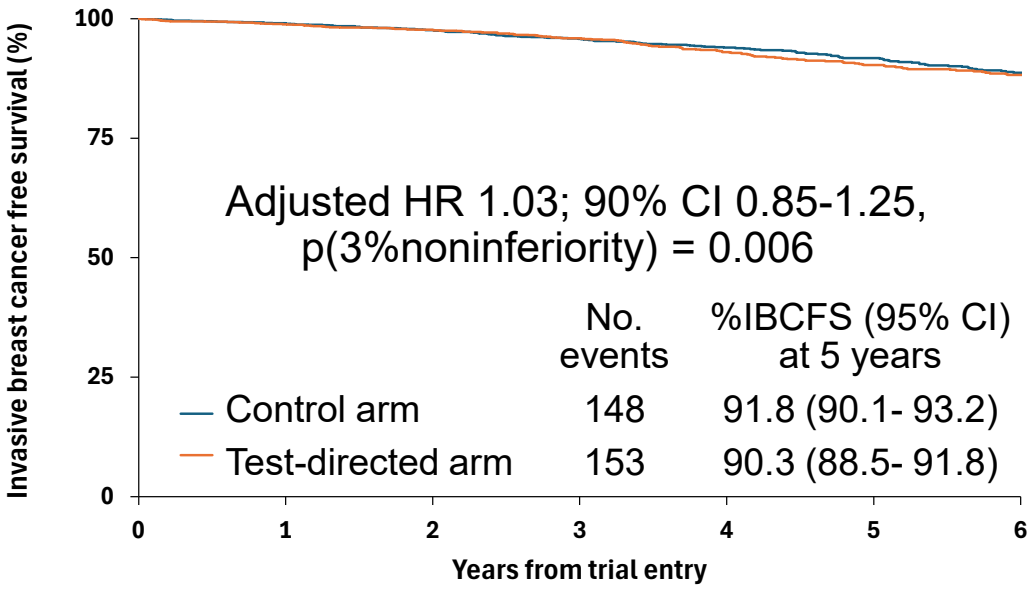
Non-inferiority hypothesis – absolute 3.5% non-inferiority margin for IBCFS

Defines clinical utility

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Invasive Breast Cancer Free Survival

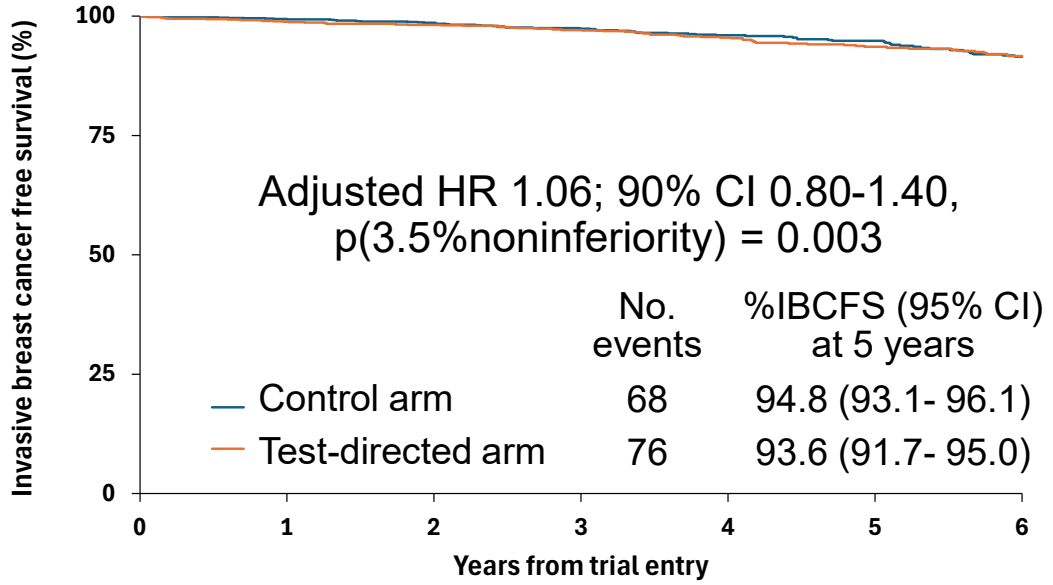
Complete Per Protocol population



Number at risk:							
Control	2059	1818	1563	1283	999	741	485
Test-directed	2094	1857	1591	1303	989	724	481

