Tony Zook â?? CEO, NeoGenomics Laboratories

Behind every test is a real patient who is seeking answers

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Tony Zook reflects on how decades in pharmaceutical leadership inform his perspective on diagnostics as the backbone of precision oncology. This discussion traces NeoGenomicsâ?? evolution from a haematology specialist to a broader oncology platform spanning therapy selection, next-generation sequencing (NGS), and molecular residual disease (MRD). Set against the realities of community care, the interview explores how diagnostic insight is reshaping clinical decision-making and the future of personalised cancer treatment.

What shaped your career in healthcare, and what led you to step into the CEO role at NeoGenomics?

I have been in healthcare for nearly four decades, primarily on the pharmaceutical side, where I built experience across sales, marketing, and general management. Roughly a third of my career was spent in sales. I started on the frontline dealing with physicians and worked through district and regional leadership to eventually become Vice President of Sales of AstraZeneca, leading a team of close to 9,000 people. Another third was spent in marketing roles, including product management and therapeutic area leadership, ultimately with responsibility for marketing activities across AstraZenecaâ??s portfolio in the US and later globally. The final third was in general management, leading large, cross-functional organizations as President of the US business, North American CEO, and later Chief Commercial Officer globally.

I enjoyed my time in pharma tremendously and believe strongly in the power of innovation to improve healthcare. When I reflect on what mattered most, it was rarely the brands with the most zeros behind them. It was the ones where you could clearly see the impact on patientsâ?? lives.

When I joined NeoGenomics as a board member, I saw it as an opportunity to learn about the diagnostic side of the industry and better understand its role in personalizing treatment. What stood out was the passion for oncology patients and the belief that behind every test is a patient searching for answers. I also saw a company with a strong legacy in hematologic diagnostics and pathology that understood the need to evolve, particularly toward therapy selection and measurable residual disease (MRD) testing. That combination made the transition from board member to CEO feel like a natural next step.

What strategic priorities did you set when you took on the CEO role, and how did they shape NeoGenomicsâ?? direction?

The priority was being clear-eyed about our markets and the limits of growth in our legacy business. Core oncology diagnostics is already highly penetrated, and when you are a share leader in a maturing market, the question becomes how you continue to grow. That made it a strategic imperative to migrate our portfolio toward therapy selection and MRD alongside a broader move into solid tumors. MRD in particular represents a large opportunity with relatively low penetration today. Refocusing our R&D and commercial efforts around these areas became priority number one.

The second priority was continuing to win in the community setting where more than eighty percent of patients receive cancer care. Community oncologists manage high patient volumes across multiple tumor types and need diagnostic partners they can rely on for timely, dependable results. Our strength in community pathology and hospital testing gives us a strong foundation as we design our offerings around real-world workflows. Breadth of portfolio matters here, and with more than five hundred oncology tests, we are well positioned to support those needs.

The third priority was strengthening the business model itself. As our portfolio evolves in therapy selection and MRD, we see opportunities to drive both revenue growth and margin expansion through targeted investments in automation, artificial intelligence, and digital pathology.

The discipline has been focused on these imperatives. I believe organizations can do almost anything if they remain focused. But when they try to do too much, they lose momentum.

How is NeoGenomics positioned within precision oncology today, and where does the portfolio deliver the greatest clinical and strategic value?

Within oncology diagnostics, there are different types of players. Some are highly innovation-led and act as first movers around specific technologies. Others are broader-based organizations operating across multiple therapeutic areas. At NeoGenomics, we tend to have a foot in both camps, while remainng for a pure-play oncology company.

Staying focused on oncology is deliberate. It is a market that continues to grow, and it allows us to concentrate our expertise and investment on building a strong portfolio across the continuum of care. Today, we offer more than five hundred oncology tests, from diagnosis and therapy selection through disease monitoring. While innovation matters, breadth and reliability are equally important, particularly in hospital and community settings where physicians need tools that support everyday

clinical decisions.

Hematology has been our foundation, but we knew continued growth meant expanding into therapy selection, which meant next-generation sequencing (NGS). We began that journey a few years ago, introducing a series of NGS products in 2023. Adoption has been steady with a small number of tests now representing a meaningful share of revenue. Today, NGS accounts for roughly thirty percent of our business and is fueling growth, particularly in solid tumors.

The other part of the puzzle is MRD. We have recently launched RaDaR ST, our circulating tumor DNA (ctDNA) assay. We first delivered the offering for our pharmaceutical services business and are now preparing for a clinical launch in the first quarter. MRD represents another large and growing market.

Together with our legacy in hematology and our expanding NGS portfolio, these areas define where we see the greatest opportunity ahead.

From your perspective, how has the role of diagnostics evolved in enabling precision oncology, and how do you see its importance developing over time?

I have a tremendous amount of respect for what the pharmaceutical industry continues to do in oncology, which remains in its largest area of investment. For decades, pharma has pursued the same ambition of the right treatment for the right patient at the right time. What has changed is that technology has now caught up to that ambition.

Historically, oncology treatments were largely broad based. Over the past decade, the shift toward biomarker-driven and patient-specific therapies has been remarkable, and that evolution has gone hand in glove with advances in diagnostics. As treatments become more precise, diagnostics have moved from a supporting role to being central to how precision oncology works.

This is especially true in drug discovery and development. Advances in NGS allow pharma companies to define biomarkers, understand patient sub-populations, and identify the right targets. Large-panel NGS tests are providing foundational data that informs the next wave of innovation. Data is power, and the more information available, the more opportunities can be created.

