

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT  
Pursuant to Section 13 or 15(d)  
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): December 11, 2020

DERMTECH, INC.  
(Exact name of registrant as specified in its charter)

Delaware  
(State or other jurisdiction  
of incorporation)

001-38118  
(Commission  
File Number)

84-2870849  
(IRS Employer  
Identification No.)

11099 N. Torrey Pines Road, Suite 100  
La Jolla, CA 92037  
(Address of Principal Executive Offices and Zip Code)

Registrant's telephone number, including area code (858) 450-4222

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

| Title of each class                           | Trading<br>Symbol(s) | Name of each exchange<br>on which registered |
|---|----------------------|--|
| Common Stock,<br>par value \$0.0001 per share | DMTK                 | The Nasdaq Capital Market                    |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

**Item 7.01 Regulation FD Disclosure**

The Company is furnishing with this Current Report on Form 8-K a copy of its current corporate presentation slides. The information in these slides shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or the Exchange Act, or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Exchange Act or the Securities Act of 1933, as amended, except as expressly set forth by specific reference in such a filing.

**Item 9.01. Financial Statements and Exhibits.**

(d) Exhibits

| Exhibit<br>No. | Description                                    |
|----------------|--|
| 99.1           | <a href="#">Current Corporate Presentation</a> |

**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

**DERMTECH, INC.**

Date: December 11, 2020

By: /s/ Kevin Sun  
Name: Kevin Sun  
Title: Chief Financial Officer

DermTech



## Corporate Presentation

Q4 2020

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## Disclaimer

This presentation includes forward-looking statements intended to qualify for the Safe Harbor from liability established by the Private Securities Litigation Reform Act of 1995. Forward-looking statements include all statements that are not historical facts and can be identified by terms such as “anticipates,” “believes,” “continues,” “could,” “seeks,” “estimates,” “targets,” “guidance,” “expects,” “intends,” “may,” “ongoing,” “plans,” “potential,” “predicts,” “prospects,” “projects,” “should,” “will,” “would,” or similar expressions intended to identify statements about the future and the negatives of those terms, although not all forward-looking statements contain these identifying words. These statements are based on management’s current beliefs and expectations. These statements, including, but not limited to, statements regarding clinical utility tests, regulatory action, third-party payer reimbursement, and demand for our tests, are subject to substantial known and unknown risks, certainties, and other factors that could cause actual results to differ materially from those suggested or implied by these forward-looking statements. These factors include, but are not limited to, the following: regulatory action with respect to our existing and planned products (our “Products”); the commercial launch and future sales of our Products; our ability to achieve favorable pricing for our Products; third-party payor coverage and reimbursement for our Products and the impact of such coverage and reimbursement on our revenue growth; the accuracy of our estimates regarding anticipated capital requirements and our needs for additional financing; market size and market adoption of our Products by dermatologists and others; the timing, cost and other aspects of the commercial launch of our Products; the timing and cost of clinical utility tests for our Products, including whether such tests will be conducted at all; our ability to develop and commercialize additional tests and products; and our ability to enter into necessary transactions for licensing, acquisitions and strategic operations, as applicable. We may not actually achieve the plans, intentions or expectations disclosed in its forward-looking statements, and you should not place undue reliance on our forward-looking statements.

The risks and uncertainties that may cause actual results to differ materially from our current expectations are more fully described in our reports filed with the Securities and Exchange Commission (the “SEC”). You may obtain these reports for free by visiting EDGAR on the SEC website at [www.sec.gov](http://www.sec.gov). We assume no obligation to update any forward-looking statements after the date of this presentation or to conform any forward-looking statements to actual results, and has no intention of doing so except to the extent required by applicable law. You should, therefore, not rely on the forward-looking statements in this presentation as representing our views as of any date subsequent to the date of this presentation.

# Leadership Team



**John Dobak, MD**  
Chief Executive Officer

- Founder & Chairman, 10xBio (aesthetic medicine drugs)
- Chairman, Pantherics (anti-inflammatory drugs)
- MD, UCSD, Bachelors, UCLA



**Todd Wood**  
Chief Comm. Officer

- Allergan, VP US Sales, Dermatology, Ophthalmology, Aesthetics



**Daniel Visage, MBA**  
Sr. VP, Payer Access

- Progenity, VP Payer Access
- OPKO/BRL, VP Managed Markets
- LabCorp
- Florida Blue, Kaiser, Carecentrix



**Claudia Ibarra**  
Chief Operating Officer

- Exagen, Sr. VP Lab Operations
- Genoptix, Director Lab Operations



**Kevin Sun, MS, MBA**  
Chief Financial Officer

- Dexcom, VP Finance, Corporate Controller and Treasury, Interim CFO
- Biosite, FP&A, SEC Reporting, SOX Compliance
- MBA, MS, Kelley School of Business at Indiana University



**Zuxu Yao, PhD**  
Chief Technology Officer

- Senior roles at Nexogen, Advance, Celula, Nanogen
- Post-doctoral, UCSD
- PhD, Memorial University of Newfoundland



**Burkhard Jansen, MD**  
Chief Medical Officer

- Dermatologist
- FDA Consultant
- Post-doctoral, University of Minnesota; MD, University of Graz



**Mike Howell, PhD**  
Chief Scientific Officer

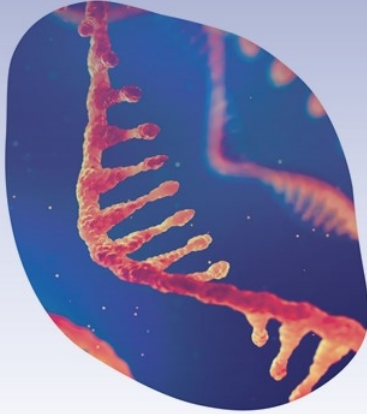
- Immunologist
- Senior roles at Incyte, Medimmune
- Inventor IL-36 receptor antibody, Spesolimab
- Ph.D. West Virginia, thesis included use of tape stripping

**MISSION:** To transform dermatology with our non-invasive skin genomics platform, to democratize access to high quality dermatology care, and to improve the lives of millions



## DermTech Mission:

To transform dermatology with our non-invasive skin genomics platform.