Demonstrated non-inferiority limit = 2%

ROR ≤60 subpopulation



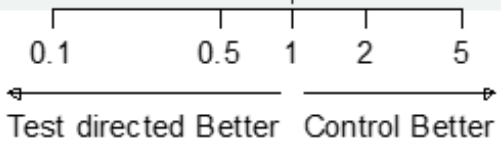
Number at risk:							
Control	1358	1207	1043	862	672	504	337
Test-directed	1421	1257	1086	905	694	503	342

Demonstrated non-inferiority limit = 2%

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Subgroup analysis: low ROR score population

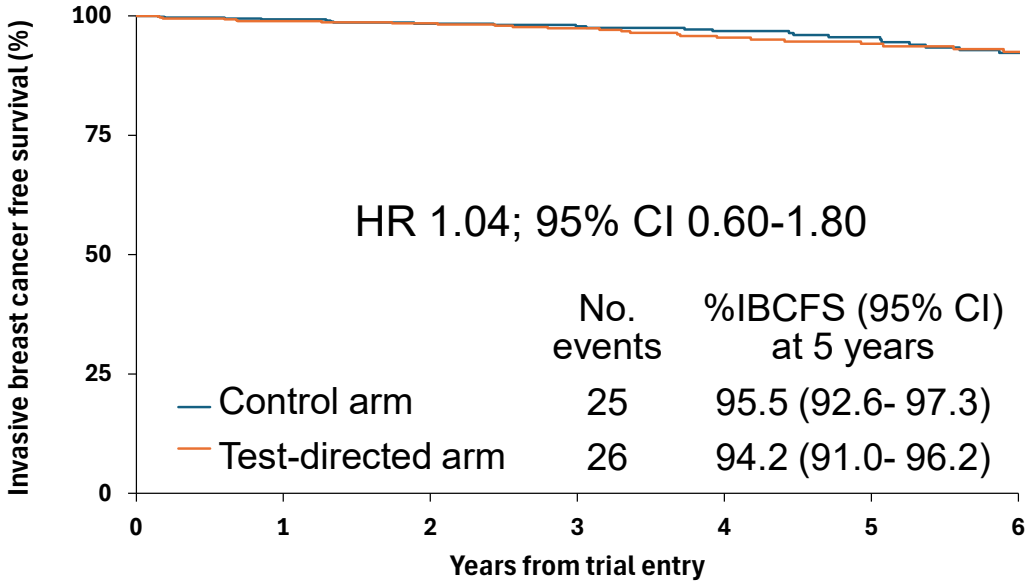
Subgroup	Test directed	Control	HR (95% CI)
	No. of events/No. of patients		
Overall	76/1421	68/1358	1.06 (0.77 to 1.48)
Menopausal status			
Pre-menopausal	26/559	25/561	1.04 (0.60 to 1.80)
Post-menopausal	50/858	42/791	1.14 (0.76 to 1.71)
Grade			
1 or 2	60/1184	48/1126	1.22 (0.84 to 1.78)
3	16/237	20/232	0.78 (0.40 to 1.50)
Tumour size			
<=30mm	39/809	28/770	1.30 (0.81 to 2.10)
>30mm	37/612	40/588	0.93 (0.60 to 1.46)
Nodal status			
pN1(+/-sn)	56/1063	48/1015	1.11 (0.76 to 1.64)
pN2	20/268	17/243	1.19 (0.62 to 2.29)
Intended Chemotherapy			
Anthracycline containing	6/176	6/163	0.89 (0.29 to 2.76)
Taxane containing	5/163	5/142	1.05 (0.30 to 3.65)
Anthracycline+Taxane	65/1082	57/1053	1.12 (0.79 to 1.60)



