CARIS LIFE SCIENCES

Where Molecular Science Meets Artificial Intelligence

Q3 2026 Earnings Call
November 4, 2026

Important Information and Disclaimer

Forward-Looking Statements

This presentation contains forward-looking statements, within the meaning of the Private Securities Litigation Reform Act of 1995 and other federal securities laws. All statements other than statements of historical facts contained in this presentation are forward-looking statements, including statements regarding our business, solutions, plans, objectives, goals, industry trends, financial outlook and guidance. In some cases forward-looking statements can be identified by words such as “may,” “will,” “should,” “would,” “expect,” “plan,” “anticipate,” “could,” “intend,” “target,” “project,” “potential,” “contemplate,” “believe,” “estimate,” “predict,” or “continue” or similar expressions. You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in these forward-looking statements are reasonable based on information currently available to us, we cannot guarantee that the future results, discoveries, levels of activity, performance or events and circumstances reflected in forward-looking statements will be achieved or occur. Forward-looking statements involve known and unknown risks and uncertainties, some of which are beyond our control. Risks and uncertainties that could cause our actual results to differ materially from those indicated or implied by the forward-looking statements in this presentation include, among other things: continued development, performance and commercialization of Caris Detect and Caris Confirm; developments in the precision medicine industry; our future financial performance, results of operations or other operational results or metrics; development, analytical and clinical validation, timing and performance of future solutions by us and our competitors; commercial market acceptance for our solutions, including acceptance of preventive as well as diagnostic testing paradigms, and our ability to meet resulting demand; the rapidly evolving competitive environment in which we operate; third-party payer reimbursement and coverage decisions related to our solutions, including the effect of legislative, regulatory, or administrative actions on reimbursement ; the impact on our future volumes of the continued execution of our strategy to re-align and expand our sales organization; risks related to data management, storage, and processing capabilities and our ability to integrate and deploy artificial intelligence and advanced data analytics technologies; our ability to protect and enhance our intellectual property; regulatory requirements, decisions or approvals (including the timing and conditions thereof) related to our solutions; reliance on third-party suppliers; risks related to data security, patient privacy, and compliance with healthcare data protection regulations as well as potential cybersecurity threats to our data platforms; our compliance with laws and regulations; the outcome of government investigations and litigation; risks related to our indebtedness; and our ability to hire and retain key personnel as well as risks, uncertainties, and other factors described in the section titled “Risk Factors” and elsewhere in our Annual Report on Form 10-K filed on March 3, 2026, and in our other filings we make with the SEC from time to time. We undertake no obligation to update any forward-looking statements to reflect changes in events, circumstances or our beliefs after the date of this presentation, except as required by law.

Non-GAAP Financial Measures

We use certain financial measures not calculated in accordance with generally accepted accounting principles in the United States (“GAAP”) to supplement our condensed consolidated financial statements, which are presented in accordance with GAAP. We believe the non-GAAP financial measures we use, Adjusted EBITDA and free cash flow, are useful in evaluating our performance and liquidity. Our non-GAAP financial measures have limitations as analytical tools, however, and you should not consider them in isolation or as substitutes for analysis of our results as reported under GAAP. Other companies, including other companies in our industry, may not use these measures or may calculate these measures differently than as presented herein, limiting their usefulness as comparative measures.

We use Adjusted EBITDA in conjunction with GAAP measures as part of our overall assessment of our performance, including the preparation of our annual operating budget and quarterly forecasts, to evaluate the effectiveness of our business strategies, and to communicate with our board of directors concerning our financial performance. We believe Adjusted EBITDA is also helpful to investors, analysts, and other interested parties because it can assist in providing a more consistent and comparable overview of our operations across our historical financial periods. We believe free cash flow is a useful measure of liquidity that provides an additional basis for assessing our ability to generate cash.

For definitions and a reconciliation of our historical non-GAAP financial measures to the most directly comparable financial measures calculated in accordance with GAAP, see our Press Release for the most recently-completed fiscal quarter available on the “News & Events” section of our website at https://investor.carislifesciences.com/news-events/events.

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POWERFUL MOLECULAR PLATFORM

Differentiated Technology for the Cancer Care Continuum

WHOLE EXOME PLATFORM
+
whole transcriptome sequencing

MI CANCER SEEK®
WES / WTS + IHC
Tissue-based therapy selection
COMMERCIAL

CARIS ASSURE®
WES / WTS / CH
Blood-based therapy selection
COMMERCIAL

CARIS ASSURE®
WES / WTS / CH
Therapy response monitoring
LAUNCHED

WHOLE GENOME PLATFORM
+
whole transcriptome sequencing

CARIS CHROMOSEQ™
WGS / WTS
Heme therapy selection
COMMERCIAL

CARIS DETECT™
WGS / WTS
Multi-cancer early-stage detection
COMMERCIAL

CARIS CONFIRM™
TISSUE INFORMED WGS
Minimal residual disease
PLANNED DEC 2026

Foundation Model for Digital AI

CARIS MI CLARITY™
Digital AI
Early-stage breast predictor
COMMERCIAL

CARIS TUMORPATH™ | DIGITAL BIOMARKER ALERT

Digital AI	Digital AI	Digital AI	Digital AI	Digital AI
Morphological Subtype	Tumor Grading	Mutation Prediction	Treatment Response	Survival Prediction

DEVELOPMENT IN PROCESS

WES: Whole exome sequencing. WTS: Whole transcriptome sequencing. IHC: Immunohistochemistry. CH: Clonal hematopoiesis. WGS: Whole genome sequencing.

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POWERFUL MOLECULAR PLATFORM

Technology Expanding Across the Cancer Care Continuum

Early-Stage Detection (MCED) | **MRD & Surveillance** | **Therapy Selection** | **Treatment Response Monitoring**

