

Leading the Next Frontier in Precision Cardiovascular Medicine

2026

NASDAQ: CDIO

 **CardioDiagnostics**
Precision Cardiovascular Medicine with Epigenetics and AI



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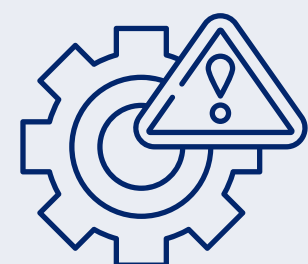
Our Mission is to Make Cardiovascular Disease Prevention and Early Detection **More Accessible, Personalized and Precise**

Our Vision:

We envision a future where precision cardiovascular medicine, powered by epigenetics and artificial intelligence, transforms the prevention and early detection of cardiovascular disease, enables targeted interventions, improves patient outcomes, and reduces costs, ultimately alleviating the global burden of heart disease.



**Risk
Assessment**



**Risk
Management**



**Early
Diagnosis**



**Medical
Management &
Lifestyle
Modifications**



**Monitor
Effectiveness**



**Ongoing
Evaluation**

Corporate Highlights

To our knowledge, we have developed the first and only commercial solutions leveraging epigenetics and AI for cardiovascular disease prevention and early detection



Over \$176B TAM across Epi+Gen CHD™ and PrecisionCHD™ (1)



Diversified US and international commercialization strategy



Commercially available, clinically validated tests, with growing adoption



Meaningful reimbursement milestones and progress



Robust IP portfolio



Significant opportunity to scale operations



Strong and growing pipeline supported by ongoing studies and new product development



Experienced leadership team with expertise across diagnostics, AI and commercialization

(1) Internal estimate

TAM was calculated by multiplying the CMS final gapfill rate with the estimated Americans eligible for the test. Price for test can vary for patients and organizations.

Leadership



Warren Hosseinion, MD
Chairman

President, Nutex Health, Inc. (NUTX)
Co-founder of Astrana Health (ASTH)
Director and former CEO of Clinigence Holdings (CLNH)
MD from Georgetown University School of Medicine



Meesha Dogan, PhD
CEO & Director

Co-founder of Cardio Diagnostics
Co-inventor of the AI-Driven Multi-Omics™ Engine
16+ years bridging engineering, AI and medicine
PhD in Biomedical Engineering from the University of Iowa



Robert Philibert, MD PhD
CMO & Director

Co-founder of Cardio Diagnostics
Co-inventor of the AI-Driven Multi-Omics™ Engine
NIH-trained molecular biologist
MD & PhD in Neuroscience from the University of Iowa



Tim Dogan, PhD
CTO

Founding engineer of Cardio Diagnostics
Co-inventor of the AI-Driven Multi-Omics™ Engine
16+ years in AI and high performance computing systems
PhD in Mechanical Engineering from the University of Iowa



Elisa Luqman, JD MBA
CFO

Chief Legal Officer (SEC), Nutex Health, Inc. (NUTX)
Co-founder of bigVault Storage Technologies (acquired)
JD & MBA in Finance from Hofstra University
Licensed in NY/NJ and FL Corp Counsel

Cardiovascular Disease Remains the Leading Cause of Death Globally Despite **Largely Preventable**

#1

Cardiovascular disease (CVD) is the leading cause of death globally, accounting for over 19 million deaths in 2022, or about 32% of all global deaths ⁽¹⁾

1 in 2

By 2035, approximately 45% of the US population (or over 131 million people) is projected to have some form of cardiovascular disease, bringing the rate close to 1 in 2 ⁽²⁾

\$2T

In the US alone, cardiovascular disease costs the healthcare system \$233 billion annually in direct medical costs and an additional \$185 billion in lost productivity, with total costs projected to approach \$2 trillion by 2050 ⁽³⁾

80%

Following a healthy lifestyle may prevent ~80% of cardiovascular disease events such as a heart attack ⁽¹⁾

⁽¹⁾ World Health Organization
⁽²⁾ American Heart Association
⁽³⁾ CDC

The Burden of Cardiovascular Disease is Immense and Growing

Patients

In the US, heart disease is responsible for approximately 920,000 deaths in 2023, which equates to 1 in every 3 deaths ⁽¹⁾

Physicians & Health Systems

In 2021 alone, there were approximately 4.7 million cardiovascular-related hospitalizations, representing one of the largest drivers of acute care volume nationwide ⁽²⁾