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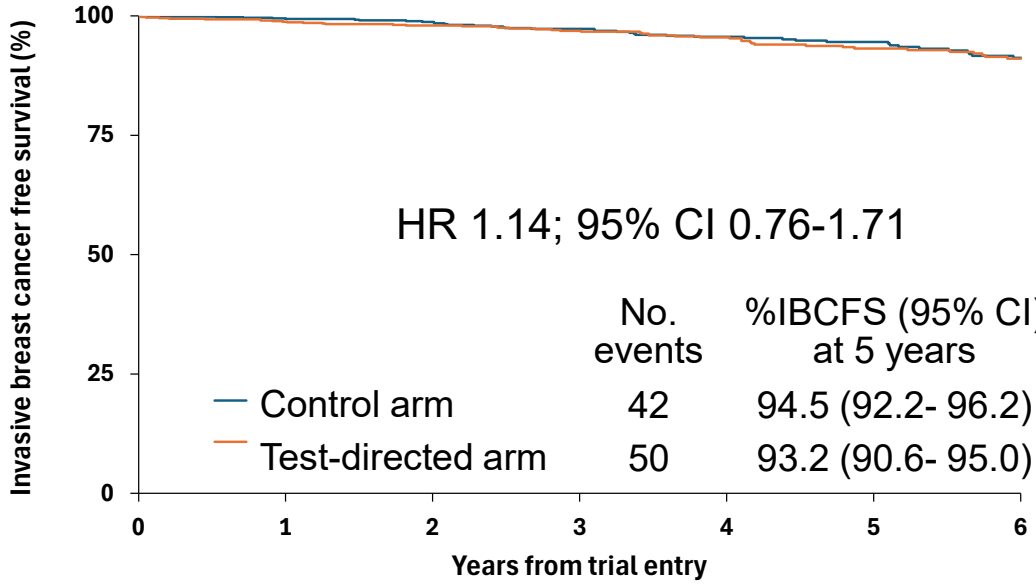
IBCFS vs menopausal status: low ROR score population

Premenopausal



Number at risk:							
Control	561	481	409	338	258	200	140
Test-directed	559	487	410	347	256	195	135

Postmenopausal

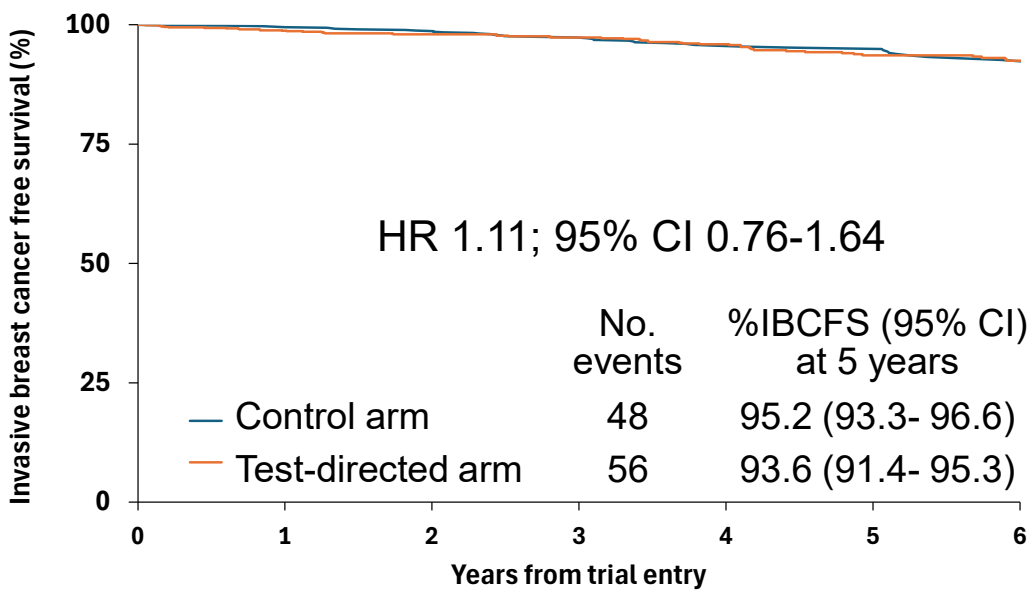


Number at risk:							
Control	791	721	631	522	414	304	197
Test-directed	858	766	673	556	437	307	207