Illustrative tumor burden



CARIS DETECT™
COMMERCIAL

UPCOMING

CARIS CONFIRM™
PLANNED DEC 2026

SOLID TUMORS
- MI CANCER SEEK®
- CARIS ASSURE®

COMMERCIAL

HEME
- CARIS CHROMOSEQ™

EARLY-STAGE BREAST
- CARIS MI CLARITY™

COMMERCIAL

LAUNCHED

CARIS ASSURE®
Therapy Response Monitoring

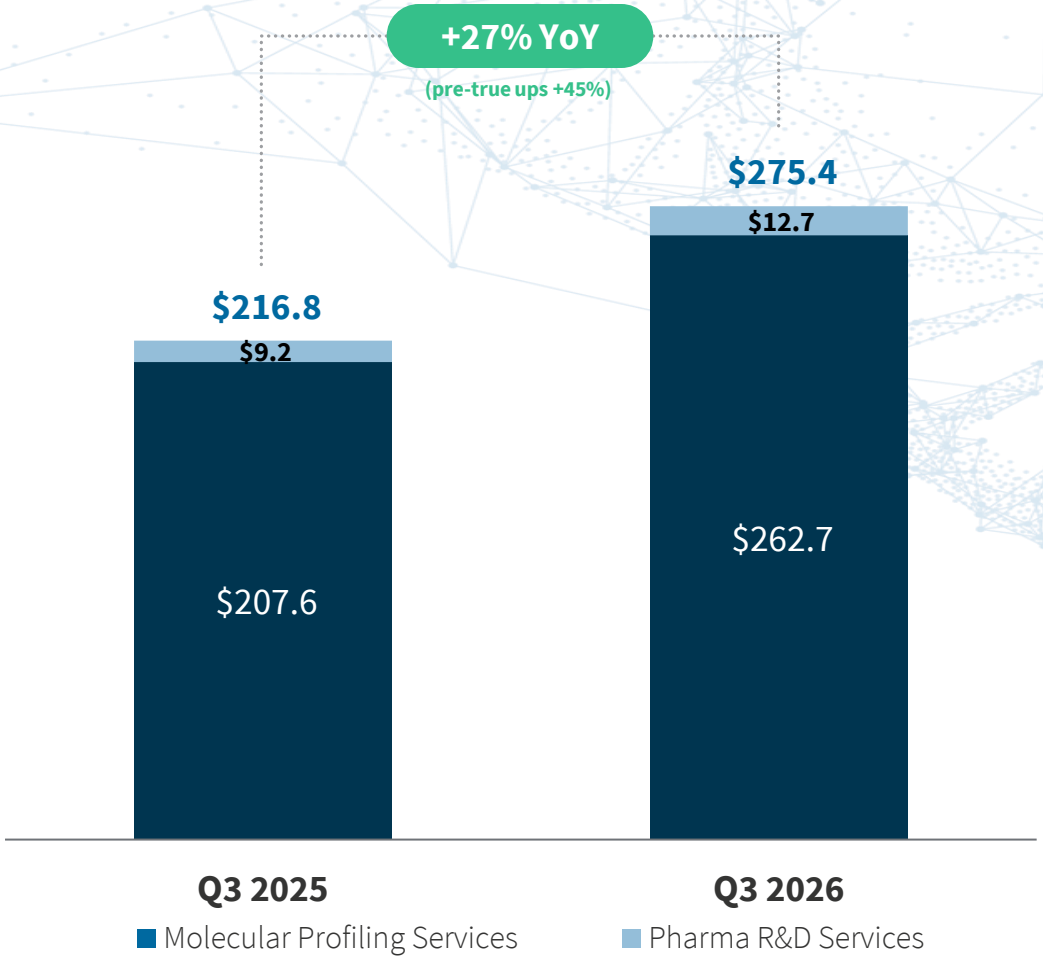
- On track to launch **five new products in 2026**
- A full product suite to deepen our **valued partnerships with cancer centers**
- **Caris Assure** monitoring launched; **Caris Confirm** tumor-informed MRD planned for December

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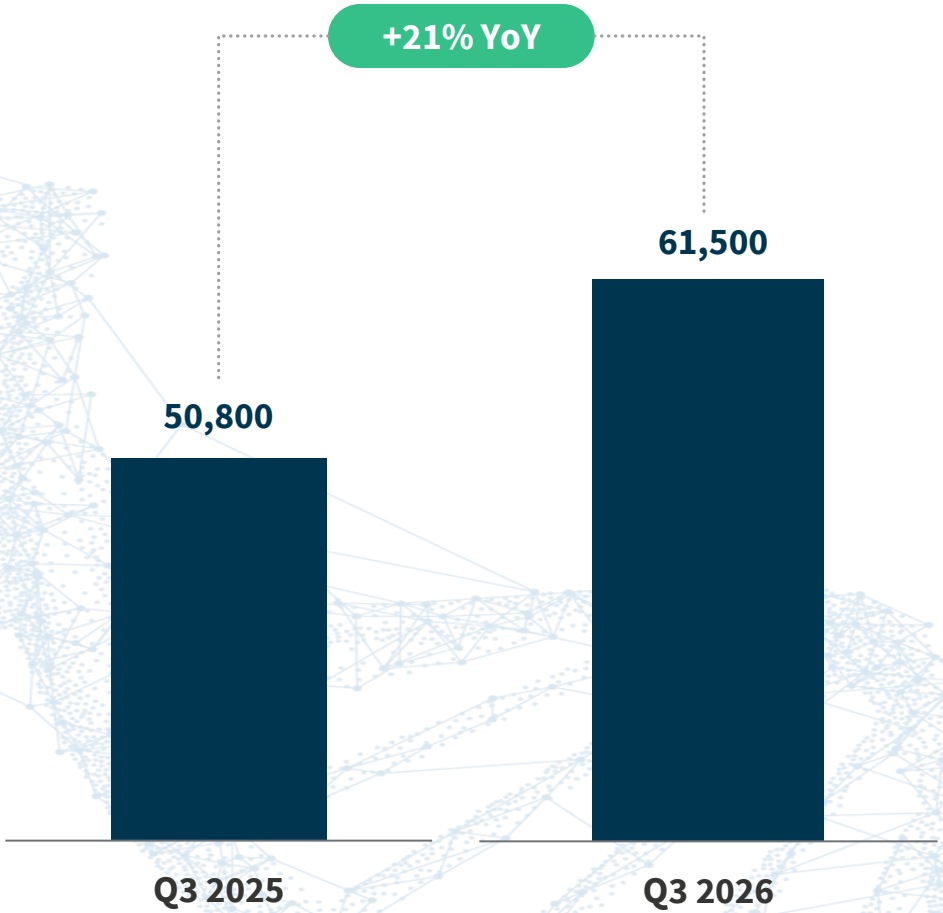
Strong Revenue and Clinical Volume Growth

Q3 Revenue

($ in millions)



Q3 Clinical Case Volume



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Q3 2026 Performance Highlights

FINANCIAL PERFORMANCE

TOTAL REVENUE
$275.4M +27% YoY
Pre-true ups +45%

MOLECULAR PROFILING REV
$262.7M +27% YoY

CLINICAL CASES
~61,500 +21% YoY
~358k Clinical Oncology tests

BLENDED ASP
$4,272 +5% YoY
~$3,991 pre-true ups, +19% YoY

ADJUSTED EBITDA*
$44.4M 6TH CONSECUTIVE POSITIVE QUARTER

GAAP NET INCOME
$15.3M GAAP PROFITABILITY

GAAP gross margin 66% · **Nine-month revenue** $755.2M, +45% YoY
Adjusted EBITDA* $126.3M year-to-date
$769.2M cash & securities