Employers

In addition to increasing premiums and direct medical costs, heart disease leads to an average of 13 lost workdays per year per patient ⁽³⁾

Payers

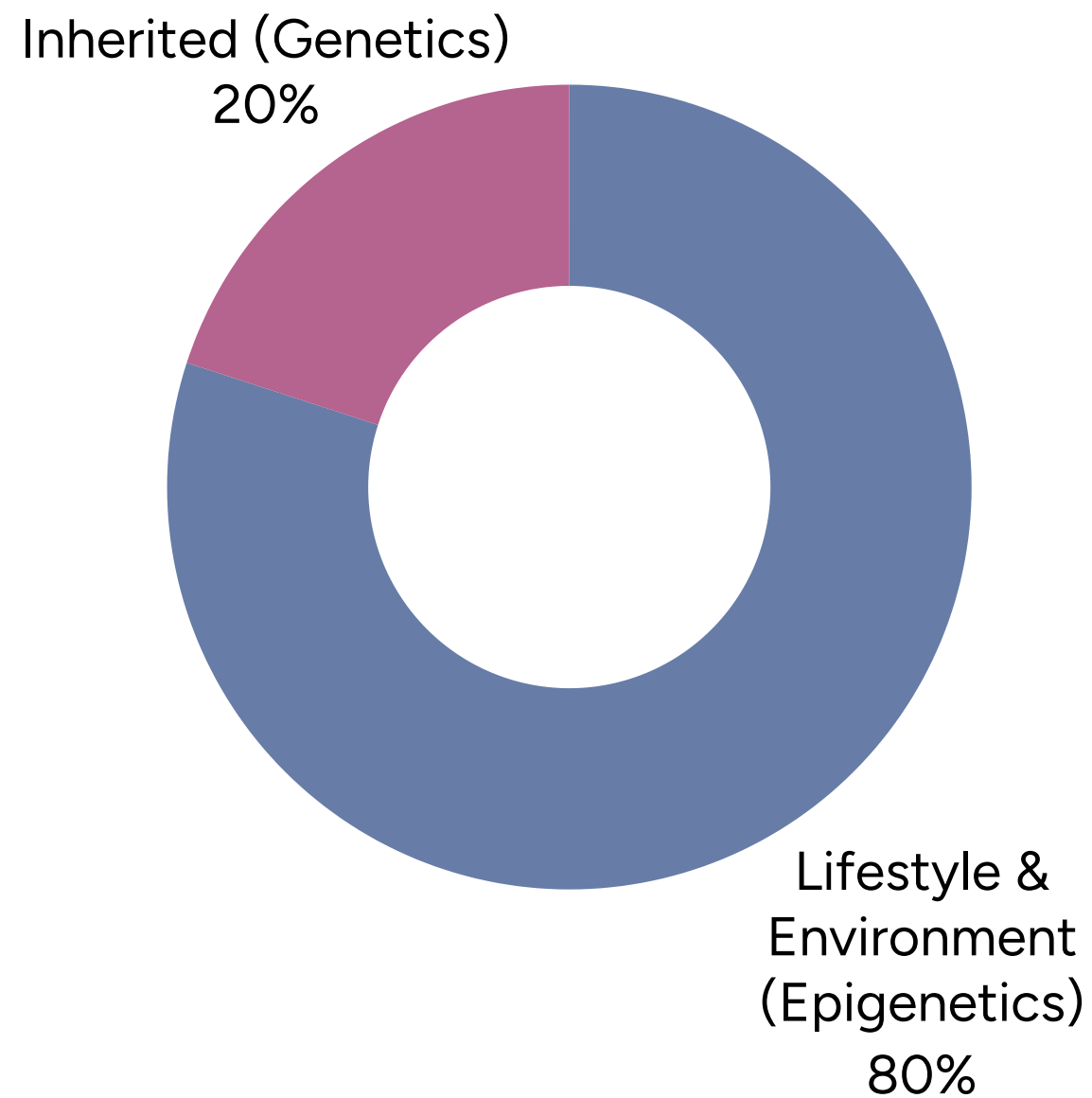
Cardiovascular disease is one of the largest cost centers in healthcare, accounting for approximately \$233 billion annually in direct medical spending in the US ⁽¹⁾

