

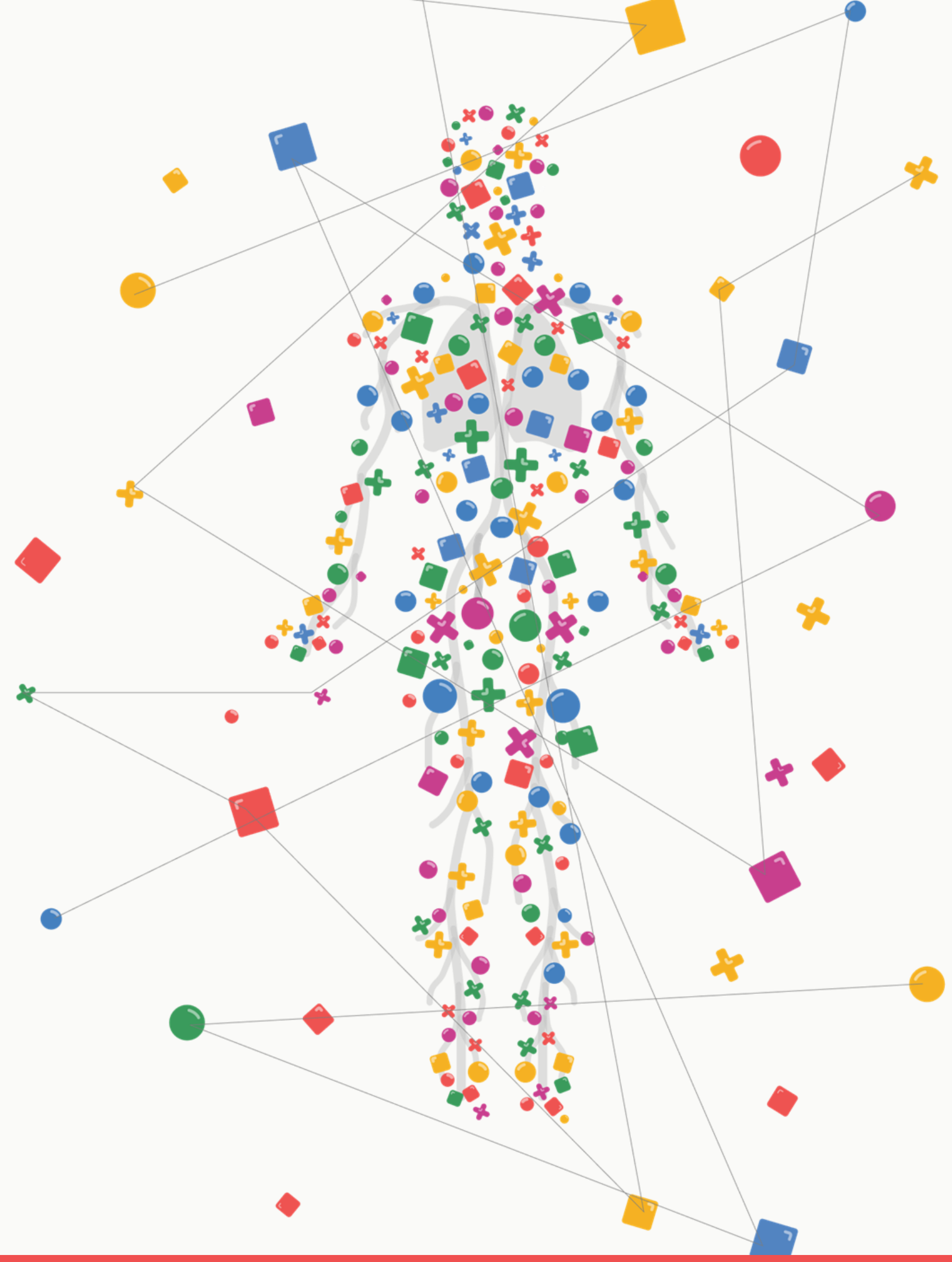


US GO-TO-MARKET STRATEGY

Early detection Is one breath away.