ADDITIONAL OPERATING HIGHLIGHTS

Launched Caris Assure® Therapy Response Monitoring
Extends the Assure blood-based platform

Launched enhanced Caris Assure® for therapy selection
Focused sequencing depth up to 40,000x and ~600M RNA reads

Published Caris AI Insights™ pancreatic signature validation
AI-based molecular signature predicts first-line treatment benefit

Continued share repurchase program
~$72.1M remains available under the $100.0M Board authorization

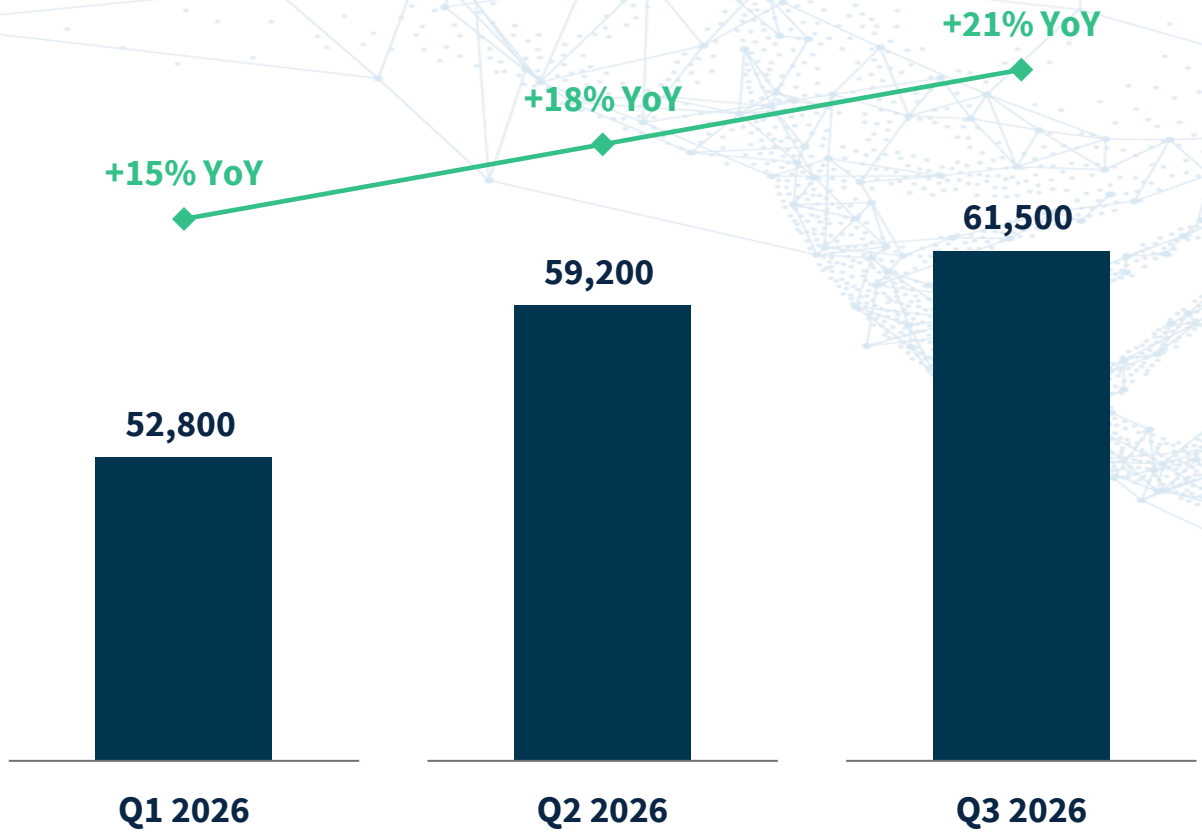
Launched two national advertising campaigns
Kevin Costner and Jordan Spieth spotlighting Caris Detect

Note: Volume rounded to nearest 100.
* See earnings release for reconciliation.

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Commercial Execution Continuing to Drive Growth Improvement

CLINICAL CASE VOLUME



Note: Volume rounded to nearest 100.

ADDITIONAL COMMERCIAL HIGHLIGHTS

61,500 clinical cases
+21% YoY growth

Tissue and blood volume both accelerating
Volume mix trends consistent with prior quarters

325 commercial team members
Continued expansion of commercial sales force

75%+ of orders placed via EMR/Portal
Streamlined digital ordering

3,500+ physicians using EMR
Direct, in-workflow ordering

1,300+ Publications/Manuscripts
Evidence generation driving adoption

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One of the Largest & Most Comprehensive Clinico-Genomic Datasets

*At a historic inflection point where AI is unlocking new value — **multimodal, matched, and AI insights driven at population scale.***

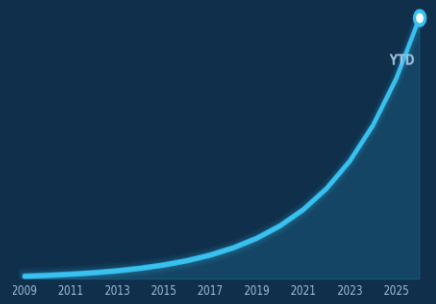
PATIENT CASES SINCE 2009

1,200,000+

Molecular tumor profiles

796,000+
Whole exomes

849,000+
Whole transcriptomes



MATCHED CLINICAL DATA

845,000+

Profiles with matched molecular data + clinical outcomes

DIGITAL PATHOLOGY

6,200,000+

Digitized pathology slides

4,220,000+
Digitized IHCs

1,980,000+
Digitized H&Es

DATASET STRENGTHS

Multimodal by design
DNA · RNA · Protein · Pathology

Whole-exome / transcriptome
23,000+ genes — not narrow panels

High sequencing depth
Deep, reliable variant calls

Single-source & internally generated
One platform

Scaled cohorts for research
Population-scale

Real-world data
Continuously growing since 2009

Multimodal · Matched Training-ready oncology data at population scale

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POWERFUL MOLECULAR PLATFORM

Differentiated Platform with Upcoming Catalysts

DIFFERENTIATED PLATFORM

Technology Leadership	MI CANCER SEEK® Only FDA-approved simultaneous WES / WTS CDx **Whole-genome platform:** CARIS CHROMOSEQ™ CARIS DETECT™ CARIS CONFIRM™
Clinical Platform & Research Partnerships	**Large specialized commercial organization** with deep relationships **Precision Oncology Alliance:** 102 member institutions
New Product Launches in 2026	CARIS CHROMOSEQ™ Heme · CARIS MI CLARITY™ Breast cancer AI · CARIS DETECT™ Early detection · CARIS ASSURE™ Response monitoring · CARIS CONFIRM™ MRD · Dec 2026
Value of Data Assets	**Over 1.2M genomic profiles** with unmatched breadth and depth **Developing new AI tools** to enable partners to generate insights
Profitability Funding Growth	**Six consecutive quarters** of positive Adjusted EBITDA **Accelerating investments** in product pipeline and infrastructure

CATALYSTS

Clinical case volume growth

Strategic initiatives and investments to generate accelerating case volume growth.