⁽¹⁾ CDC

⁽²⁾ Haidar, A et al., The American Journal of Cardiology Jan 2025, /doi.org/10.1016/j.amjcard.2024.10.003

⁽³⁾ American Heart Association

Epigenetics + Genetics = An Individual's Unique Molecular Fingerprint



GENETICS (SINGLE NUCLEOTIDE POLYMORPHISMS)

- Inherited from parents
- <20% of risk for cardiovascular disease is driven by genetics ⁽¹⁾
- Does not change over time (i.e., not dynamic, non-modifiable)

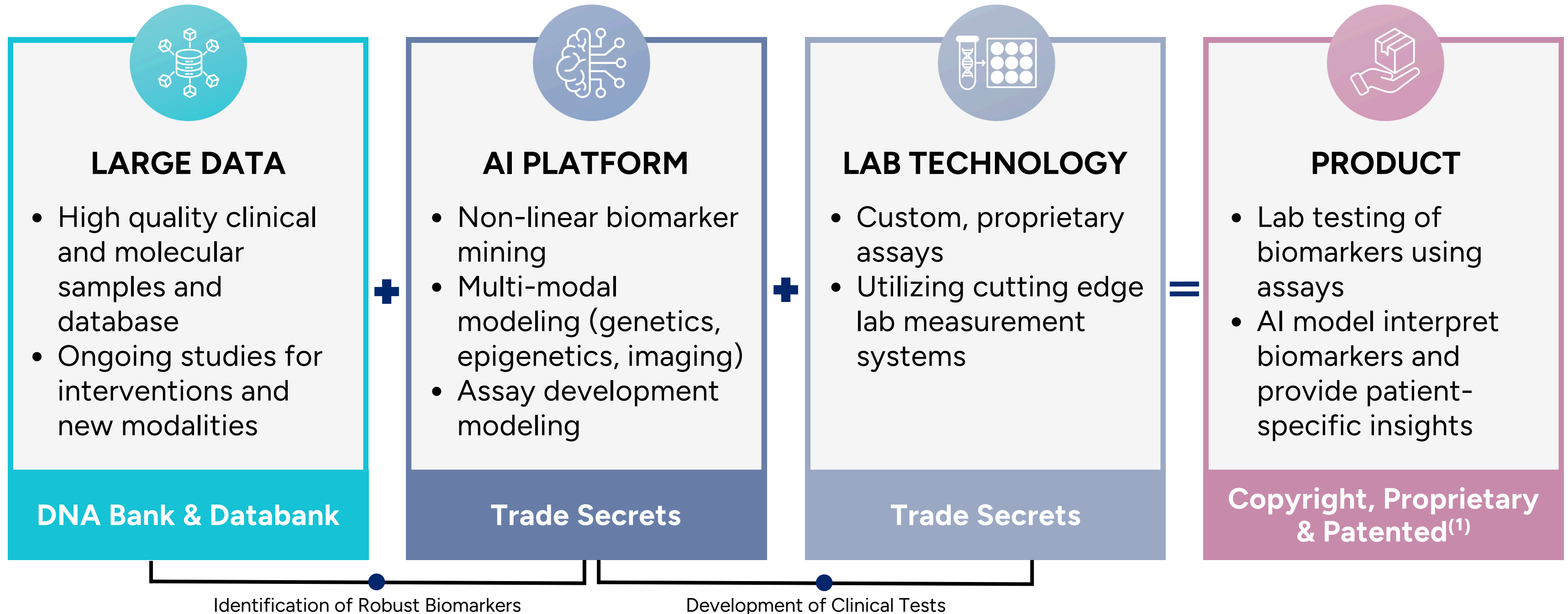
EPIGENETICS (DNA METHYLATION)

- Influenced by lifestyle & environment
- Larger driver of risk for cardiovascular disease as compared to genetics
- Largely confounded by genetics
- Changes over time (i.e., dynamic, modifiable - similar to HbA1c)

We pioneered this approach to measure and quantify an individual's unique molecular fingerprint to enable more precise clinical care

⁽¹⁾ Sum heritability from Hou, K et al., Nature Genetics Aug 2019, /doi.org/10.1038/S41588-019-0465-0

Our AI-Driven Multi-Omics Engine™ Turns Molecular Biology Into Actionable Clinical Tests



Our Engine, designed and built over 14+ years, provides a scalable foundation for sustained product expansion, clinical impact, and long-term value creation