A phased plan to turn validated science into recurring revenue.

June 2026 · Confidential



THE LIFE-SAVING OPPORTUNITY

ONLY

50%

of people adhere to their
recommended screening guidelines.

BARRIERS TO SCREENING

Existing tests carry discomfort, access gaps, and clinic logistics, plus the anxiety patients call “**scanxiety**.”

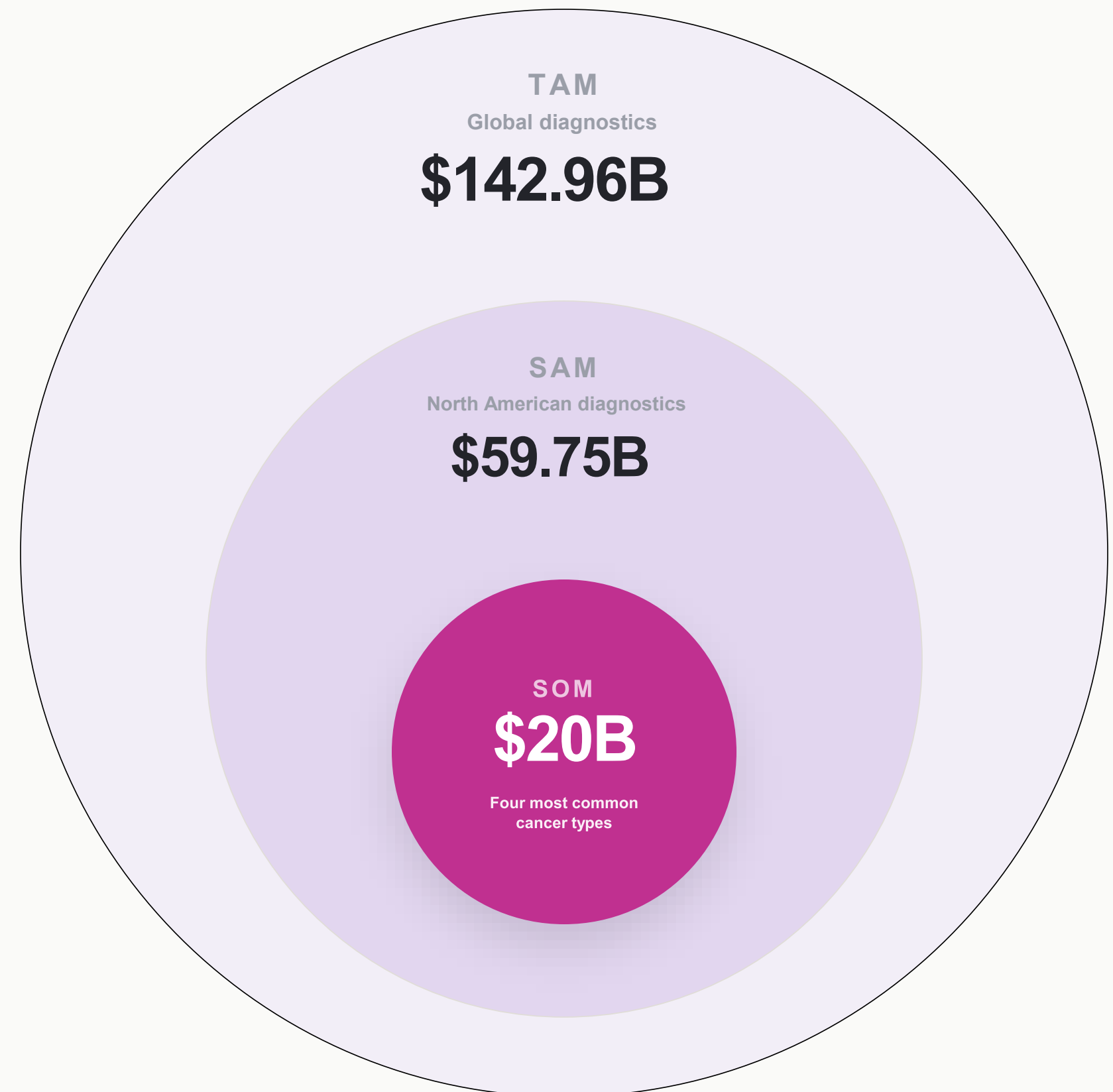
As a result, just **14%** of U.S. cancers are caught through recommended screening.