MRD takes this further. Current technologies already enable levels of disease monitoring that were unheard of just a few years ago, and sensitivity will continue to improve. At the same time, established tools such as immunohistochemistry remain essential for diagnosis and treatment decisions. Together, these approaches reinforce the increasingly central role diagnostics will play in the future of precision oncology.

How prepared are community oncology settings to manage increasingly complex diagnostics, and how does NeoGenomics support them in practice?

We always try to look at the world through the eyes of a practicing community oncologist. These physicians manage significant patient volumes across multiple cancer types, and their reality is very different from that of an academic center. In that setting, turnaround time and reliability are critical. Community oncologists choose partners who consistently deliver the information they need when they need it.

Another challenge is that diagnostic innovation often moves faster than clinical guidelines. That helps explain why the adoption of newer technologies, such as MRD, has been gradual. These physicians are information-driven and guideline-driven, and it takes time for new approaches to become embedded in routine care.

That is where we see our role. We focus on delivering actionable insights, not information for informationâ??s sake. New technologies typically emerge in academic centres and then migrate into the community over time. As a trusted partner in community oncology, we can help support that transition. With our MRD portfolio, including RaDaR ST for solid tumors, we can help move adoption forward at a realistic pace. Breadth of offering matters here and having multiple MRD approaches allows us to support physicians as they integrate these tools into practice.

Beyond therapy selection, how do you see diagnostic technologies contributing to disease monitoring and earlier intervention across the cancer care continuum?

I think the two areas serve different purposes. Therapy selection does what it says on the box. It helps inform which treatment to pursue at a given point in time. MRD, on the other hand, holds the promise of being a very sensitive surveillance tool that physicians can use over the course of a patientâ??s disease.

That promise is clear, but the answers around how to act on that information take time. Questions around early signaling, risk, and treatment guidelines still need to be worked through. I often compare MRD to the early days of MRI, when clinicians were first exposed to a level of information they had never had before and were unsure how to interpret it. MRD is in a similar place today. Physicians recognise the opportunity and the promise of earlier signalling and deeper insight, but the science has not yet fully answered the question of what is actionable and when.

Those answers will come through ongoing research on both the diagnostic and pharmaceutical sides. Over the next several years, this growing body of information will translate into more practical tools that complement therapy selection and support a more continuous, personalized approach to cancer care.

Looking ahead, what developments in precision oncology and diagnostics are you most excited about, and what do you see shaping the next generation of innovation in the field?

If there is one area that excites me most in terms of what will shape the next wave of precision oncology, it is molecular residual disease. The move from whole exome to whole genome sequencing in MRD has the potential to unlock a tremendous amount of new information, and that will fuel innovation for years to come.

In the near term, I expect continued growth in the adoption of first-generation MRD products. Today, penetration is still relatively low, around eight to ten percent, but I see that moving meaningfully forward over the next three to five years. Beyond that, the emergence of second-generation, ultra-sensitive MRD technologies will open up additional opportunities, particularly in lower-shedding tumors and cancers where current approaches are more limited. That is likely to become a real hotbed of discovery.

Over time, I also think community providers will continue to standardize their own requirements as they look to reduce friction in their systems. That will likely drive greater standardization and

consolidation among laboratories. In that environment, breadth of portfolio continues to matter. For us, being able to support MRD growth with a comprehensive offering, while also advancing innovation within that portfolio, will be critical. Ultimately, our success will depend on being known not just for the breadth of what we offer, but for the quality and innovation embedded within it.

Going into 2026, what priorities are you putting forward for NeoGenomics?

For us, the focus is very much on the purposeful march into therapy selection and MRD, because that evolution really helps redefine who we are as an organization and creates significant opportunities for growth.

Within therapy selection, next-generation sequencing remains a key priority. We continue to build our portfolio, and we are particularly excited about bringing forward products such as PanTracer LBx, which we believe will allow us to drive growth above the market in that segment for the foreseeable future.

MRD is another major area of excitement. The introduction of RaDaR ST allows us to span the continuum of care, from diagnostics and therapy selection into disease monitoring. The opportunity does not stop with RaDaR ST. We see significant potential in the development of next-generation MRD technologies, and maintaining focus on those future opportunities is an important part of our strategy.

Beyond the portfolio itself, I am also very excited about what we can do within the laboratory. Investments in areas such as automation, artificial intelligence, and digital pathology give us the ability to improve efficiency and effectiveness, while also generating deeper insights than we have had in the past. Making the right targeted investments, not just to drive top-line growth but to move toward what I think of as the lab of the future, is something I look forward to with a great deal of anticipation.

Do you have a final message would you like to deliver on behalf of NeoGenomics as the diagnostics sector continues to evolve?

We take our role and our responsibility very seriously. We truly believe, and live every day, that behind every test is a real patient who is in need of answers. The role we can play in helping guide their treatment, and in providing physicians with the information they need, is something our teams care deeply about and draw a great deal of energy from as an organization.

More broadly, diagnostics brings tremendous value to healthcare, even if that role is not always fully recognized. If we genuinely want to move toward a world of precision medicine, it has to start with precision information. Those answers are only found in one place, and that is in our DNA. Every patient is different. As the sector continues to evolve, diagnostics will play a pivotal role in unlocking that understanding, and I believe NeoGenomics will be one of the leaders, particularly in the community setting, in helping to bring those answers to patients and physicians alike.

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