DermTech, Inc. (NASDAQ: DMTK) is a leader in precision dermatology enabled by a **non-invasive skin genomics platform**



We address **large market opportunities in skin disease** with an initial focus in skin cancer



**We are commercial stage** and currently offer the Pigmented Lesion Assay (PLA) for early melanoma detection
























We operate a **CLIA-certified and CAP-accredited commercial laboratory** in San Diego, CA. Our skin cancer product is available in all 50 U.S. states



We are **commencing scale up** around our recent Medicare coverage policy and new CPT Code (0089U) with favorable reimbursement

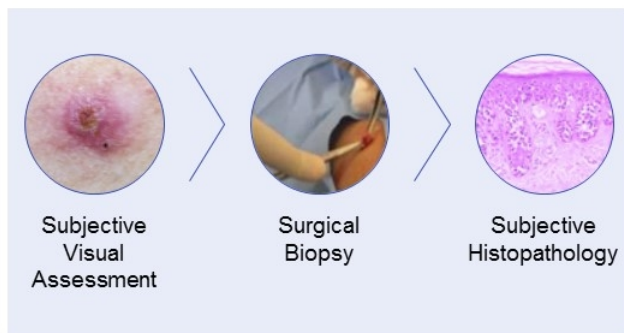
## Genomic Innovations Are Less Invasive, More Accurate, and Less Expensive

| Focus      | Company  | Old Standard of Care  | New-gen Diagnostic  |
|------------|--|---|---|
| Breast     |  <b>Genomic Health</b><br>LIFE. CHANGING.         |  |  |
| Colorectal |  <b>exact sciences</b>                            |  |  |
| Thyroid    |  <b>veracyte.</b>                                 |  |  |
| Heart      |  <b>CareDx</b><br>Your Partner in Transplant Care |  |  |
| Lung       |  <b>GUARDANT HEALTH</b>                           |  |  |
| Prenatal   |  <b>natera</b>                                    |  |  |
| Skin       |  <b>DermTech</b>                                  |  |  |

# PLA Brings Skin Cancer Diagnostics into the 21st Century

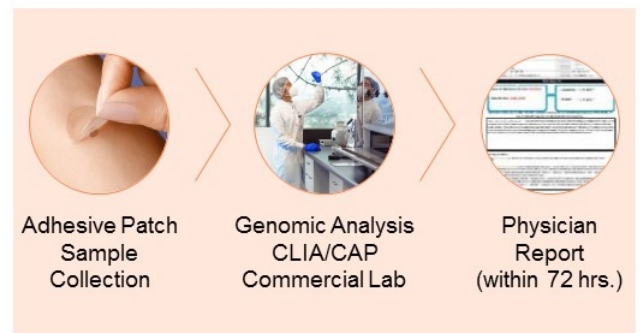
## A Better Diagnostic Solution for Dermatology

### Current Practice: More Art Than Science



|            |              |
|------------|--------------|
| Subjective | Low Accuracy |
| Invasive   | High Cost    |

### The Future: Non-invasive Skin Genomics



|              |               |
|--------------|---------------|
| Objective    | High Accuracy |
| Non-invasive | Low Cost      |

CAP: College of American Pathologists; CLIA: Clinical Laboratory Improvement Amendments.  
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## Skin Cancer

Melanoma, Basal Cell,  
and Squamous Cell Carcinoma

## A Snapshot of the U.S. Skin Cancer Market



More people are diagnosed with skin cancer than all other cancers combined and **1 in 5 Americans** will develop skin cancer by the age of 70. More than **50 MM** patients have UV related skin damage that puts them at risk for skin cancer



Annual cost of treatment is estimated to be \$8.1 billion, \$4.8 billion for non-melanoma and \$3.3 billion for melanoma (2018)



**~4.5 million cases of basal cell and squamous cell** diagnosed per year in the US, **~11 MM** diagnostic biopsies, with **~20,000 deaths**



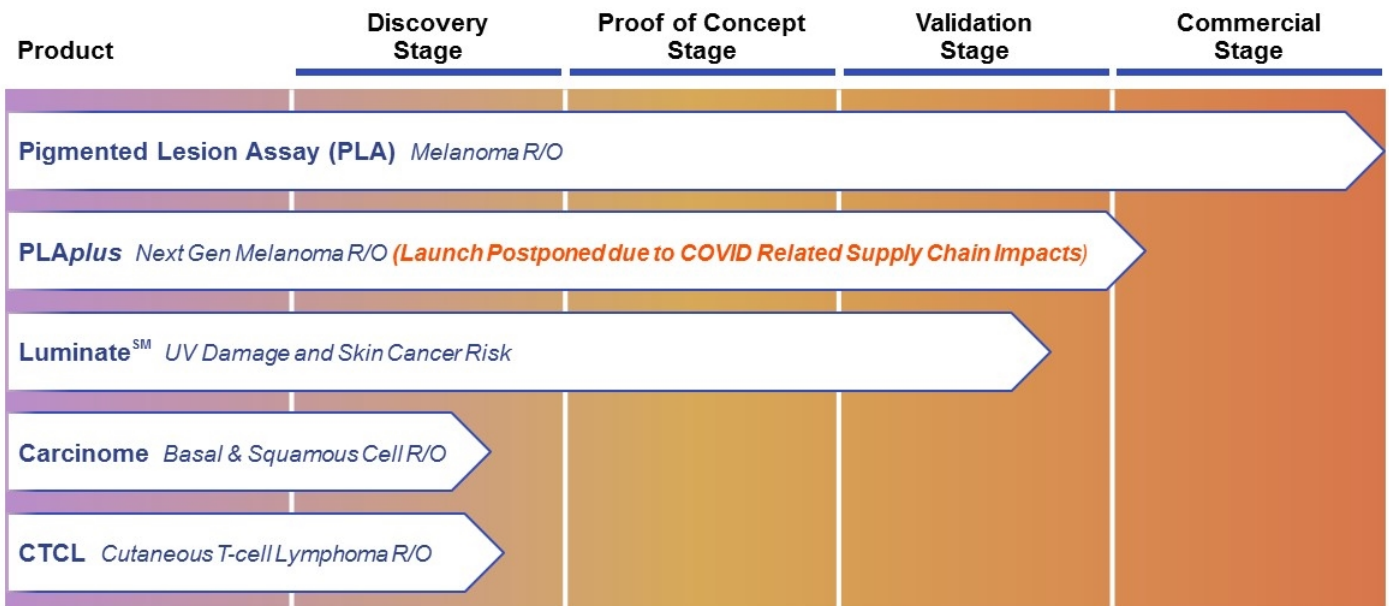
**~180,000 new cases of melanoma** were reported in 2018, **~4.0 MM** diagnostic biopsies, with **~10,000 deaths**



