NEWS RELEASE

Prospera™ Evidence in Heart and Lung Transplantation Featured Across 17 Presentations at ISHLT

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Broad evidence, including six oral presentations, highlights Prospera's ability to enable earlier detection, refine risk stratification, and inform clinical decision-making in transplant care

AUSTIN, Texas--(BUSINESS WIRE)-- **Natera, Inc.** (NASDAQ: NTRA), a global leader in cell-free DNA and precision medicine, today announced a broad body of evidence supporting its Prospera test at the 2026 International Society for Heart and Lung Transplantation (ISHLT) Annual Meeting.

Prospera will be featured in 17 abstracts, including six oral presentations. Together with academic colleagues, Natera will highlight Prospera's expanding clinical utility in heart and lung transplantation, spanning rejection surveillance, imaging correlation, and real-world clinical decision-making. Key highlights include:

In heart transplant:

- Prospera Heart serial dynamics (increases/decreases) predicted a variety of adverse outcomes at 1-year post-transplant, in addition to rejection. Patients with a positive Prospera result were up to 4x more likely to experience adverse outcomes by 1-year post-transplant – including graft dysfunction, rejection, hospitalization, or death – and Prospera outperformed biopsy in detecting many of these outcomes. (ProTECT study and DEFINE-HT study)

- Real-world clinical impact: in more than 30% of cases, Prospera results influenced physician decisions related

to immunosuppression or biopsy, demonstrating clinical utility beyond just identifying acute rejection. (ProTECT study)

- New independent validation solidifies the excellent performance of Prospera Heart with DQS, preserving high sensitivity while reducing false positives by 30% compared to donor fraction alone. (TRIFECTA-Heart study)

In lung transplant:

- Data from multiple abstracts highlight the ability of Prospera Lung to detect infection, chronic lung allograft dysfunction (CLAD), and early signs of graft damage, including scenarios where such complications were undetected on biopsy. (Abstracts # 1158 and 401)

- While the standard cutoff for a Prospera-positive result is 1%, many studies have shown that significantly increased Prospera results (>2%), defined as extreme molecular injury (EMI), convey even higher risk of CLAD and mortality. New data suggests that a preemptive treatment approach to identify EMI can lead to improved patient outcomes, including forced expiratory volume in 1 second (FEV1). (Abstract #1152)

- Prospera Lung was able to detect gastroesophageal reflux, showing a 77% quantitative decrease after treatment with antireflux surgery, and demonstrating the utility of Prospera as a biomarker for lung allograft injury caused by reflux and microaspiration in addition to rejection. (Abstract #1147)

“ISHLT 2026 marks our largest presence at the conference to date, reflecting the growing body of evidence supporting Prospera in heart and lung transplantation,” said Sangeeta Bhorade, M.D., chief medical officer of organ health at Natera. “What’s especially compelling is not just the breadth of data, but how consistently it reinforces Prospera’s role as a high-precision, clinically actionable tool, enabling earlier detection, more refined risk stratification, and more informed decision-making in transplant care.”

The full list of presentations at ISHLT includes:

April 22, 6:00 PM ET | Abstract #764

Presenter: Amir Emtiazjoo, M.D., MSc

Lung Transplantation Outcomes in Patients with Respiratory Failure Related to BIPF Following Treatment for Malignancy

April 23, 4:30 PM ET | Abstract #902

Presenter: Shelley Hall, M.D.

Association of Donor Derived-Cell Free DNA with 1-Year Outcomes in Heart Transplant Recipients: Findings from the ProTECT Study

April 23, 4:30 PM ET | Abstract #867

Presenter: Brent C. Lampert, D.O.

dd-cfDNA Informs Clinical Decision-Making in Heart Transplantation: Insights from the ProTECT Study

April 23, 4:30 PM ET | Abstract #868

Presenter: Palak Shah, M.D., M.S.

A Randomized Study of Rejection Surveillance with dd-cfDNA versus Endomyocardial Biopsy (ACES-EMB)

April 23, 4:30 PM ET | Abstract #921

Data from the Trifecta-Heart Study

Presenter: Martina Mackova, Ph.D.

Assessing Early Antibody-Mediated Rejection (AMR) Using MMDx, dd-cfDNA, and Histology

April 23, 4:30 PM ET | Abstract #916

Presenter: Roopa A. Rao, M.D.