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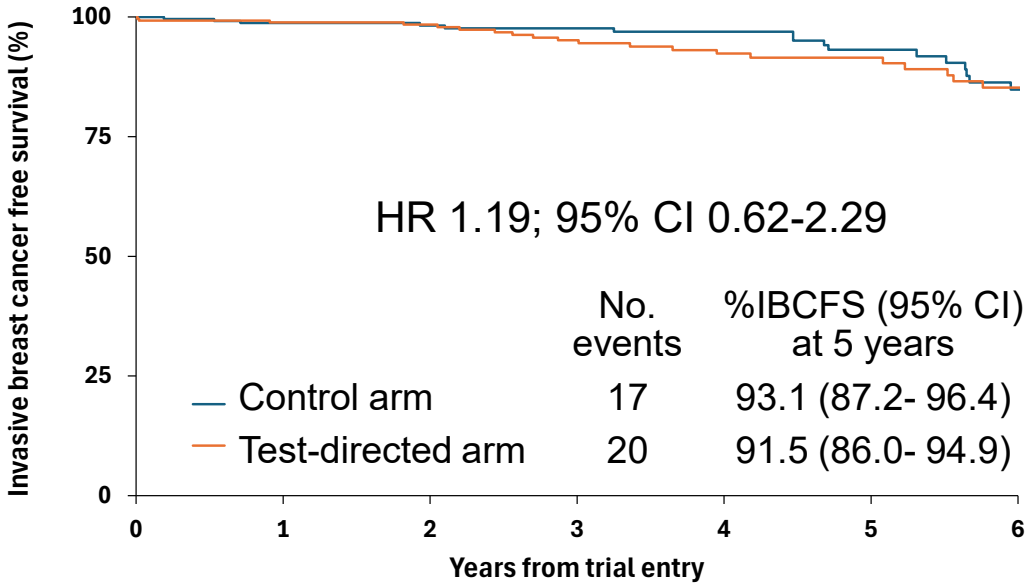
IBCFS vs nodal status: low ROR score population

1-3 involved nodes



Number at risk:							
Control	1015	914	798	651	499	382	264
Test-directed	1063	953	829	700	539	389	270

4-9 involved nodes

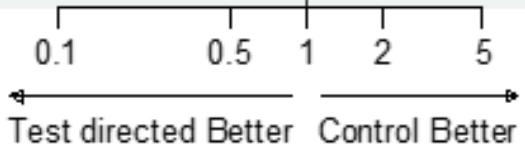


Number at risk:							
Control	243	214	181	155	125	84	48
Test-directed	269	232	197	158	118	86	49

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IBCFS vs stage prognostic groups: low ROR score population

Subgroup	Test directed	Control	HR (95% CI)
	No. of events/No. of patients		
Overall	76/1421	68/1358	1.06 (0.77 to 1.48)
Tumor stage			
IIA	14/412	10/399	1.39 (0.62 to 3.09)
IIB	35/585	33/550	1.04 (0.65 to 1.68)
IIIA	27/414	23/389	1.11 (0.64 to 1.93)



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Conclusions

Chemotherapy can be safely avoided for many patients

The Prosigna test identified that more than two thirds of high-risk node-positive patients, who previously would have received chemotherapy, could safely forgo it entirely without compromising outcomes or increasing recurrence risk.

Robust results across high-risk subgroups

Molecular biology, not clinical factors alone, should guide chemotherapy decisions for premenopausal women treated with ovarian function suppression and patients with extensive nodal involvement (4–9 positive nodes).

Highest level of clinical evidence

OPTIMA provides Level 1A prospective evidence by Simon Hayes criteria showing that the Prosigna test can accurately predict chemotherapy benefit and guide safe de-escalation across patient populations.