New clinical product launches

Caris Assure Therapy Response Monitoring launched; Caris Confirm MRD expected to launch December.

MCED Evidence & Partnerships

ACHIEVE 2 interim readout expected Q1 2027; ACHIEVE 3 and 4 planning, with DTC partners expanding.

Caris Assure reimbursement step-up

CLFS rate rises 44% to $5,250 under PAMA (eff. 1/1/27 based on preliminary fee schedule)

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Pipeline

Update

Caris Assure Therapy Response Monitoring
Caris Confirm Minimal Residual Disease
Hero Foundational Model Digital AI

Extending Caris' Comprehensive Approach Across the Patient Journey

ON THERAPY — MRD & SURVEILLANCE

LAUNCHED

Caris Assure TRM

Therapy response monitoring

ASSAY	Built on the Caris Assure whole-exome platform
LAUNCH	Launched
DATA	Generated by MONSTAR and the Caris real-world cohort
REIMBURSEMENT	Work underway, with MolDX submission in preparation

PLANNED · DEC 2026

Caris Confirm

Minimal residual disease

ASSAY	Built on Caris Detect whole-genome; initial tissue plus follow-up blood
LAUNCH	Launching in December 2026
DATA	Generated by ENSEMBLE and the Caris real-world cohort
REIMBURSEMENT	Cancer-type-by-cancer-type strategy

Recurring Both tests add repeat blood draws per patient on existing platform

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CARIS ASSURE®

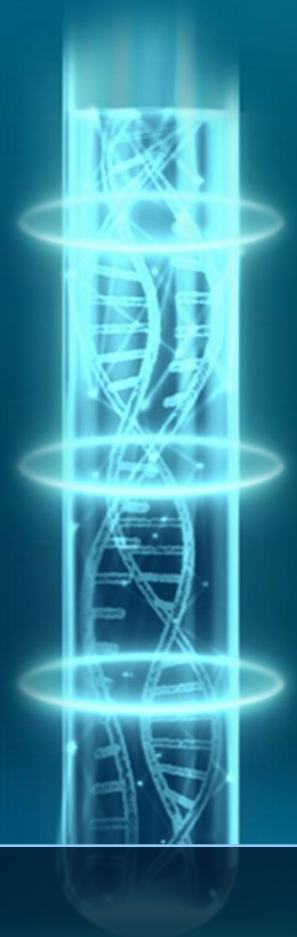
THERAPY RESPONSE MONITORING

LAUNCHED

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Blood-Based. Weeks Ahead of Imaging.

Serial blood draws classify response weeks before the next scan, using the existing Caris Assure whole-exome liquid workflow. No new assay to build: it runs on the validated, updated Caris Assure WES liquid pipeline.



Technology

Quantitative tumor fraction, Caris Assure WES liquid

Readout

Molecular response | Stability | Progression

Time to Readout

~4 to 8 weeks ahead of the next scheduled scan

THE EVIDENCE BASE

Clinical Validation
N=124 serial pairs · N=90 landmark cohort

Real-World Cohort
1,037 patients

Analytical Performance
0.1% tumor-fraction LoD | <9% precision CV

Reimbursement Path
MolDX submission in preparation

96%
Disease control at molecular response (49 of 51 patients)

8.99× · Adj. HR 7.16
Hazard of progression vs. response

2.35×
OS hazard, progression vs. response

Recurring
Serial draws per patient on therapy, on the validated Caris Assure WES liquid pipeline

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CARIS CONFIRM™

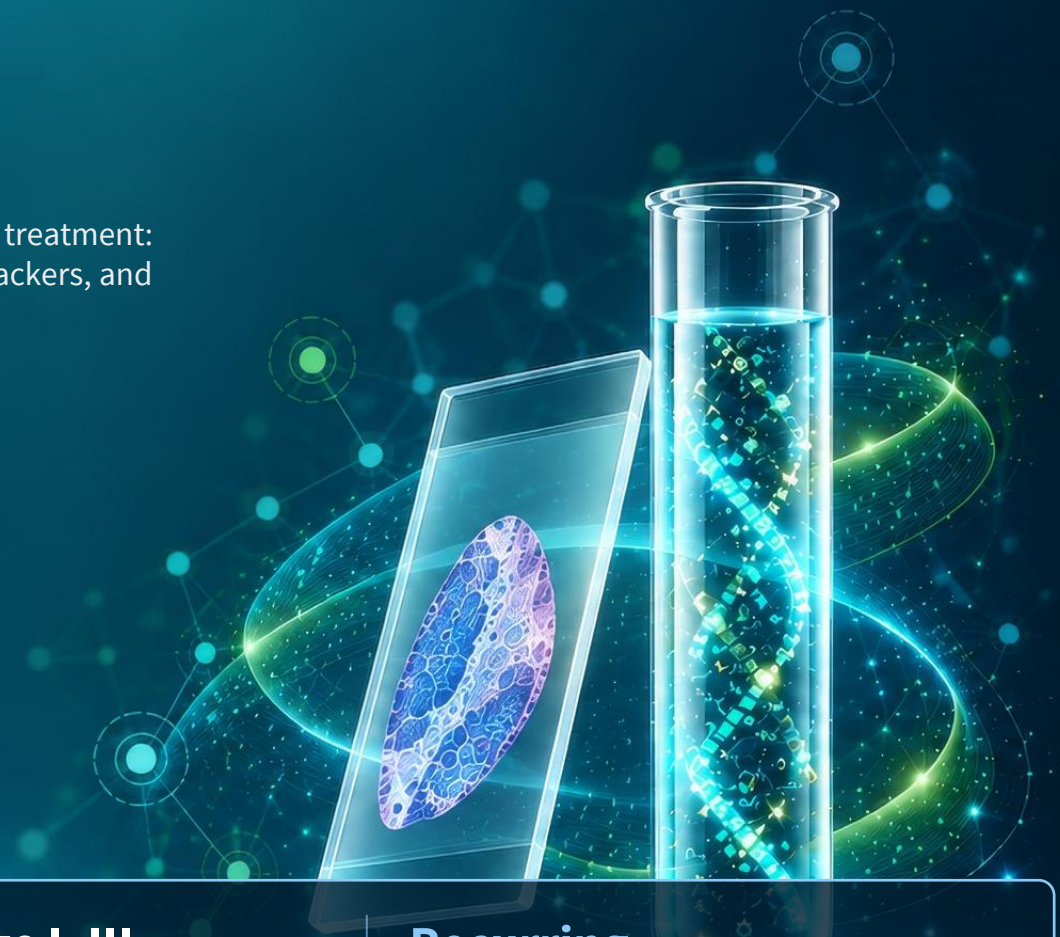
MINIMAL RESIDUAL DISEASE

LAUNCH PLANNED · DEC 2026

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Tissue-Informed

A personalized, whole genome approach to MRD for Stage I–III patients after curative-intent treatment: whole genome sequencing of the tumor and a matched normal builds each patient's own trackers, and whole genome sequencing of blood looks for them over time.