⁽¹⁾ Multiple granted US and international patents; Other patents pending

Cardio Diagnostics' AI-Powered Clinical Tests

Epi+Gen CHD™

Risk Stratification ⁽¹⁾

To our knowledge, Epi+Gen CHD is the first and only commercially available blood test capable of assessing the three-year risk of a coronary heart disease event, including a heart attack

PrecisionCHD™

Diagnostic Aid ⁽²⁾

To our knowledge, PrecisionCHD is the first and only commercially available blood test capable of detecting obstructive and non-obstructive coronary heart disease

Coupled to our Actionable Clinical Intelligence™ platform that provides patient-specific insights into the molecular drivers of disease

Radiation Free



Easy to Access (remote/onsite)



No Fasting

⁽¹⁾ Dogan et al., 2021 Epigenomics

⁽²⁾ Philibert R et al., 2023, Journal of American Heart Association

Epi+Gen CHD™ Risk Stratification Clinical Test



Intended for those between
35-75 years old with no history of CHD

146M

Americans estimated to be
eligible for the test ⁽¹⁾

Easy to Interpret

Risk category and percentage results

2.4x

**more sensitive
for women**

1.7x

**more sensitive
for men**

compared to the average sensitivity of the
Framingham Risk Score and the ASCVD Pooled
Cohort Equation, the two common risk calculators
used by clinicians ⁽²⁾

Up to \$42K

cost savings

per quality adjusted life year (QALY) ⁽³⁾

⁽¹⁾ Internal estimate

⁽²⁾ Dogan et al., 2021 Epigenomics

⁽³⁾ Jung Y et al., 2021, Epigenomics - cost savings were not calculated for a specific payer

PrecisionCHD™ Diagnostic Aid Clinical Test



Intended for those between 35-80 years old presenting to be evaluated for CHD

60M

Americans estimated to be eligible for the test ⁽¹⁾

Easy to Interpret

Signal detected or not detected result

1.3x

**more sensitive
for women**

1.4x

**more sensitive
for men**

compared to the average sensitivity of a stress ECG ⁽²⁾

~\$113M

cost savings

in the first year if PrecisionCHD used as the primary method of initial CHD assessment for one million lives ⁽³⁾

⁽¹⁾ Internal estimate

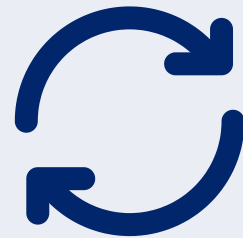
⁽²⁾ Dogan et al., 2021 Epigenomics

⁽³⁾ Frisvold D et al., 2024, Advances in Therapy - cost savings were not calculated for a specific payer

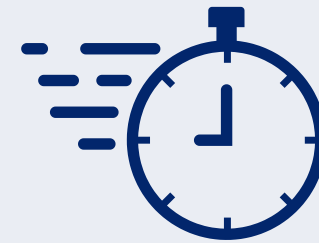
Our Tests Offer a Scalable, Novel Approach for Cardiovascular Disease Prevention and Detection



First-of-its-kind



Not one and done



Fast and convenient



No exposure to ionizing radiation

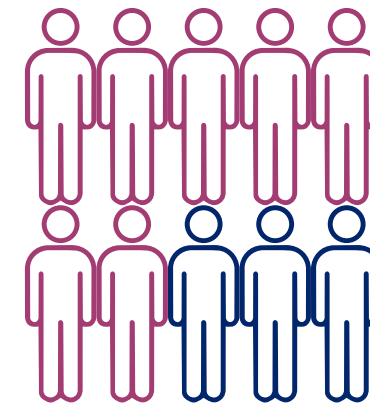
The use of Epi+Gen CHD™ and PrecisionCHD™ could save lives and reduce costs associated with cardiovascular disease

Data on INOCA for PrecisionCHD™ Presented at the American Heart Association Conference

What is INOCA?