**~3,000 new cases cutaneous lymphoma** diagnosed, **challenging diagnosis** with average 3-6 years to definitive diagnosis, confusion with dermatitis leads to significant number of surgical biopsies (**est. 420,000 annually**)

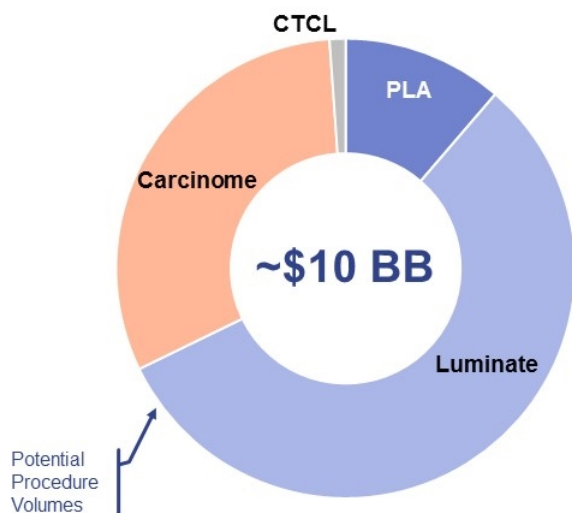
Source: Cancer Facts & Figures 2018, American Cancer Society.  
Source: AAD Skin Cancer Types Facts, aad.org  
Source: Cutaneous Lymphoma Foundation, clfoundation.org

## DERMTECH's Skin Cancer Product Pipeline



# Skin Cancer Market Opportunity

## Estimated Total Potential Procedure Volumes and Market Opportunity



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## Potential U.S. Patient and Procedure Volumes

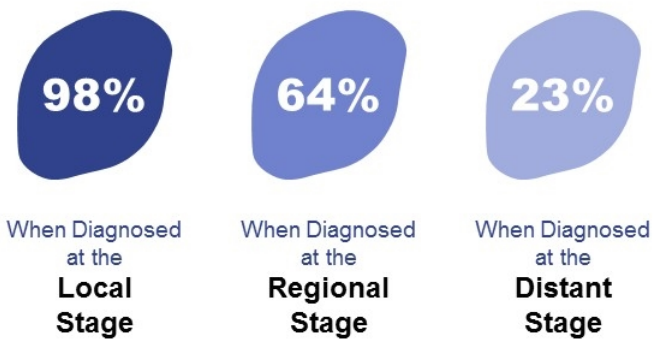
- **PLA/PLAplus<sup>SM</sup>**: melanoma<sup>1</sup> skin cancer
  - 4-4.5 MM diagnostic surgical biopsies
- **Carcinome**: non-melanoma skin cancer<sup>1</sup>
  - 11-12 MM diagnostic surgical biopsies
- **Luminare<sup>SM</sup>**: UV damage and skin cancer risk<sup>2</sup>
  - 82 MM U.S. Adults aged 35-54, ~1/3 actinic sun damage
- **CTCL**: Cutaneous lymphoma<sup>3</sup>
  - Estimated biopsies for inflammatory conditions that may be confused with CTCL ~400K-700K

1. Source: IQVIA Skin Cancer Claims and Procedures Study  
2. Source: Kaiser Family Foundation, kff.org and DermTech Estimate  
3. Source: DermTech KOL advisor estimates

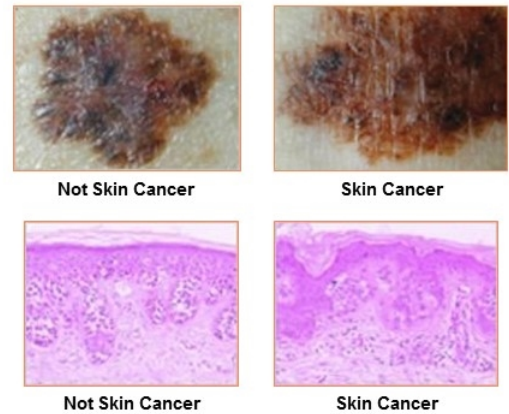


# Early Detection of Melanoma Is Critical to Survival

## 5-Year Relative Survival Rate<sup>1</sup>



## Early Detection Visually Is Extremely Difficult



1. Cancer Facts & Figures 2019, American Cancer Society.  
2. Hanke CW, Carcinoma and Keratoses, 1:2 2019

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# Unmet Need: Melanoma's Challenging Diagnostic Pathway