The result: too many diagnoses at later stages, when outcomes are worse and treatment is harder.

THE MARKET

A large, addressable market, anchored by the Big 4 cancers

Breast, lung, colorectal, and prostate together account for roughly half of all new U.S. cancer cases.



TARGET AUDIENCE FEEDBACK

At-home testing was the clear preference

78%

preferred an at-home breath test over clinic-based screening

THEY ALSO TOLD US

- 81% expressed moderate-to-extreme trust in the test
- 87% named early detection as a key benefit
- \$250-300 willingness-to-pay cluster, with interest in recurring testing

Source: U.S. survey, >1,000 participants; qualitative interviews with social workers serving high-risk women.

VALIDATION

A continuous *clinical evidence* engine

Each study extends validation, supports U.S. launch, and builds the data package for future FDA dialogue.

Since the Rainbow Study, the LUCID AI component has been further developed and enhanced.

● COMPLETED

Rainbow Study

Prospective, double-blind, ~1,386 samples across the four cancers. Published in Scientific Reports (Nature).

93.9%

Sensitivity

94.3%

Specificity

● ONGOING

PINK Study

U.S. breast, double-blind observational, ~2,000 participants, with Hackensack Meridian Health. Co-primary endpoints: sensitivity and specificity vs standard of care.

● ADVANCING

White Study

U.S. lung study with Fox Chase Cancer Center. Extends validation to the second launch indication.

● BIOBANK

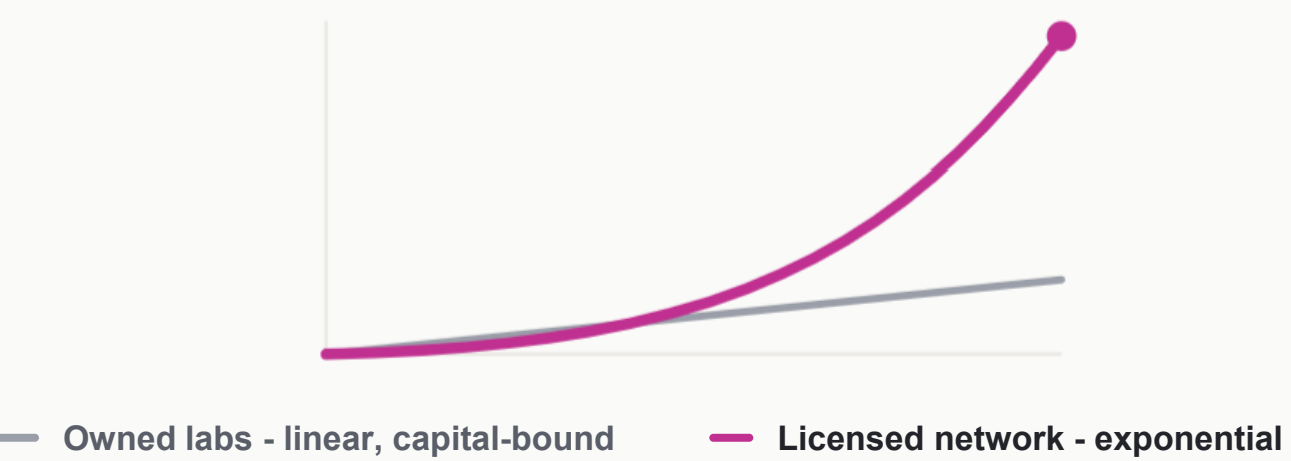
Multi Study

Multi-cancer biobank supporting future indications. Underpins the longer-term multi-cancer test.