Personalized

A tracker set built from each patient's own tumor.

Ultrasensitive

Whole genome sequencing of tissue and blood, with an ultra-low limit of detection by design.

Longitudinal

A landmark sample, then serial draws every 3–4 months.

THE CARIS CONFIRM PATHWAY

1 Baseline
Blood (WGS / buffy coat) + tumor tissue from surgery (WGS)

›

2 Trackers
Tumor-normal subtraction defines the patient's tracker set

›

3 Landmark
Blood WGS 3–6 weeks after surgery

›

4 Surveillance
Serial blood WGS every 3–4 months

~2.5 Billion bases
Trackers search space

Minimum Positivity Threshold = 1.38ppm

Stage I–III
Pan-tumor, after curative-intent treatment

Recurring
Landmark plus serial surveillance draws, on the Caris Detect whole genome platform

Analytical performance from internal tumor-informed validation (dilution series; trackers detected vs. tumor fraction). Caris Confirm is in development as a laboratory-developed test; launch timing is a current target..

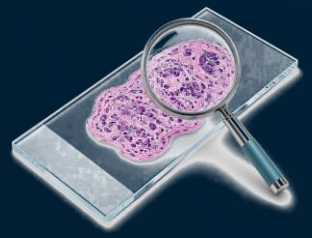
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HERO (Histology Encoder for Robust Representation in Oncology) Foundation Model, powering digital AI applications

248,606	H&E slides in the training cohort
52	cancer lineages
98%	of slides also RNA-sequenced (243,529)
4	lineage groups, each with its own models

1 The slide

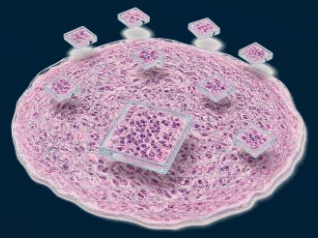


20x

magnification of the scan

The routine H&E slide of the tumor, scanned at 20x.

2 Tiles

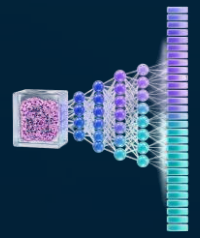


2,346

tiles in the median slide

Empty glass is dropped and the tissue is cut into squares of 224 × 224 pixels, about a tenth of a millimeter across.

3 HERO

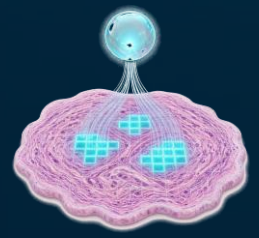


3,072

numbers per tile

HERO, the pathology foundation model, describes each tile as 3,072 numbers that capture what it shows. It is the same for every target and is not retrained for them.

4 Attention



per target

its own weighting of the tiles

For each target the model learns how much each tile matters, then averages the tiles' numbers with those weights into one summary of the slide.

5 The score

- **DNA** 297 targets — chance of each alteration
- **RNA** 368 targets — predicted RNA level
- **IHC** 21 targets — chance of a positive stain

1 score

per target, per slide

Three separate models, one per kind of target, all built this way and trained on every lineage.