- Ischemia with No Obstructive Coronary Arteries (INOCA) refers to patients who have objective evidence of myocardial ischemia despite having no obstructive coronary artery disease ⁽¹⁾
- Often driven by coronary microvascular dysfunction or vasospasm, and not by large blockages visible on standard imaging

Prevalence



- Up to ~70% of patients referred for coronary angiography due to angina and evidence of ischemia have no obstructive coronary arteries, and many have INOCA ⁽¹⁾
- Prevalence is particularly high in women ⁽¹⁾

⁽¹⁾ Expert Consensus on Ischemia with Nonobstructive Coronary Arteries, American College of Cardiology, 2020

Data on INOCA for PrecisionCHD™ Presented at the American Heart Association Conference

Dangers of INOCA

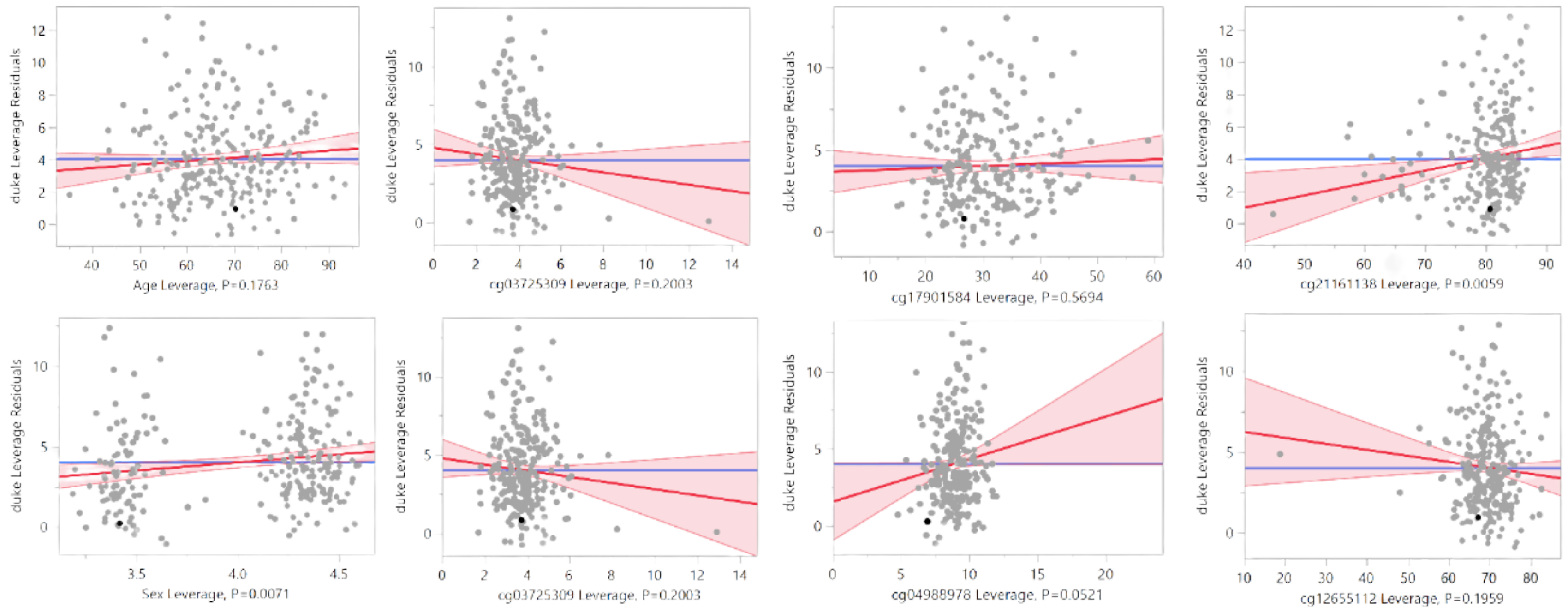
- Not a benign condition
- Patients with INOCA have a comparable burden of symptoms: ⁽¹⁾
 - reduced quality of life
 - high risk of adverse cardiovascular outcomes (including recurrent angina, hospitalizations, and longer-term events)

Why standard imaging tests miss INOCA?

- Standard imaging tests detect large-vessel blockages
- Therefore, arteries often appear “normal,” leading to underdiagnosis

⁽¹⁾ Expert Consensus on Ischemia with Nonobstructive Coronary Arteries, American College of Cardiology, 2020

Data on INOCA for PrecisionCHD™ Presented at the American Heart Association Conference



The Leverage plots from a Least Squares analysis of the relationship of PrecisionCHD methylation assessments, age and sex variables to Duke's Jeopardy Scores in 267 subjects admitted to the University of Iowa for the care of Acute Coronary Syndrome.