## Diagnostic Inaccuracy and Unnecessary Surgery

### Subjective Clinical Visual Assessment

**Leads to ~25 surgical biopsies performed per melanoma found<sup>1</sup>**

### Subjective Pathology Assessment

**Assess only 1% of the Lesion**

**58% of early-stage melanomas have diagnostic misinterpretation<sup>2</sup>**

**Leads to high proportion (>20%) unnecessary wide excisions<sup>3</sup>**

### Most Biopsies Are NOT Melanoma

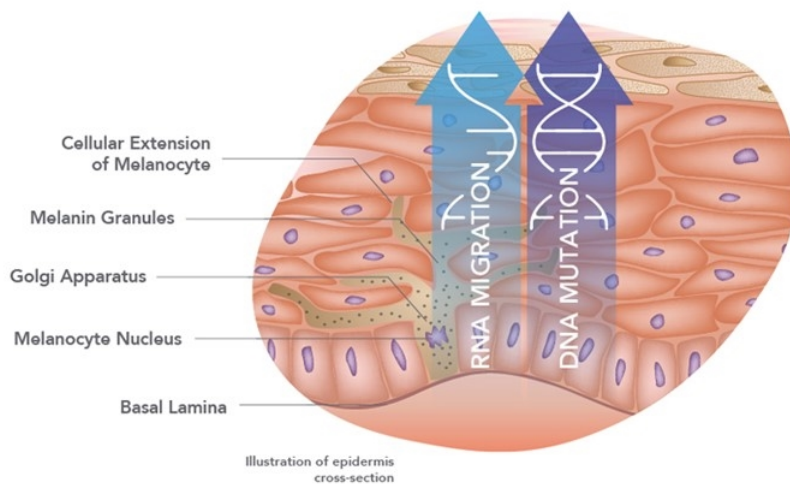
~4.0-4.5 million biopsies annually to identify 180k cases



Multiple biopsies and excisions of benign pigmented lesions.  
Courtesy of G. Peck, MD.

1. Anderson A, et al., *JAMA Dermatology*, 2018; doi:10.1001/jamadermatol.2018.0212  
2. Elmore JG, et al. *BMJ*. 2017;357:j2813.  
3. Strazzula L, et al. *Journal of the American Academy of Dermatology*, 2014; 71:1071-8

# The First Non-invasive Gene Expression and Mutation Test to Enhance Melanoma Detection



1. Data on File, DermTech, Inc.  
2. Jackson RJ, Jansen B, Yao Z, Ferris LK. *Skin*. 2020;4(2):105-110  
3. Gerami P, Yao Z, Polsky D, et al. *J Am Acad Dermatol*. 2017;78(1):114-120.  
4. Jansen B, et al. *J Drugs Dermatol*. 2018;17(5):574-576.

## Non-invasive Adhesive Patches

- Avoids unnecessary surgery<sup>1,2</sup>
- Improves patient care and comfort

## Earliest Detection

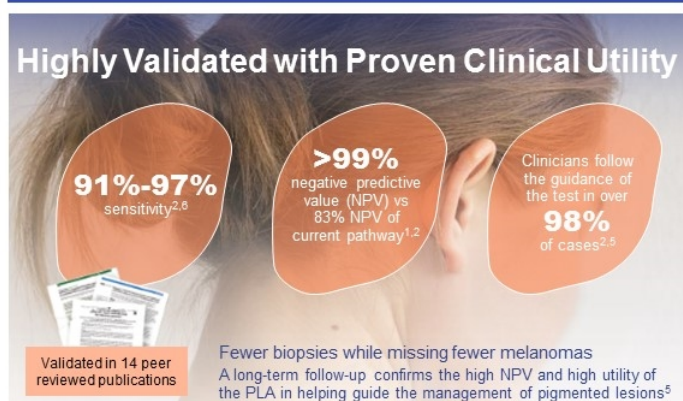
- Detects genomic drivers of cancer<sup>1,3,4</sup>
- Genomic changes can precede visual changes<sup>1,3,4</sup>

## Highly Accurate

- Reduces probability of missing melanoma (<1%)
- 100% of a lesion is sampled
- Uses the precision of genomics

# Better Care at a Lower Cost

## Highly Validated Diagnostic Metrics



Enhance early detection of melanoma  
by identifying lesions with genomic atypia

1. Elmore JG, et al. *BMJ*. 2017; 357:j2813 & Malvehy J, et al. *BJD*. 2014; 177:1099-1107
2. Ferris L, et al. *JAMA Dermatol*. 2018; 154(10):1229-1230 & Gerami P, et al., *JAAD* 2017; 76:114-120e
3. Strazzullo L, et al. *JAAD*. 2014; 71:1071-5 & Ferris L, et al. *Melanoma Research*. 2018; 1:DOI10.1097
4. Hornberger J and Siegel D. *JAMA Dermatol*. 2018; 154(9):1-8
5. Ferris L, et al. *DOJ*. 2019; 25(5):1-8
6. Ferris LK, Moy RL, Gerami P et al. *J Invest Dermatol*. 2019;139(5):1127-1134

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## Superior Performance

| Performance Metric                          | Biopsy & Histology | PLA Test | Improvement |
|---|--------------------|----------|-------------|
| Probability of Missed Melanoma <sup>1</sup> | 17%                | 1%       | 17x         |
| Biopsies per Melanoma <sup>2</sup>          | 25                 | 2.7      | 10x         |
| Wide Excisions per Melanoma <sup>2,3</sup>  | 5.2                | 1.6      | 3x          |
| Cost per Lesion Tested <sup>4</sup>         | ~\$1,000           | \$760    | \$240       |