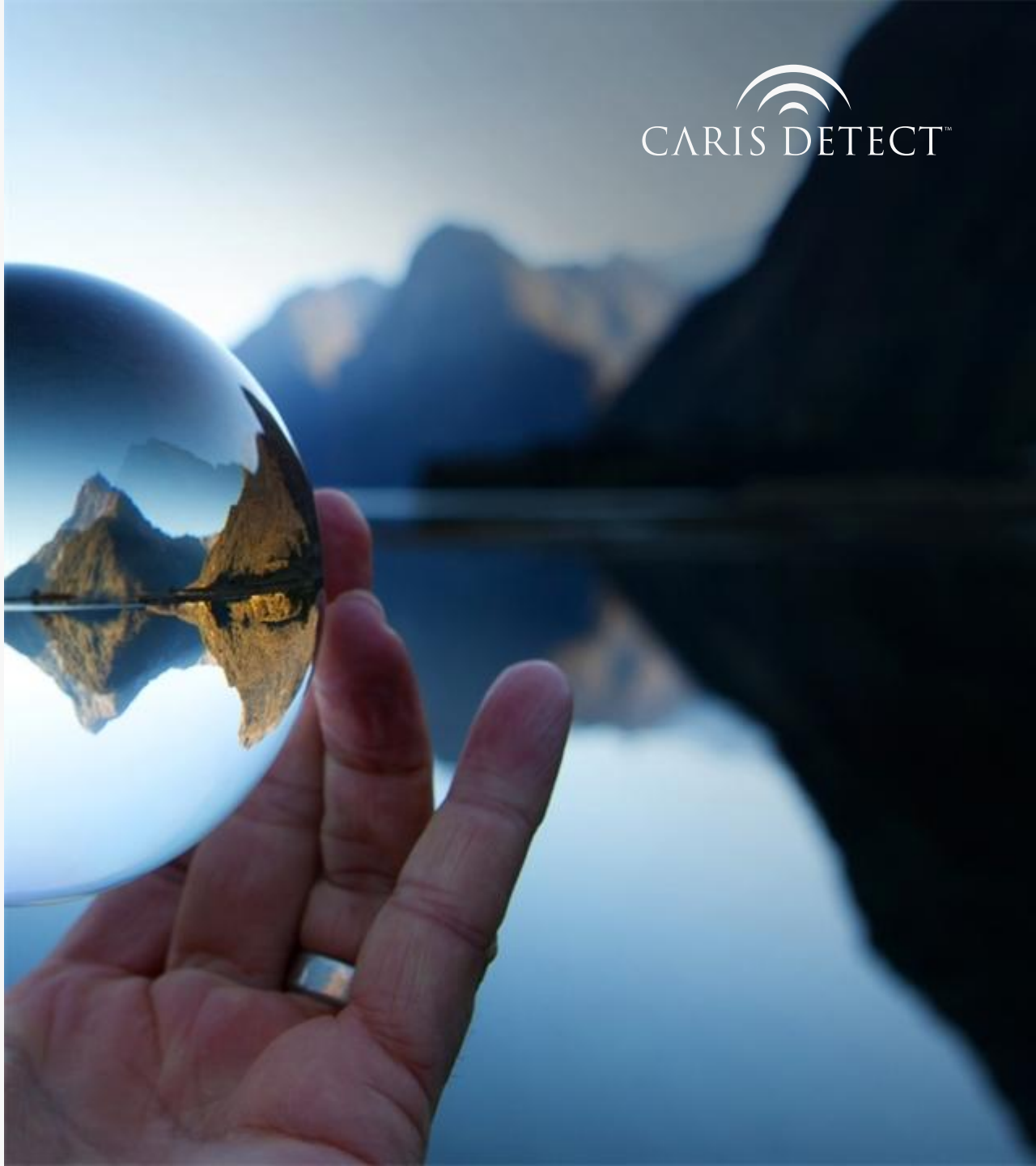
1 model

powers every Caris digital AI application

In development: Morphological subtype | Tumor grading | Mutation prediction | Treatment response | Survival prediction

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Redefining Early-Stage Cancer Detection

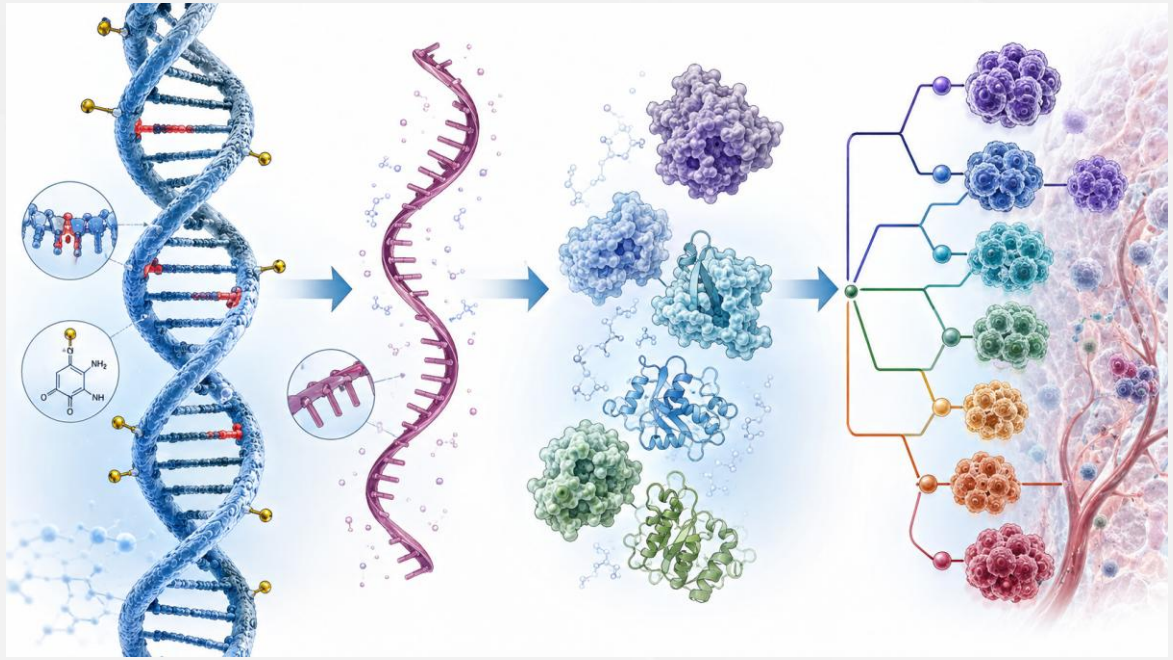


Redefining Early-Stage Cancer Detection

CARIS DETECT™

Cancer is a molecular evolution problem — each signal is weak alone; integration makes the biology robust

FROM DNA TO DISEASE · THE SIGNAL CHANGES AS THE CLONE CHANGES



DNA lesions → chromatin & methylation → RNA expression → protein programs & shedding

A single-analyte test sees only one shadow of a moving system.

THE SIGNAL PORTFOLIO

Integrated across cfDNA (WGS-scale) + cfRNA (WTS-scale)

Fragmentomics

Length, end-motif, entropy & position features

Chromatin remodeling

Nucleosome position, open chromatin, TF footprints

Aneuploidy

Genome-wide copy imbalance; tumor-fraction proxy

Mutations

Driver SNVs / indels & mutational processes

Fusions

Structural & expressed RNA fusion events

Expression

Tissue lineage & pathway activation state

Caris Detect expands "shots on goal" across heterogeneous early tumors by combining WGS cfDNA and WTS cfRNA biology.

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Better Science Produces Better Performance: ACHIEVE 1 Results

CARIS DETECT™

99.2%

Specificity in the asymptomatic screening population

60.3%

Sensitivity in detecting stage I and stage II cancers

Strong early-stage detection across lung, pancreas, prostate, breast, colorectal, uterine and additional cancer types

Predicts a suspected tissue-of-origin to help guide follow-up evaluation

Overall Sensitivity by Cancer Stage*

Stage I	Stage II	Stage III	Stage IV
56.8%	**67.7%**	**79.0%**	**98.6%**
CI 51.5-61.9%	CI 60.8-73.9%	CI 71.6-84.9%	CI 95.1-99.6%

Selected Stage I/II Sensitivity by Cancer Type*

Breast	Prostate	Lung	Uterine
53.7%	**74.1%**	**73.4%**	**60.6%**
CI 48.0-59.3%	CI 61.6-83.6%	CI 55.6-85.9%	CI 43.4-75.5%
Bowel	Head & Neck	Pancreatic	Other
61.8%	**81.3%**	**70.0%**	**69.7%**
CI 48.6-73.5%	CI 57.0-93.4%	CI 39.7-89.2%	CI 51.8-83.1%

*Total data set; sample size for each tumor type: Breast: 297; prostate: 58; lung: 30; uterine: 32; bowel: 55; head and neck: 16; pancreatic: 10; other: 30. Sensitivity by stage: Stage I n=343; Stage II n=191; Stage III n=143; Stage IV n=145.

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ACHIEVE: a 63,000-patient program to validate a comprehensive approach to early detection

CARIS DETECT™

Four studies, sequenced from foundational performance through real-world clinical use in high-risk and general risk patients — each built on whole-genome and whole-transcriptome sequencing of a single blood draw.