Data on ACS Patient Mortality Presented at the American College of Cardiology Conference

ACS and Mortality

- Acute Coronary Syndrome (ACS) is a sudden drop in blood flow to the heart that can cause a heart attack
- ~1.4 million Americans are hospitalized with ACS each year ⁽¹⁾
- ACS patients have higher mortality than matched controls (47% vs. 39%) over a 12 year period of time ⁽²⁾

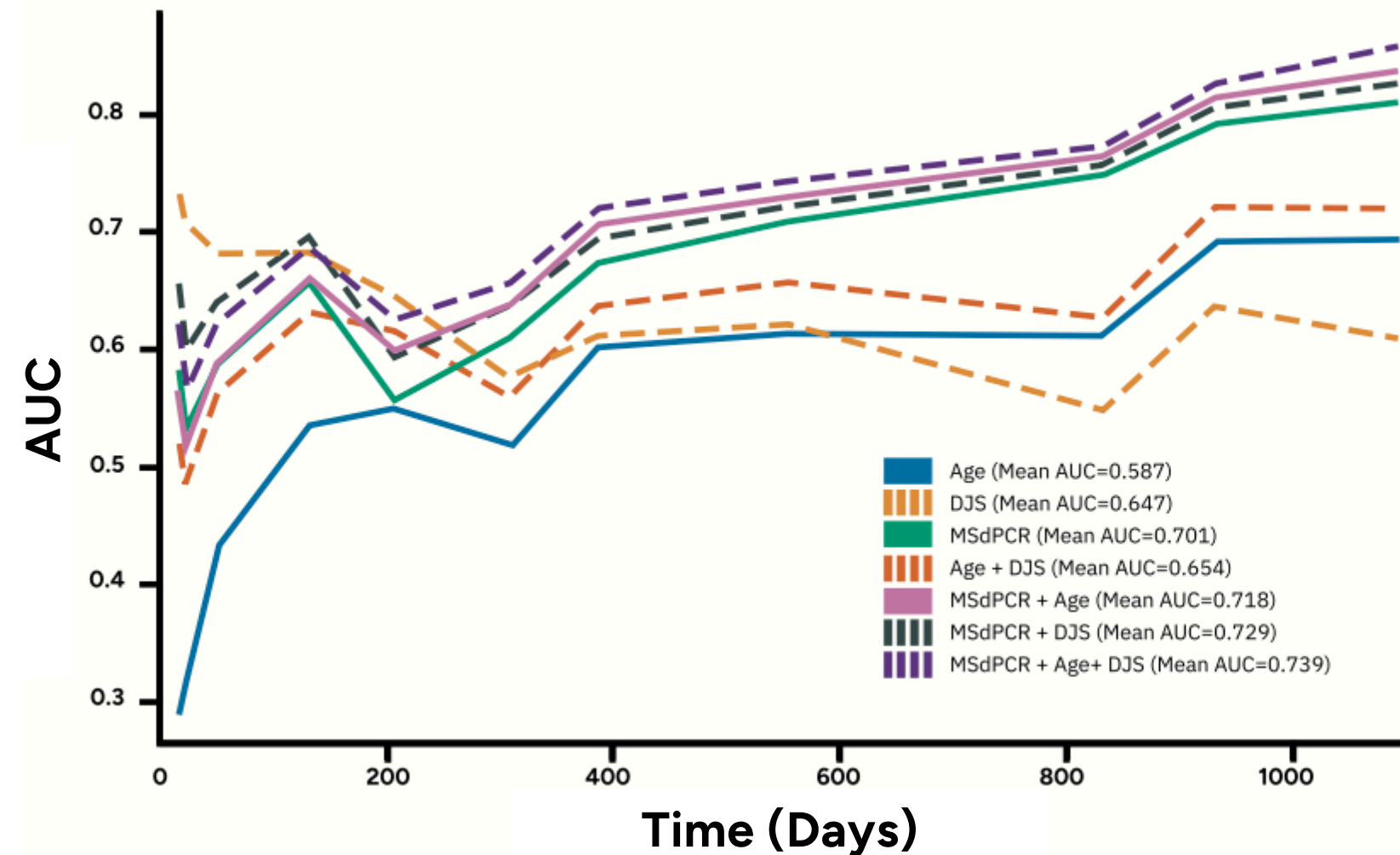
PrecisionCHD and PrecisionCHD + imaging can better predict mortality in ACS patients than imaging alone