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Prosigna will uniquely benefit from insights learned from the OPTIMA trial due to discordant results with other tests

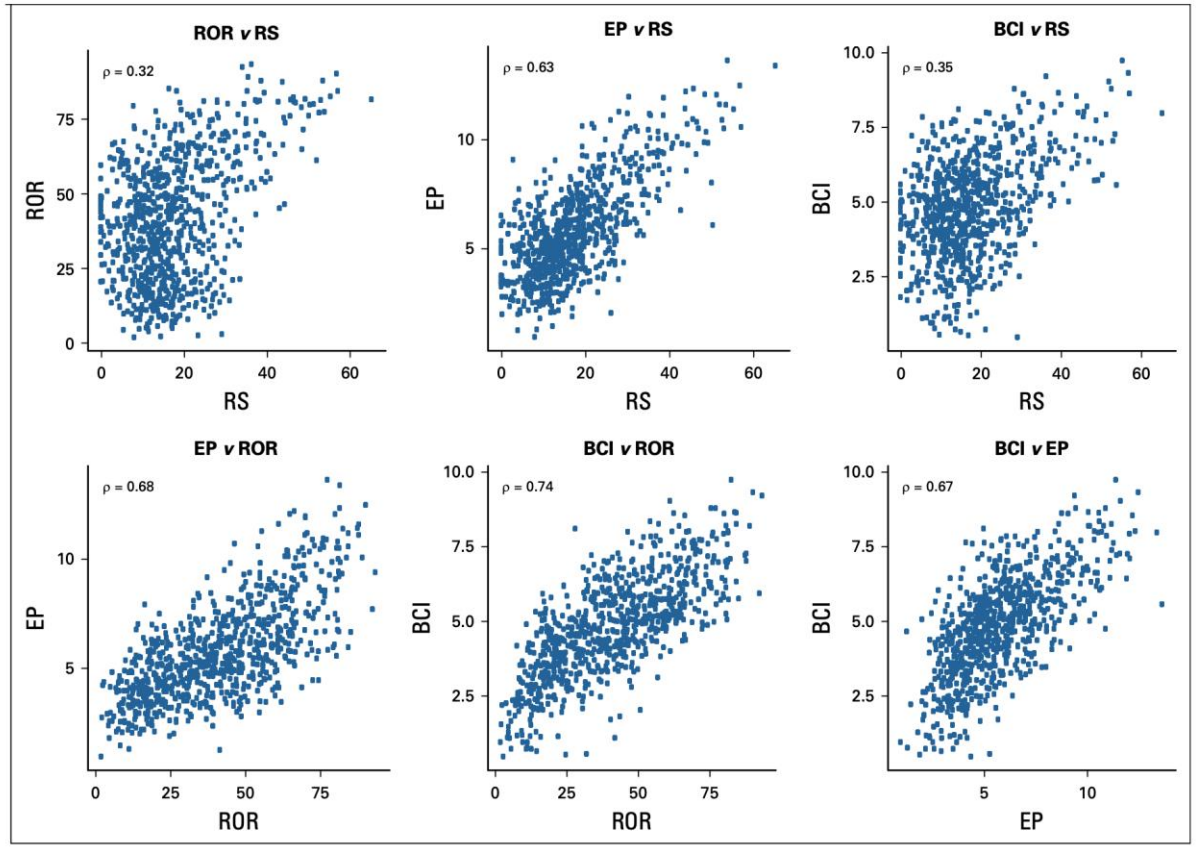


FIG 2. Scatter plots and Spearman's ρ correlation coefficients of the Recurrence Score (RS), Risk of Recurrence (ROR), EndoPredict (EP), and Breast Cancer Index (BCI) molecular scores in TransATAC.