1 — 2 — 3 — 4

ACHIEVE 1

COMPLETE

Readout Q1 2026 high-risk cohort

3,000 patients

Foundational study

PURPOSE

Initial sensitivity and specificity of the comprehensive WGS / WTS approach

Established the analytical and clinical basis for Detect's commercial launch

Completed · readout delivered

ACHIEVE 2

ENROLLING

Interim readout Q1 2027 high-risk cohort

25,000 patient target

Large-scale validation

~20,000 enrolled · ~80% of target

PURPOSE

Performance at scale across tumor types and stages

Interim readout expected in Q1 2027

ACHIEVE 3

PLANNING

Prospective high-risk cohort

10,000 high-risk patients

Large-scale high-risk

PURPOSE

Primary: sensitivity and specificity, NPV, PPV

Secondary: sensitivity by stage, tissue-of-origin prediction, performance by malignancy type

Results returned · repeat Detect at 12 months

ACHIEVE 4

PLANNING

Prospective general risk cohort

25,000 patients

Large-scale general risk

PURPOSE

Primary: sensitivity, PPV

Secondary: tissue-of-origin accuracy, procedures and time to diagnostic resolution

Results returned · 12-month follow up

63,000+
patients across four studies

Stage & site-of-origin
endpoints that matter clinically, not just detection

Real-world use
results returned to patients in ACHIEVE 3 & 4

Enrollment figures as of October 2026. ACHIEVE 3 and 4 are Caris-sponsored prospective studies in planning.

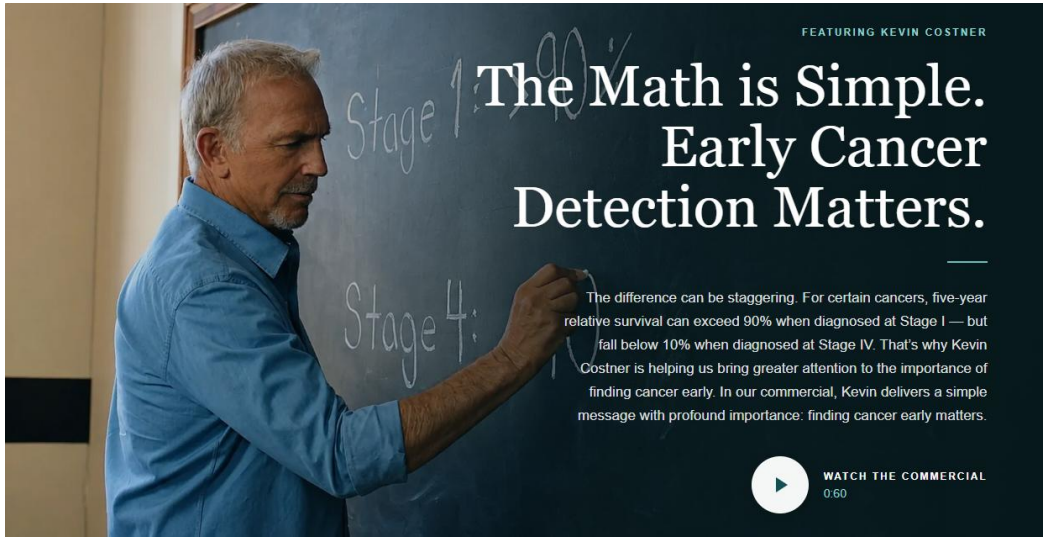
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Two Caris Detect Campaigns Launched

CARIS DETECT™

Kevin Costner

Commercial: “The Math Is Simple”



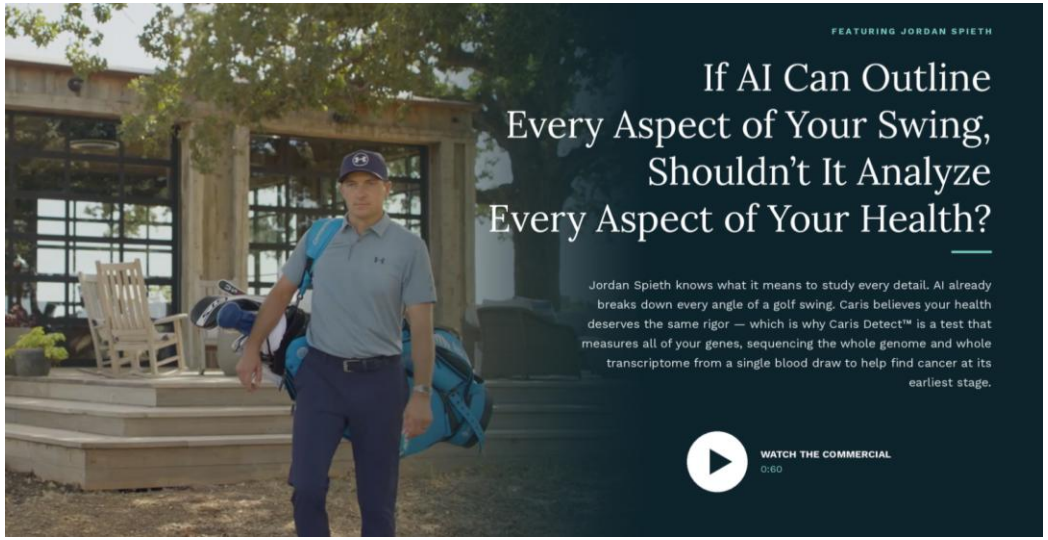


Interview

Sit-down conversation with Kevin Costner

Jordan Spieth

Commercial: “If AI Can Outline Every Aspect of Your Swing”





Interview

Sit-down conversation with Jordan Spieth

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Personalized

Mutation Interception

From Personalized Medicine

To Personalized Prevention

CARIS® LIFE SCIENCES

THE MUTATIONAL CLEANSE PIPELINE

From early signal to proven clearance

Cleanse reframes an atypical blood signal as a therapeutic opportunity: find the clone, expose its neoantigens, vaccinate, and prove molecular clearance.

1 — Early signal
Blood-based detection; WGS / WTS localize the biology

2 — Lock mutations
10,000× WES confirms clonal, protein-altering drivers

3 — Immune visibility
Only expressed, HLA-presented neoantigens qualify

4 — Prime T cells
Personalized long-peptide vaccine + adjuvant

5 — Clearance readout
VAF ↓, T cells ↑, durable immune memory

VACCINE-READY MUTATION IDENTIFICATION

Target ranking concentrates confidence at the top

83.8%	**86.5%**	**81.9%**	**62.3%**
PPV operating point	**PPV@1**	**PPV@5**	**PPV@100**
model-score threshold (1)	top variant / patient (1)	top five variants (1)	long-tail queue (1)

Focus manufacturing on the mutations most likely to prime an immune system response.