- Duke Jeopardy Scores or DJS (an angiographic measure of coronary artery obstruction) AUC=0.647
- PrecisionCHD's methylation-sensitive digital PCR (MSdPCR) AUC=0.701
- MSdPCR + DJS AUC= 0.729

⁽¹⁾ Kumar et al., 2009 Mayo Clinic Proceedings

⁽²⁾ Ellis et al., 2019 Heart, Lung and Circulations

Data on ACS Patient Mortality Presented at the American College of Cardiology Conference



ACS Mortality is a Multi-Scale Problem

- DJS was better at predicting nearer-term (<8 months) mortality
- MSdPCR was better at predicting longer-term (>8 months) mortality
- Combining both provides superior coverage across various time horizons

Routine integration of epigenetic testing such as PrecisionCHD into standard ACS workup could refine personalization of post-discharge care

Robust and Growing Evidence Base for Epi+Gen CHD™ and PrecisionCHD™

Epigenomics

JAHA
Journal of the American Heart Association

Advances in Therapy

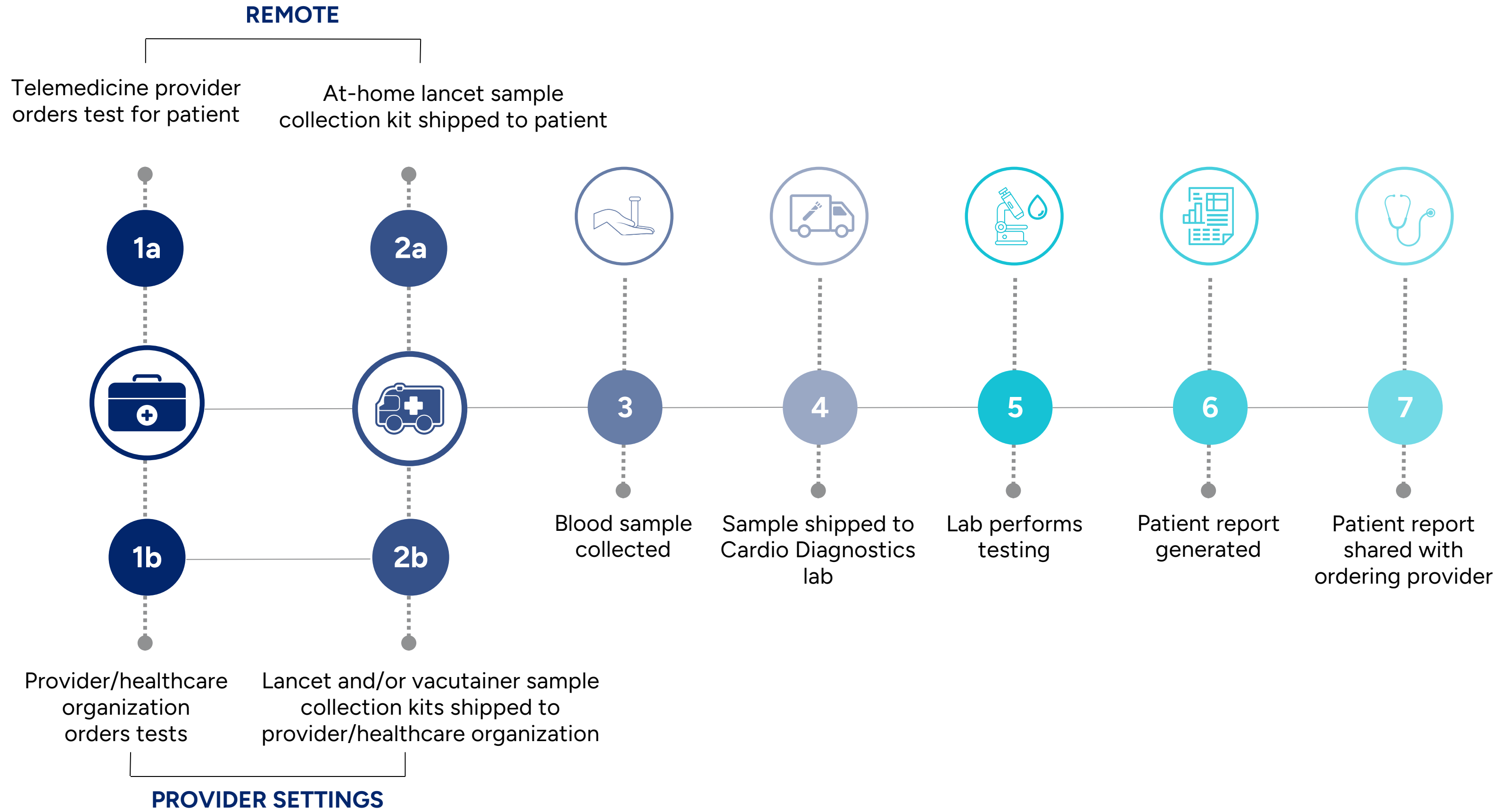
Epigenomics

 *processes*

 *genes*

- ① Rigorous **clinical validations** in partnership leading health systems
- ② **Economic evidence** demonstrating cost effectiveness and cost savings
- ③ Evidence demonstrating the utility of the tests to **monitor treatment effectiveness**
- ④ Expand evidence on the **utility of the PrecisionCHD test** to detect both obstructive and non-obstructive coronary heart disease (INOCA) - *preliminary data presented at AHA conference*
- ⑤ Multi-modal, multi-time scale study demonstrating the ability of PrecisionCHD to **detect coronary heart disease earlier** than imaging and predict mortality risk - *preliminary data presented at ACC conference*
- ⑥ Use of PrecisionCHD to **inform treatment** for inflammatory coronary heart disease with LODOCO and **monitor treatment effectiveness** - *partnership with Agepha Pharma*

A Highly Scalable Testing and Reporting Process



Internal CLIA Lab was Recently Launched to Lower Costs and Increase Testing Capacity



CLIA conditions met

Survey on Feb 10, 2026 found no deficiencies



~30% reduction in cost

Initial lab COGS reduction by ~30% with additional reduction expected with scale



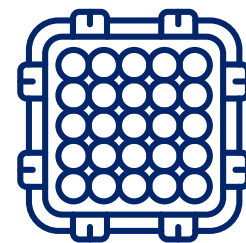
~7-10 business days TAT

Turn around time (TAT) from sample receipt



Increased testing capacity