GROWTH

From linear to *exponential*

Licensing LUCID turns growth exponential. Strategic partners license the LUCID platform and operate their own labs - so capacity, reach, and revenue compound without SpotitEarly funding every site.



00 Owned labs

SpotitEarly funds and runs its own LUCID labs - the linear, capital-bound baseline.

01 License the platform

Partners license LUCID as a turnkey package - the fusion-sensorics hardware, AI models, and operating protocols.

02 Partners run their own labs

Each strategic partner funds and operates a LUCID lab in its market, so the network expands without our capital.

03 Compounding, asset-light revenue

Upfront license fees plus recurring per-test royalties - every new partner lab multiplies the base and feeds shared model improvements.

MARKET ENTRY

Breast cancer , the beachhead

Our first commercial product would be a breast cancer pre-screening test.

01

Large, growing, recurring demand

A high-volume market with sustained, routine screening behavior already established.

02

A real gap where we are strongest

Mammography struggles with dense tissue and early-stage detection - exactly where Rainbow showed **95.0% breast sensitivity**.

03

Underserved high-need segments

A non-invasive, at-home option extends coverage to women with dense tissue or elevated genetic risk who need more frequent screening.

04

Validation already underway

The PINK Study is generating U.S. breast data now, with Hackensack Meridian Health and UPenn.

MARKET ENTRY

The only option combining *at-home* collection, high *early-stage* detection, and *dense-breast* effectiveness

How SpotitEarly compares across what drives adoption.

TEST	SETTING	EARLY-STAGE	DENSE BREAST	INVASIVE	PRICE
SpotitEarly (breast)	At home	High	High	None	\$\$
Mammogram	Clinic	Moderate	Low	Compression	\$\$
Ultrasound	Clinic	Moderate	Low	None	\$\$
Galleri (MCED)	Clinic	Low	Low	Blood draw	\$\$\$
Auria	At home	N/A	N/A	None	\$\$

MARKET ENTRY

Market fast track

01 CLIA-certified laboratory

Operations run in a high-complexity, CLIA-registered laboratory under clinical-grade quality systems.



02 Launch as an LDT

As a Laboratory Developed Test, LDTs are not subject to FDA premarket review - no clearance required for the 2027 U.S. launch.

03 A settled regulatory dispute

A federal court vacated the FDA's 2024 LDT rule in 2025; the FDA did not appeal and rescinded it. LDTs remain governed under CLIA.

04 FDA as the next unlock

An FDA Pre-Submission (Q-Sub) is planned to support physician recognition and payer reimbursement, with a possible Class II De Novo path.



Two phases, sequenced to build demand before scaling distribution

Prove consumer pull and margins first, then layer in higher-volume institutional channels. In D2C we collect clinical and marketing data and use the resulting network effects to move into B2B.

● PHASE 1

D2C

An online, physician-ordered test platform with a seamless at-home experience.

Medical oversight built in, with easy consumer access.

Designed to drive awareness and uptake - and prove unit economics before scaling.



● PHASE 2

B2B

Employers and insurers - fully insured and self-insured.

Strategic diagnostics partnerships, distribution, and white-label.

Health systems, clinics, screening centers, and mobile clinics.

EARLY ADOPTERS

Three early-adopter personas

Phase 1 D2C targets proactive, higher-income women across three life stages - each reached through different channels and messages.



● YOUNGER · HIGH-RISK

Jessica Cohen
35-40 · \$80-120K · urban professional

“I know I’m at risk. I just want a smarter, simpler way to stay ahead of it.”

Family history or BRCA risk; prevention-minded; lives on wearables and health content.



● MIDLIFE MANAGER

Emily Dawson
45-55 · \$100-150K · suburban

“I care for everyone’s health. I just want something simple to manage mine too.”