The same blood draw can discover, treat, and prove response

(1) Derived from multi-specimen Caris patients to paired-biopsy ICI cohort of 42,062 patients

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Financial

Update

Financial Overview
2026 Guidance Update

Q3 2026 Financial Overview

TOTAL REVENUE
$275.4M
+27% vs. Q3 2025

GROSS MARGIN (1)
66%
-180 bps vs. Q3 2025

ADJUSTED EBITDA (2)
$44.4M
-$6.7M vs. Q3 2025

FREE CASH FLOW (2)
($39.7M)
-$95.0M vs. Q3 2025

(1) Gross margin = total revenue less cost of services, divided by total revenue
(2) Adjusted EBITDA and free cash flow are non-GAAP; see earnings release for reconciliation.

Selected financial metrics

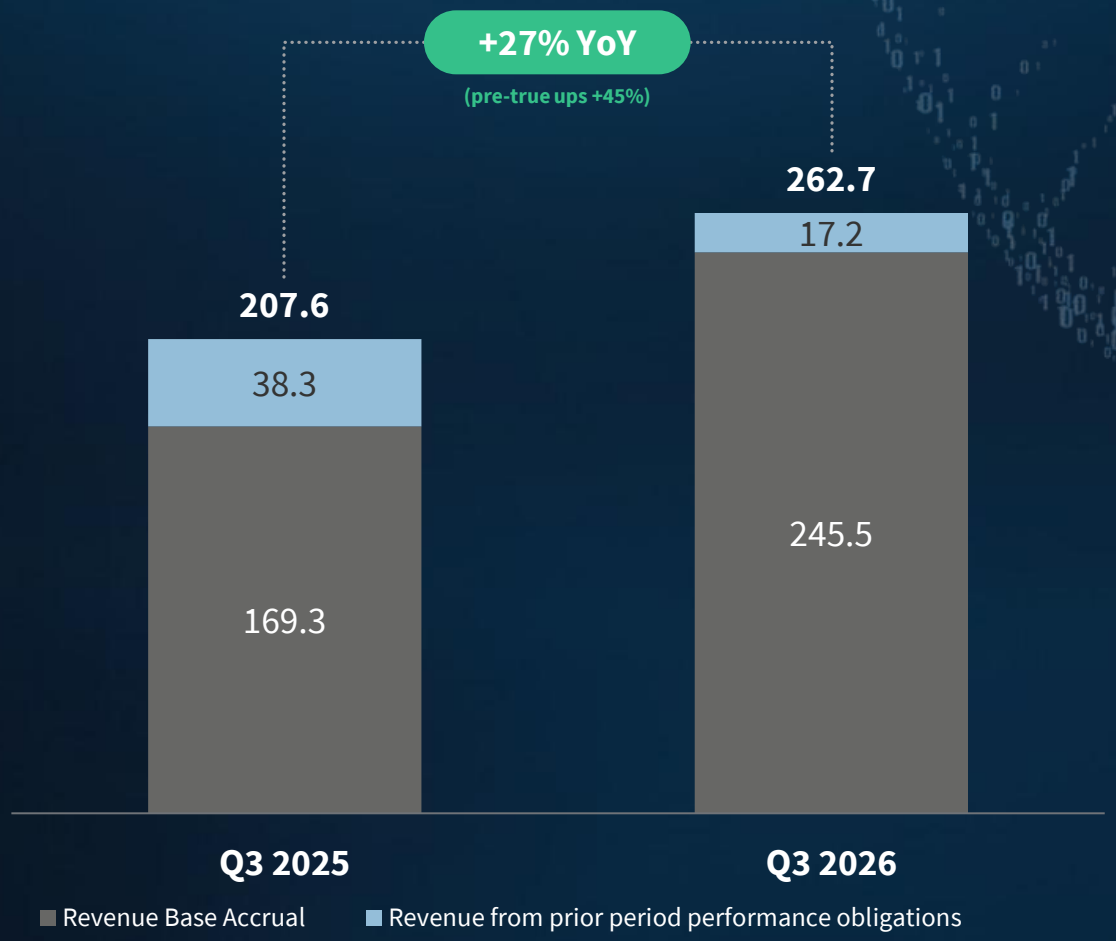
All amounts millions except gross margin

	Third Quarter			Year-to-date		
	Q3 2025	Q3 2026	Change	9M 2025	9M 2026	Change
GAAP						
Total Revenue	**$216.8M**	**$275.4M**	**+27%**	**$519.1M**	**$755.2M**	**+45%**
Molecular Profiling Revenue	$207.6M	$262.7M	**+27%**	$484.6M	$725.8M	**+50%**
Pharma R&D Services Revenue	$9.2M	$12.7M	**+37%**	$34.6M	$29.5M	**-15%**
Gross Margin (1)	68%	66%	**-180 bps**	61%	67%	**+530 bps**
Operating Expenses	$114.9M	$163.0M	**+$48.1M**	$361.6M	$451.7M	**+$90.2M**
Net Income / (Loss)	$24.3M	$15.3M	**-$9.1M**	($150.0M)	$14.1M	**+$164.1M**
NON-GAAP / CASH FLOW (2)						
Adjusted EBITDA	$51.2M	$44.4M	**-$6.7M**	$31.7M	$126.3M	**+$94.7M**
Free Cash Flow	$55.3M	($39.7M)	**-$95.0M**	$27.2M	($10.8M)	**-$38.0M**

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Molecular Profiling Growth Driven by Volume and ASP

Molecular Profiling Services Revenue
($ in millions)



ADDITIONAL HIGHLIGHTS

Blended base ASP

Surpassed $3,990, pre-true ups

PAMA – Preliminary 2027 Fee Schedule Update

MI Cancer Seek - $8,455 (stable)
Caris Assure - $5,250 (44% increase)

Clinical volume +21% YoY

61,500 cases, ~358k Clinical Oncology tests

ChromoSeq reimbursement

First payments received from commercial plans

264.4M covered lives

MI Cancer Seek

134.6M covered lives

Caris Assure

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Raising Full-Year Revenue Guidance on Strong Q3 Performance

Total Revenue	**$1.04–$1.05BN** ***~28–29% YoY***	Up from $1.03–$1.04BN on continued molecular profiling strength; nine-month revenue of $755.2M, +45% YoY.
Clinical Therapy Selection Volume	**~20% YoY**	Reaffirmed. Q3 clinical therapy selection volume +21% YoY on broad-based demand and continued commercial expansion.
GAAP Operating Expenses	**~$620M** ***~26% YoY***	Continued commercial expansion and further increased marketing. Up from ~$595M-$600M.
Free Cash Flow / Adjusted EBITDA	**Positive**	While investing in expansion and catalyst pipeline during FY26, total for full year expected to be positive.

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