Space to increase infrastructure and automation to increase capacity



Utilize digital PCR with proprietary assays

For DNA methylation assessments with high precision

Epi+Gen CHD and PrecisionCHD

U.S. Market Opportunity

Epi+Gen CHD™

$$\begin{array}{ccc} \$854 & \times & 146\text{M} \\ \text{final CMS} & & \text{estimated eligible} \\ \text{payment rate} & & \text{Americans}^{(1)} \\ & = & \\ & & \sim 125\text{B} \\ & & \text{total addressable U.S. market}^{(1)} \end{array}$$

PrecisionCHD™

$$\begin{array}{ccc} \$854 & \times & 60\text{M} \\ \text{final CMS} & & \text{estimated eligible} \\ \text{payment rate} & & \text{Americans}^{(1)} \\ & = & \\ & & \sim 51\text{B} \\ & & \text{total addressable U.S. market}^{(1)} \end{array}$$

40 - 60% target gross margin at scale

⁽¹⁾ Internal estimate

TAM was calculated by multiplying the CMS final gapfill rate with the estimated Americans eligible for the test. Price for test can vary for patients and organizations.

Commercial Targets in the U.S.



Providers and Health Systems

Telemedicine and onsite options primarily with internists, PCPs and preventive cardiologists



Channel Partners

Strategic partnerships focused on increasing awareness, education and access



Employers/Unions

Offering remote and heart health fair options to drive engagement and utilization among employees

Opportunistic Global Expansion Through Partnerships

Announced Partnership in India with Aimil Ltd and Dr. Lal PathLabs



- Aimil to introduce PrecisionCHD to their extensive healthcare network
- Dr. Lal PathLabs will be offering PrecisionCHD and has 290+ clinical labs and 300+ MD pathologists in their internal network

-
- Exploring other partner-led international expansion opportunities in Asia, Middle East and Africa
 - Significant global addressable market opportunity
 - Opportunity to diversify revenue beyond the U.S. market

Major Reimbursement Milestones Achieved and Underway for Both Tests

Epi+Gen CHD™

0439U

CPT PLA code

\$854

final CMS payment rate

PrecisionCHD™

0440U

CPT PLA code

\$854

final CMS payment rate

- Medicare coverage process is ongoing (final required step for Medicare)
- Establishing out-of-network billing capability (expected in Q2 2026)
- Engaging commercial payers for pilot programs



For more information, please email:



investors@cdio.ai