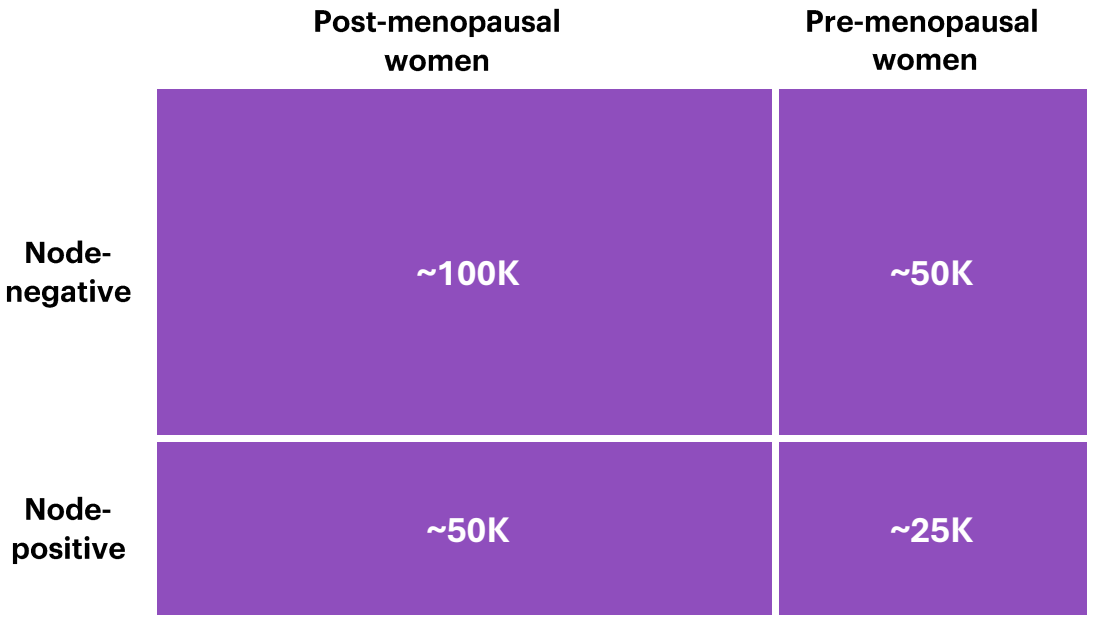
TransATAC Study

Journal of Clinical Oncology®

Richard Buus et al.; Molecular Drivers of Oncotype DX, Prosigna, EndoPredict, and the Breast Cancer Index: A TransATAC Study. J Clin Oncol 39, 126-135(2021).

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OPTIMA supports Prosigna-directed chemotherapy decisions in broadest high-risk population to-date



~225,000 patients diagnosed annually[1]
with early-stage hormone receptor positive disease and
all are eligible and appropriate for Prosigna testing

The Prosigna test is the **only test to predict chemotherapy benefit** regardless of menopausal status and for patients with up to 9 positive nodes