The family’s “chief health officer”; pragmatic, time-poor; trusts her PCP and evidence.



● VIGILANT BOOMER

Carol Simmons
65-73 · \$60-100K · active retiree

“I’d rather know now – on my own terms.”

Health-aware mentor for her family; cautiously tech-literate; decides on trust.

PERSONA 01 · YOUNGER HIGH-RISK



Jessica Cohen

The Proactive Younger High-Risk Woman

“I know I’m at risk. I just want a smarter, simpler way to stay ahead of it – without turning my life upside down.”

AGE	INCOME	LOCATION	ROLE
35-40	\$80-120K	Urban / suburban	PM · consultant

MARKET SIZE (US)

<2M

High-income, high-risk women in their 30s. Roughly 11-13% of women have a first-degree family history of breast cancer.

NEEDS & PAIN POINTS

- Wants an accessible, easy way to monitor her risk - at home, on her own terms.
- Anxious about uncertainty and the gaps in traditional screening.
- Finds clinic screenings invasive and time-consuming.

HOW TO REACH HER

Channels: Instagram, TikTok, YouTube influencers; BRCA forums, Reddit, Bright Pink, FemTech.

Tone: empowering, future-forward. “Know your risk · your body, your data.”

PERSONA 02 · MIDLIFE MANAGER



Emily Dawson

The Busy Midlife Manager

“I care for everyone’s health – parents, kids, even my employees. I just want something simple that helps me manage mine too.”

AGE	INCOME	LOCATION	ROLE
45-55	\$100-150K	East Coast suburbs	HR · admin · owner

MARKET SIZE (US)
~20M

Women 45-55 in the US; the high-income, college-educated subset numbers in the single-digit millions.

NEEDS & PAIN POINTS

- Struggles to find time for preventive screenings amid work and family.
- Frustrated by healthcare friction, bureaucracy, and lack of midlife-women support.
- Wants peace of mind without chasing down doctors or results.

HOW TO REACH HER

Channels: Facebook (primary), Instagram, LinkedIn, email; workplace wellness & employer benefits.

Tone: professional, supportive, no-frills. “Stay in control · no appointments, no stress.”

PERSONA 03 · VIGILANT BOOMER



Carol Simmons

The Vigilant Health Guardian

“I’ve seen what happens when people catch things too late. I’d rather know now – on my own terms.”

AGE	INCOME	LOCATION	ROLE
65-73	\$60-100K	Senior-friendly states	Retired · part-time

MARKET SIZE (US)

~15M

Boomer women nationally; roughly a quarter live in California, Florida, and Texas.

NEEDS & PAIN POINTS

- Finds hospital visits and screening logistics physically tiring; limited local access.
- Worries about “missing something” between annual checkups.
- Dislikes complex tech or salesy pitches; needs proof it's safe, real, and well-reviewed.

HOW TO REACH HER

Channels: Facebook, YouTube, email, direct mail; AARP partners, senior newsletters, physician referrals.

Tone: trustworthy, warm, reassuring. “Peace of mind without the clinic.”

Pricing and unit economics: priced for access, built for margin

\$250

Launch price

Within a tiered \$100-\$500 range to serve all income levels.

\$350

Bundle

Breast plus lung, once the lung test is available.

\$50-60

Blended CAC

Below the ~\$78 healthcare benchmark, thanks to high-intent targeting.

GROSS MARGIN

>88%

DIRECT COST PER TEST

Mask	\$3.50
Shipping	\$15.00
Analysis & QA	\$5.00
Total	\$23.50

SPOTITEARLY GUARDIAN · SUBSCRIPTION MODEL

Your *lifelong* health partner

The Guardian Program turns a single cancer test into a dynamic, personalized system - monitoring your health baseline over time, providing continuous insight and the ultimate peace of mind that you're always one step ahead.