Trend of Donor-Derived Cell-Free DNA and DNA Quantity Score in Response to Rejection Treatment in Heart Transplant Recipients

April 23, 4:30 PM ET | Abstract #1001

Presenter: Paul J. Kim, M.D., MAS

Dissecting Clinically Discordant dd-cfDNA Elevations After Heart Transplantation: Insights from the DEFINE-HT Study

April 23, 4:30 PM ET | Abstract #1158

Presenter: Ambalavanan Arunachalam, M.D., M.S.

Donor-Derived Cell-Free DNA Predicts Abnormal Findings on Chest Computed Tomography (CT) Imaging Post-Lung Transplantation

April 23, 4:30 PM ET | Abstract #1157

Presenter: Selim M. Arcasoy, M.D., MPH

dd-cfDNA May Be Discordant with Cellular Profiles in BALF After Lung Transplantation (LT): A LAMBDA Study Analysis

April 23, 4:30 PM ET | Abstract #1152

Presenter: Chang (Jason) Li, M.D.

Preemptive Treatment of 'Molecular Injury' Assessed by Donor-Derived Cell-Free DNA After Lung

Transplant

April 23, 4:30 PM ET | Abstract #1147

Presenter: Samir Sultan, D.O., M.S.

Lung Allograft Injury Improves After Gastroesophageal Reflux Surgery According to Donor-Derived Cell-Free DNA

April 24, 10:00 AM ET | Abstract #150 (Oral Presentation)

Presenter: Attila Feher, M.D., Ph.D.,

Correlation Between Donor Derived Cell Free DNA and Cardiac Allograft Vasculopathy Detected by PET Myocardial Perfusion Imaging: Minidepict Study

April 24, 4:30 PM ET | Abstract #401 (Mini Oral Presentation)

Presenter: Majd Alkhouri, M.D.

Donor-Derived Cell-Free DNA for Detection of Infection and Rejection After Lung Transplantation

April 24, 4:30 PM ET | Abstract #402 (Mini Oral Presentation)

Presenter: Eric Morrell, M.D.

Distinct Alveolar and Plasma Molecular Injury Profiles Between Acute Allograft Injuries

April 24, 4:30 PM ET | Abstract #420 (Mini Oral Presentation)

Data from the Trifecta-Heart Study

Presenter: Phillip F. Halloran, M.D., Ph.D.

Validation of a Two-Threshold Algorithm (2TA) Combining dd-cfDNA Fraction and Quantity to Detect Heart Transplant Rejection

April 24, 4:30 PM ET | Abstract #424 (Mini Oral Presentation)

Data from the Trifecta-Heart Study

Presenter: Katelynn S. Madill-Thomsen, Ph.D.

Molecular Microscope® (MMDx) and dd-cfDNA versus Histology for the Diagnosis of Heart Allograft Rejection

April 24, 4:30 PM ET | Abstract #425 (Mini Oral Presentation)

Data from the ProTECT Study

Presenter: Roopa A. Rao, M.D.

Outcomes in Heart Transplant Recipients with Extreme Elevations in Donor Derived Cell-Free DNA %

About Natera

Natera™ is a global leader in cell-free DNA and precision medicine, dedicated to oncology, women's health, and organ health. We aim to make personalized genetic testing and diagnostics part of the standard-of-care to protect health and inform earlier, more targeted interventions that help lead to longer, healthier lives. Natera's tests are supported by more than 400 peer-reviewed publications that demonstrate excellent performance. Natera operates ISO 13485-certified and CAP-accredited laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) in Austin, Texas, and San Carlos, California, and through Foresight Diagnostics, its subsidiary, operates an ISO 27001-certified and CAP-accredited laboratory certified under CLIA in Boulder, Colorado. For more information, visit **www.natera.com**.

Forward-Looking Statements

All statements other than statements of historical facts contained in this press release are forward-looking statements and are not a representation that Natera's plans, estimates, or expectations will be achieved. These forward-looking statements represent Natera's expectations as of the date of this press release, and Natera disclaims any obligation to update the forward-looking statements. These forward-looking statements are subject to known and unknown risks and uncertainties that may cause actual results to differ materially, including with respect to whether the results of clinical or other studies will support the use of our product offerings, the impact of results of such studies, our expectations of the reliability, accuracy, and performance of our tests, or of the benefits of our tests and product offerings to patients, providers, and payers. Additional risks and uncertainties are discussed in greater detail in "Risk Factors" in Natera's recent filings on Forms 10-K and 10-Q, and in other filings Natera makes with the SEC from time to time. These documents are available at **www.natera.com/investors** and **www.sec.gov**.

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