## Strong Clinical Validation and Robust IP Portfolio

| Milestone                       | Status     | Sample Size |
|---------------------------------|------------|-------------|
| Analytical Validation           | ✓ Complete | 125         |
| Clinical Validation – pathology | ✓ Complete | 555         |
| Clinical Validation – mutation  | ✓ Complete | 626         |
| Clinical Utility                | ✓ Complete | 45 Derms    |
| Real-World Utility              | ✓ Complete | 381         |
| 1-Year Follow-up                | ✓ Complete | 734         |
| Real-World Utility Registry     | ✓ Complete | 3418        |
| Adhesive Biopsy Validation      | ✓ Complete | N/A         |
| Health Economic                 | ✓ Complete | 326         |
| CPT Codes                       | ✓ Complete | N/A         |

### IP Portfolio



#### Issued US patents provide broad protection for melanoma product through 2030

- Broad methods covering RNA analysis of adhesive patch collected skin: 7,183,057
- Method of detection of biological factors in epidermis: 6,720,145
- Broad claims for melanoma gene classifier: 9,057,109
- Broad claims for melanoma gene classifier: 10,407,729



#### Patents issued in select countries worldwide

- Multiple European countries, Canada, Japan, and Australia



#### Trade secrets and technical know-how

- Low quantity, poor quality sample material requires special processes
- Custom automation

CPT: Current Procedural Terminology; N/A: not applicable.  
Publications available at [www.dermtech.com](http://www.dermtech.com)

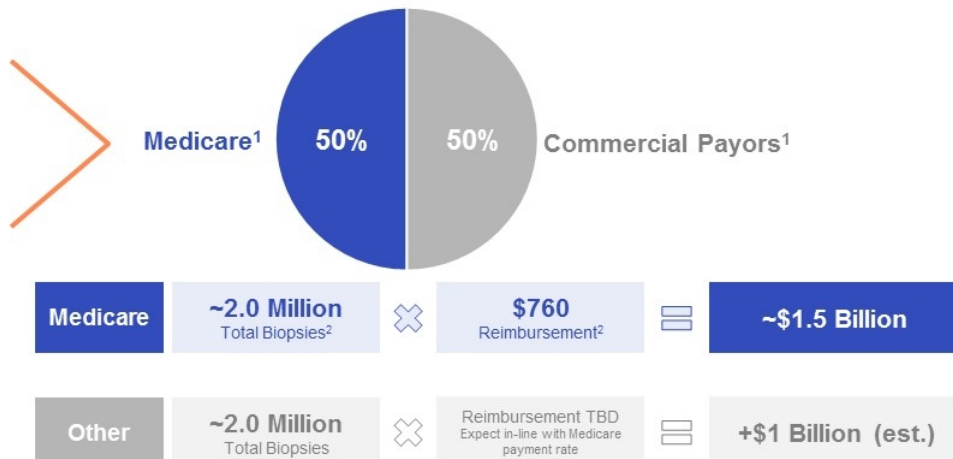
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# CMS Pricing in Place Unlocks Significant Market Opportunity

Medicare Coverage Established  
in January 2020

Estimated Total Number U.S. Biopsies for Pigmented Lesions<sup>1</sup>

|  |  |
|--|--|
| LCD ID<br>L38951   | performed<br>on or after<br>02/10/2020       |
| LCD Title<br>MoCA, Pigmented Lesion Assay  | Revision<br>Effective<br>Date<br>N/A         |
| Proposed LCD in Comment Period<br>N/A  | Revision<br>Ending<br>Date<br>N/A            |
| Source Proposed LCD<br>04/20/2019 (medicare-coverage-database/details/lcd-details.aspx?LCDID=L38951&fromMenu=1&sortBy=SortByRelevance&filter=ALL)  | Retirement<br>Date<br>N/A                    |
| AMA CPT / ADA CDT / AHA NUBC Copyright Statement<br>CPT codes, descriptions and other data only are copyright 2019 American Medical Association. All Rights Reserved. Applicable FARS/HSRIS apply. Current Dental Terminology © 2019 American Dental Association. All rights reserved.   | Notice<br>Period<br>Start Date<br>12/06/2019 |
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**Medicare Market Alone Has Potential for >\$1 Billion in Sales**

1. Source: IQVIA Skin Cancer Claims and Procedures Study  
2020 Clinical Laboratory Fee Schedule: <https://www.cms.gov/medicare/medicare-fee-schedule-payment/clinical-laboratory-fee-schedule-files/20clabq1>



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## **DermTech's Goal: Eliminate Melanoma Deaths in the US**

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### **There are 5 Requirements to Eradicate a Disease**

1. Diagnostic test with 99% NPV & is agreeable with patients
2. Treatment protocol with 99% efficacy
3. Payer model to fund effective diagnosis & treatment
4. Widespread HCP adoption of diagnostic pathway & treatment protocol
5. Activated consumers willing to be evaluated

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### **Current Pathway Does Not Meet Requirements**

- Invasive biopsy & pathology with 83% NPV & unpopular with patients
- ✓ 99% 5-year survival rate when detected early
- ✓ Biopsy & pathology widely covered
- Diagnosis restricted to dermatology
- Very few patients visit dermatology

**DermTech**

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# PLA Case Study – JAMA Dermatology Publication

## Effectiveness Attributes of the PLA Test

### Background

- 28-year-old female
- Family history of melanoma
- **Complained of bug bite**
- Refused surgical biopsy

### DermTech Results

- **PLA test was positive**
- **Histopathology revealed 0.5-mm melanoma**
- Curative wide excision performed
- Case study published in JAMA Dermatology<sup>1</sup>