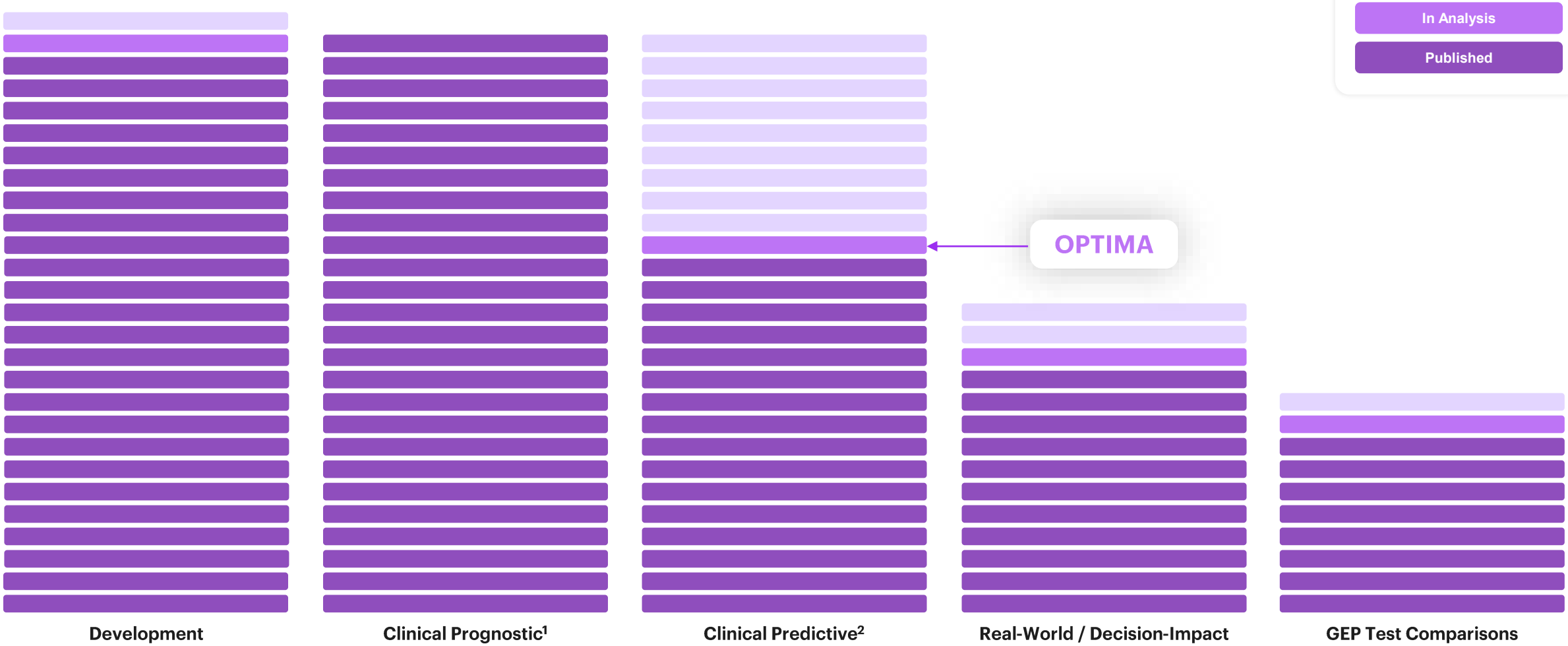
Prior studies demonstrate that the Prosigna test **delivers greater prognostic accuracy** than other assays, **including in the node-negative population**

Prosigna LDT will launch commercially on June 8, 2026

1. Company estimates based on breastcancer.org estimate of ~317,000 women in the US that were diagnosed with breast cancer in 2025 & komen.org estimate that about 70% to 80% of newly diagnosed breast cancers are HR+

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Clinical evidence supporting the Prosigna test is extensive and growing



1. Demonstrates that PAM50 or the Prosigna test can predict recurrence.
2. Demonstrates that PAM50 or the Prosigna test can identify a subset of patients that have a higher probability of responding to a particular therapy.

ENZAMET study provides Level 1B evidence for Decipher in metastatic prostate cancer

International, randomized Phase III study conducted by the Australian and New Zealand Urogenital and Prostate Trials Group (ANZUP)

Pre-specified biomarker analysis using the Decipher Prostate test in 634 patients with a median follow-up of 5.6 years

Low Decipher score (≤0.85)	Patients with lower Decipher scores showed no benefit from adding chemotherapy, suggesting it can be safely avoided.
High Decipher score (>0.85)	Patients with higher Decipher scores who received triplet therapy had significantly improved five-year overall survival compared to those on standard hormonal therapy alone. These patients had more aggressive disease features, yet achieved comparable survival to clinically lower-risk patients on doublet therapy.

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Decipher

ENZAMET study expands the Decipher evidence base for high-risk and metastatic prostate cancer into triplet therapy

STAMPEDE & CHAARTED

Predicting chemotherapy benefit when added to ADT

ENZAMET

Predicting chemotherapy benefit when added to standard hormonal therapy (ADT + enzalutamide)

Of the ~334K[1] patients diagnosed with prostate cancer each year, **~30K[2] patients have metastatic disease**