3
membership tiers

\$239
from, per year

365
days of coverage





GUARDIAN · VALUE PROPOSITION

More than a test an
ongoing relationship

01 Continuous monitoring & early detection

We track your health baseline year over year - catching change early, not just returning a one-time result.

02 Personalized, dynamic risk intelligence

Insight that adapts as your data grows, tailored to your history and risk profile.

03 A human-in-the-loop care ecosystem

Nurse navigators and genetic counselors guide every step - real people, not just an app.

04 Financial predictability & exclusivity

A flat membership replaces unpredictable one-off costs, with member-only benefits.

GUARDIAN · WHAT'S INCLUDED

A complete membership

Every Guardian tier bundles testing, a member portal, and human support into one annual relationship.

- **Annual SpotitEarly test**
A breath-based test each year for a single cancer type.
- **Multiple-cancer test**
Annual screening across multiple cancer types on higher tiers.
- **Guardian portal**
Current and historical results plus a library of prevention and wellness content.
- **Nurse Navigator**
A dedicated team of nurse coordinators for expedited support.
- **Screening Counselor Consult**
An annual 30-minute telehealth consult with a board-certified genetic counselor.

Three plans, one relationship

GUARDIAN CORE

\$19.9

/mo

Billed annually · \$239

Annual single-cancer test

Guardian portal · Standard

Nurse Navigator · Standard

Multiple-cancer test

Screening Counselor Consult

Spouse / partner membership

GUARDIAN PREMIER

MOST POPULAR

\$29.9

/mo

Billed annually · \$359

Annual single-cancer test

Multiple-cancer test

Guardian portal · Premium

Screening Counselor Consult

Nurse Navigator · Premium

Spouse / partner membership

GUARDIAN FAMILY

\$49.9

/mo

Billed annually · \$598

Everything in Premier

Spouse / partner membership

25% family-member discount

Guardian portal · Premium

Nurse Navigator · Premium

Screening Counselor Consult

B2B expansion after early traction

• LETTERS OF INTENT

Employers

Letters of intent with three global companies - **Wix, Gottex, SK Group.**

Volume pricing from \$100 to \$150 per kit.

• IN DEVELOPMENT

Health systems & clinics

Physician-ordered testing across major systems, screening centers, community health centers, and mobile clinics.

• SIGNED INTO LAW

Medicare incentive

The Nancy Gardner Sewell MCED Screening Coverage Act (Feb 2026) creates Medicare coverage for FDA-approved MCED tests beginning 2028.

A future catalyst tied directly to our FDA pathway.

BUILT TO SCALE

Inside LUCID: capacity that grows predictably

1.73M

samples per year, base scenario

6,912

samples / day

384

samples / hour

Base scenario: 4 rooms × 3 teams, 2 hours/day, 250 working days.

Modular by design

Capacity scales linearly with each team or room added. Adding teams is the lower-capex path to scale.

Horizontal + vertical packs

Horizontal packs for multi-cancer screening at scale; vertical packs for single-cancer testing.