1. Childs MV. JAMA Dermatol. 2018; 154(2):223

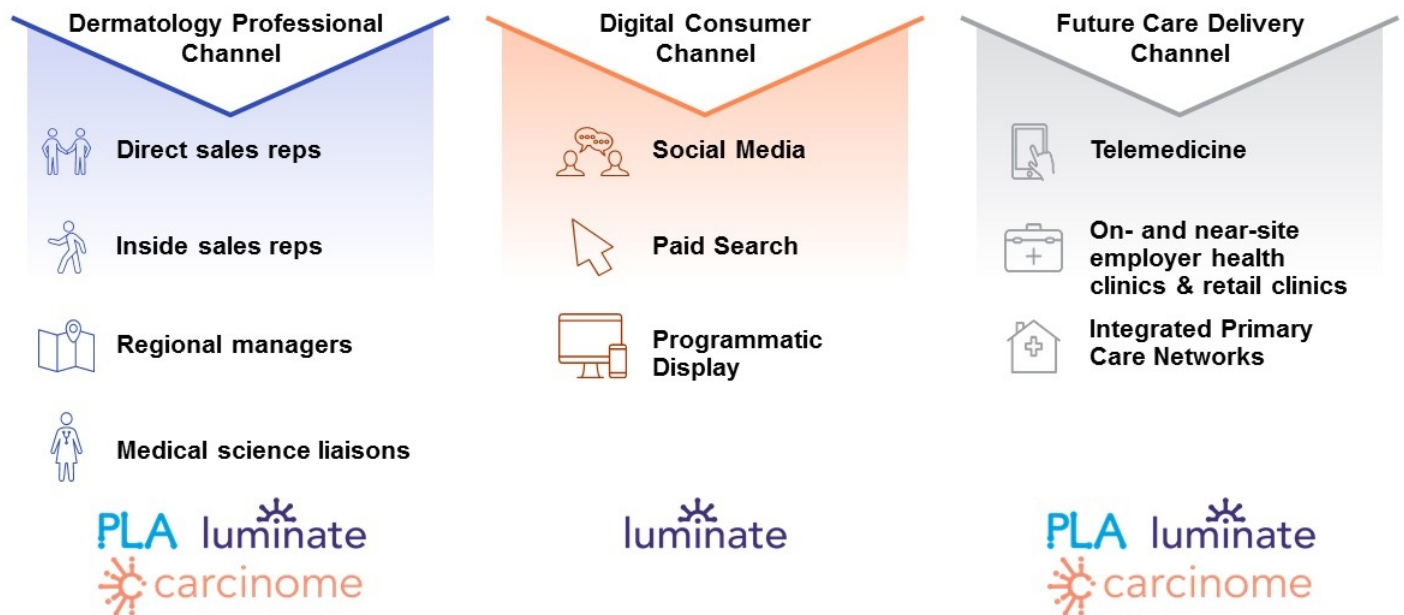


## Commercial Activities

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## Commercial Channels



# Dermatology Professional Sales Force

- 45-50 sales reps give coverage of 13,000 dermatology clinical professionals

- ~80% sales manager hiring complete

- ~5,000 prioritized targets

- Average ~66 biopsies/mo/clinician

- Drive to average of 10 PLA tests/mo/clinician<sup>2</sup>

- Based on historical physician productivity metrics
- Minimal impact to biopsy practice

- ~10% served market penetration =

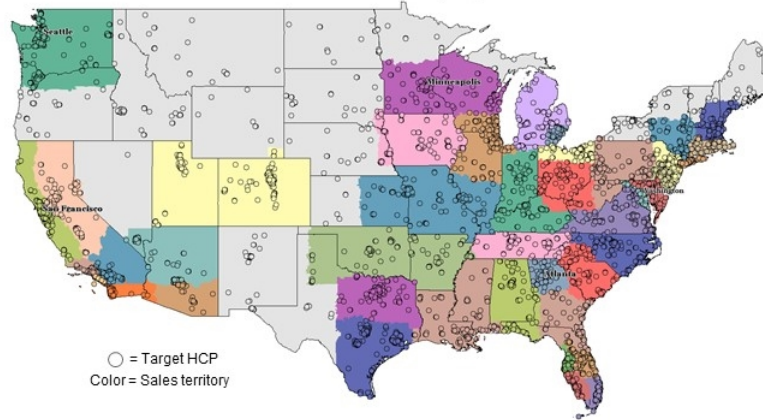
- ~446,000 tests per year

- Revenue potential @ 10% penetration =

- ~\$312 MM/year<sup>3</sup>

○ Each circle represents a prioritized dermatology target:  
high number melanoma biopsies, >50% proportion Medicare patients

U.S. Field Sales Territory Map



1. Source: IQVIA Skin Cancer Claims and Procedures Study

2. DermTech estimate based on historical "good" account

3. Assumes convergence of Medicare and commercial payer rates with average ASP of \$700/test

# Digital Consumer Channel is Driving Awareness and Patients to Take Action

The DermTech PLA | Early Detection of Melanoma | Pain-Free Adhesive Patch  
[www.dermtech.com](http://www.dermtech.com)  
 Introducing The DermTech PLA. A Transformative, Pain-Free Way to Detect Melanoma. Adhesive Patch That Detects The Genes Found in Melanoma. Learn More Today.

healthline

### What Are the Prognosis and Survival Rates for Melanoma by Stage?

What melanoma is stages | Stage 0 | Stage 1 | Stage 2 | Stage 3 | Stage 4 | Factors affecting survival rates | See your doctor

#### Dangers of melanoma

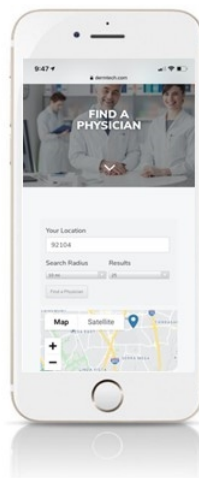
Melanoma is a kind of cancer that begins in the skin cells that create the pigment melanin. Melanoma usually starts as a spot on the skin. However, it can also form in other tissues, such as the eye or brain.

It's important to keep an eye on moles and changes in your skin, as melanoma can be deadly if it spreads. There were more than 5,000 deaths from melanoma in the United States in 2015.