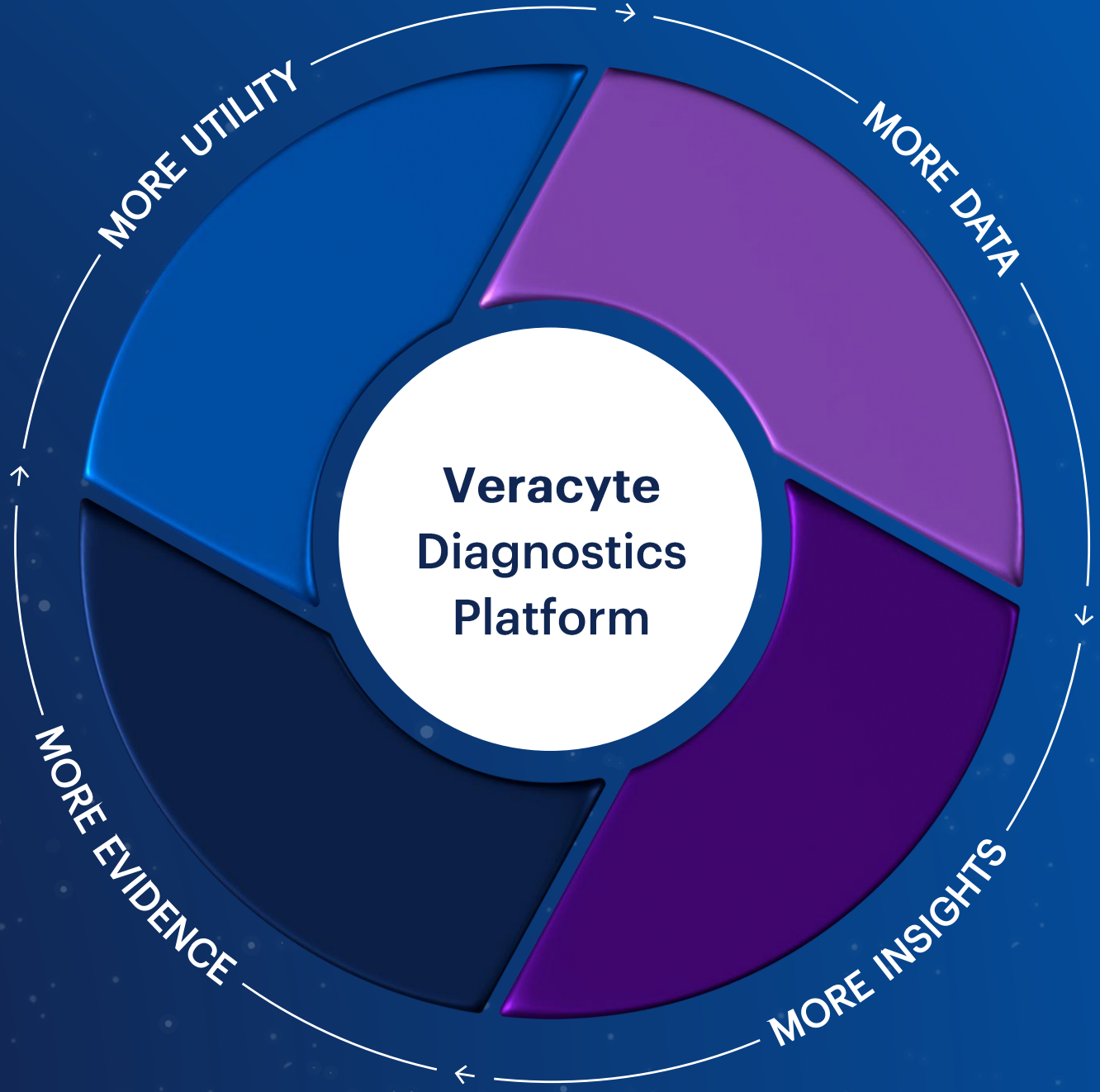
Decipher Prostate is validated across the full disease continuum, from active surveillance through metastatic disease, including triplet therapy

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1. https://www.cancer.org/cancer/types/prostate-cancer/about/key-statistics.html
2. https://www.cdc.gov/united-states-cancer-statistics/publications/prostate-cancer.html

A novel platform for growth

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