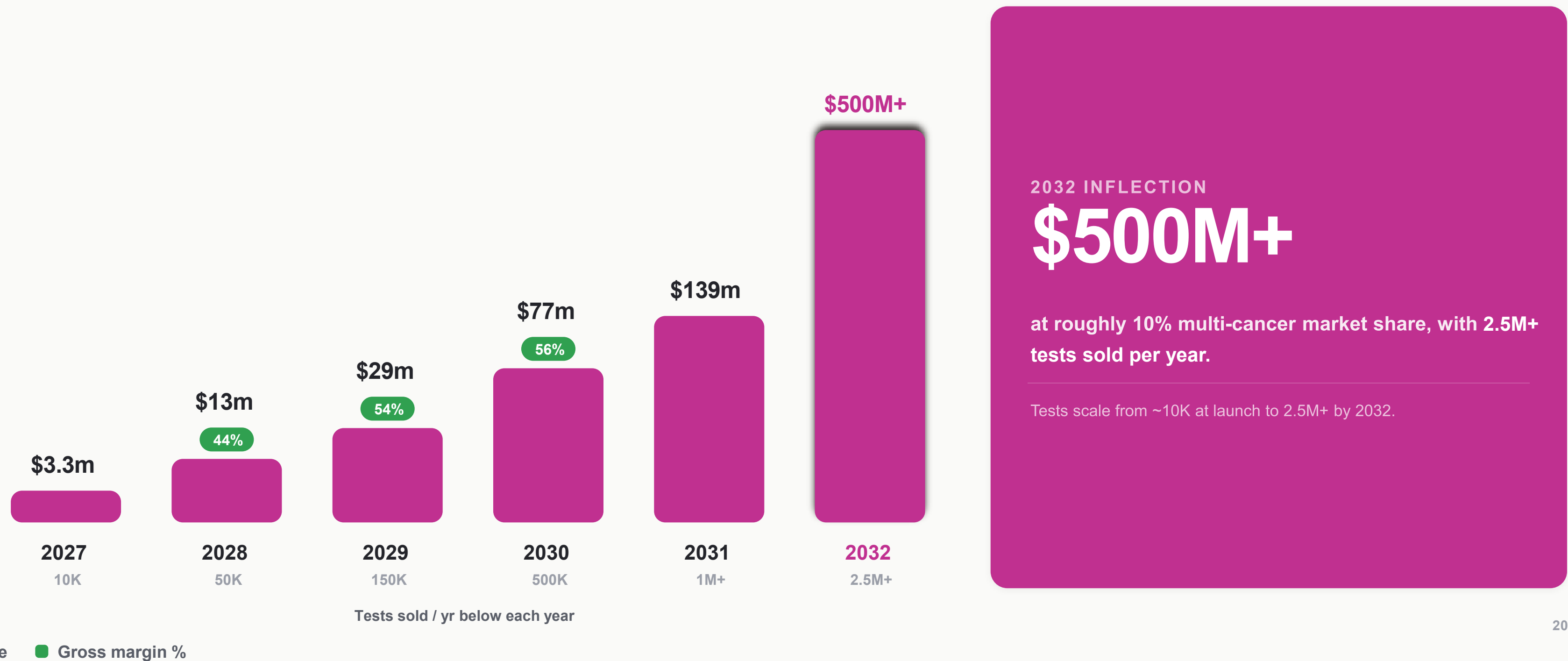
Off-the-shelf hardware

Commercially available components in a proprietary configuration; patent-pending Lucid Station.

THE NUMBERS

Revenue forecast

Revenue from 2027 through 2031, with the 2032 inflection as multi-cancer scales.



Five-year roadmap and milestones

2027

U.S. market entry

CLIA / LDT launch for breast and lung

Physician networks and health systems

Early international pilots

2028-2031

Multi-cancer expansion

Multi-cancer test and broader indications

Medicare and Medicaid coverage

LUCID licensing (\$100M+ annual potential)

NASDAQ listing consideration

2031-2032

Category leadership

Multi-cancer leadership and LUCID as a service

2.5M to 4M tests per year

10% to 15% MCED market share

Key risks and mitigations

RISK	MITIGATION
Adoption of a novel modality	Published validation, a physician-ordered model, KOL engagement, and 81% measured trust.
Reimbursement timing	Cash-pay LDT and signed employer LOIs near-term; FDA pathway and the 2028 Medicare benefit longer-term.
Competition from liquid-biopsy MCED	Early-stage sensitivity advantage, non-invasive at-home collection, and accessible pricing.
Operational scaling	Modular LUCID with linear scaling and off-the-shelf hardware.
Evolving LDT policy	CLIA-compliant operations and active FDA Q-Sub engagement.



OUR MISSION

Increase screening adoption. *Save lives.*

A validated, non-invasive test - and a phased plan to turn early detection into a category-defining business.

June 2026

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