#### How is melanoma staged?

Melanoma is described by stages. A particular stage of the disease gives an idea how far the cancer has spread. Getting an official exam is usually enough to identify stage 1 melanoma. For example, 3D mole mapping technology, such as 3DCT, can find and monitor "suspicious" moles.

[A SCARFREE app to accurately detect melanoma at its earliest stage](#)



**59.3M**  
Total Impressions

**2.4M**  
Social Engagements

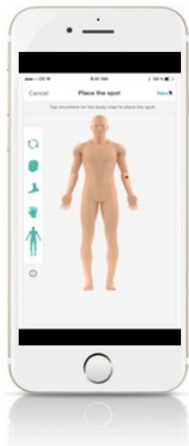
**452K**  
Clicks

**51k**  
Derm Searches

Source: Socialbakers; Google Analytics; Acuity, May-Oct, 2020, select U.S. regions  
 Data: Includes metrics across both published (organic and boosted) and unpublished content on owned social platforms  
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# Future Cancer Care Dx Delivered via Telemedicine Channel

## Telemedicine Technology Solution



- Store & Forward iPhone and Android App
- Secure email and text
- HCP network of users
- Remote interactive access

## Patient Home Collection Kit



- Sent to patient's home
- Supported by easy to use instructions
- QR Code activates instructional video

## Potential Partnerships With Existing Real-Time Interactive Providers

- Employer service providers
- Benefit providers
- Integrated networks
- Other Telemedicine channels including skin disease

# Ordering Clinician Installed Based and Sample Volume Resumed Growth Post Q2 COVID Shutdown

DermTech Historical Quarterly Billable Sample Volume and Ordering Clinicians



Source: DermTech, Inc.  
Training program for new sales reps is 3 months

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# Beginning to Monetize Sample Volume With Recent Medicare Coverage

## Commercial Payer Coverage Expected To Further Accelerate Revenue Growth\*

**DermTech Historical Quarterly Assay Revenue and ASP**



Source: DermTech, Inc., Capital IQ, Bloomberg  
Training program for new sales reps is 3 months

\*Recently contracted with BCBS of IL and BS of CA with early 2021 effective dates.

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## Commercial Lab Operations

- ✓ CLIA-licensed laboratory in State of California and all states requiring out-of-state licensure
- ✓ CAP-accredited
- ✓ ~9000-square-foot commercial lab space
- ✓ Current floorspace capacity of 300,000 tests per year
- ✓ PLA/PLA<sup>plus</sup> assay turnaround time is ~3-4 days

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25 DermTech





## COVID-19

### Impact Discussion

- We are deemed an essential business and our commercial laboratory remains fully operational
- Dermatology offices have not yet re-opened to full capacity and future operations are dependent upon regional COVID-19 infection rates and regional restrictions
- We have been conducting virtual sales calls, providing client education, and introduced a telemedicine option for remote, clinician-guided sample collection
- We completed approximately 80% of our sales force expansion for the year by July 2020 and expect to finish 2020 with ~40 sales representatives
- We cannot predict which states will remain open, but we did recently see some encouraging data which underscores clinician acceptance of the DermTech PLA including:
  - Sample volume recovery in October 2020 to all time high levels
  - Sample volume for September and October 2020 increased 34%, compared to January and February 2020
  - In October 2020, we had an all-time high in the number of ordering clinicians who order 10 or more tests per month.

## Back Up

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# THE PL<sub>A</sub>plus: Optimized Gene Targets

## Increased Sensitivity to 97%

### LINC00518<sup>1,2</sup>

Long Intergenic  
Non-Coding RNA 518

- Novel marker discovered by DermTech
- Member of a rapidly growing family of regulatory RNA molecules
- Important regulator of oncogenesis - play role in melanoma proliferation and invasion
- Overexpressed in melanoma

### PRAME<sup>3,4</sup>

Preferentially Expressed  
Antigen in Melanoma

- Well described target involved in many tumors, including in melanoma progression and metastasis
- Independently validated- Haqq, Myriad, Castle
- Promotes tumor progression by interfering with retinoic acid receptor signaling
- Overexpressed in melanoma

### TERT<sup>5,6</sup>

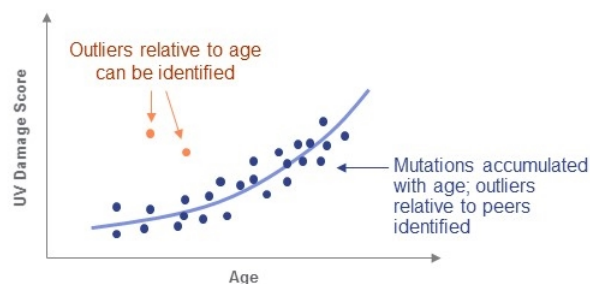
Telomerase Reverse  
Transcriptase Promoter

- Involved in many tumors, is found in 70-80% of melanoma
- Mutations lead to oncogenesis through functional increases in TERT protein, telomerase activity, telomere length, cell immortalization and proliferation
- Associated with histopathologic features of aggressiveness and poor survival in melanoma

1. Lessard L, Liu M, Marzese et al. J Invest Dermatol. 2015;135(10):2464-74.  
2. Sarkar D, Leung EY, Baguley BC, Finlay GJ, Askarian-Amini ME. Epigenetics. 2015;10(2):103-21.  
3. Ikeda H, Leithé B, Lehmann P et al. Immunity. 1997;6(2):199-208.  
4. Herms N, Kewitz S, Staeger MS. Curr Cancer Drug Targets. 2016;16(5):400-414.  
5. Ferris LK, Moy RL, Gerami P et al. J Invest Dermatol. 2019;139(5):1127-1134.  
6. Nagore E, Raohakonda S, Kumar R. Oncotarget. 2019;10(16):1546-1548.

## Consumer Health Offering

### Mutation Burden Increases with Sun Exposure



Source: DermTech data

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# luminate

- Quantifies UV damage to the genome in normal appearing skin by assessing driver mutations for basal cell and squamous cell cancer
  - Identifies risk for skin cancer and premature photoaging
- Generates UV Damage score
  - Non-sun exposed areas of skin from the buttocks have zero score
  - Patients with a history of skin cancer have highest score
- Informs patients about actions and treatments that can be undertaken to repair damage and improve skin health

## Research Partnerships and Collaborations

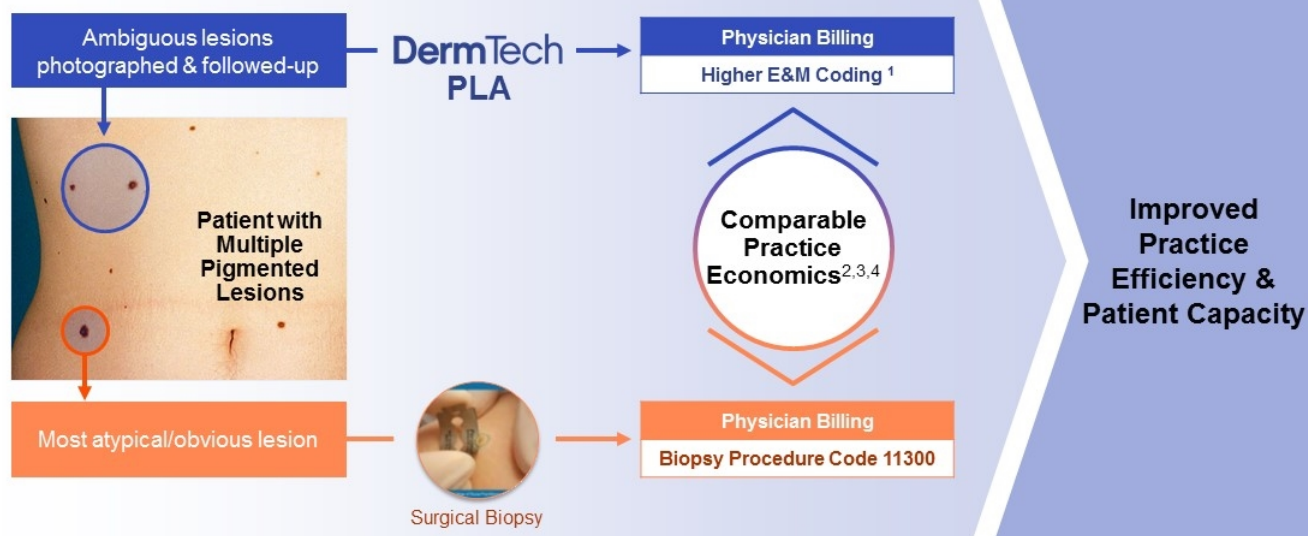
| Indication*                   | Pilot | Phase 1 | Phase 2 | Phase 3 |
|-------------------------------|-------|---------|---------|---------|
| Pemphigus Vulgaris            |       |         |         |         |
| Hidradenitis Suppurative      |       |         |         |         |
| Psoriasis                     |       |         |         |         |
| Mantle Cell Lymphoma          |       |         |         |         |
| Follicular Lymphoma           |       |         |         |         |
| Lupus                         |       |         |         |         |
| Vitiligo                      |       |         |         |         |
| Atopic Dermatitis             |       |         |         |         |
| Chronic Spontaneous Urticaria |       |         |         |         |

- ~\$12 million in research programs booked to date
- Robust pipeline of opportunities and pending contracts
- Independent performance development
- Expansion to late-stage trials (phase II, III)



## Define PLA Positioning and Clarify Practice Economics

### The PLA Provides Comparable Economics With Better Patient Care

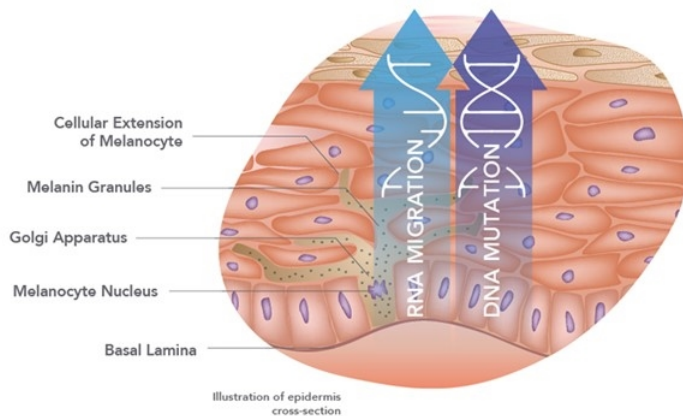


1. Based on AMA billing criteria for CPT E&M codes  
2. Net economics accounting for differences in cost for labor (physician work v.s. nursing work) and supplies  
3. Biopsy procedure costs based on AMA RVS Update Committee figures  
4. Reimbursement rates based on Medicare payments for established patient E&M CPT codes and biopsy procedure CPT codes, CodeMap™  
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# Precision Dermatology Delivers More Accurate Melanoma Detection

RNA and DNA collected by the PLA/PLAplus spans across the entire lesion<sup>1,2</sup>



Significant improvement against current standard of care

| PLA   | Dermatopathology  |
|---|---|
| Samples 100% of lesion                                  | Samples less than 1%-2% of a potentially partial surgical biopsy    |
| Provides additional objective genomic information       | Relies on subjective visual criteria                                |
| Measures malignant changes that cannot be seen visually | Morphologic changes must be present and in the field of observation |

RNA=ribonucleic acid; RT-PCR=reverse transcription polymerase chain reaction.

1. Ferris LK, et al. JAMA Dermatol. 2017;153(7):675-680.

2. Data on File. DermTech, Inc.

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