Company Presentation

May 2024

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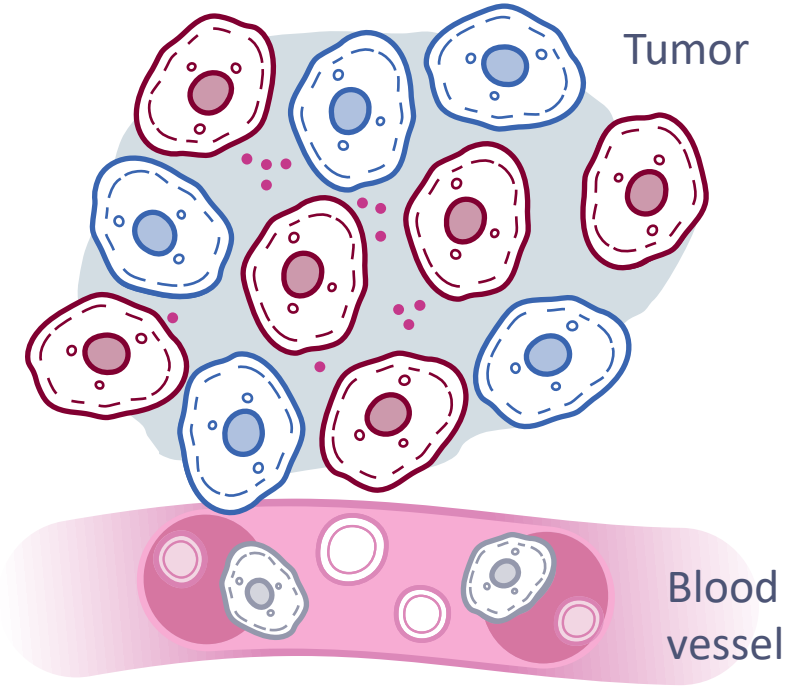
TSCAN THERAPEUTICS

How do we aim to cure cancer?

PROBLEM

- Cancer is heterogeneous
- Cancer is rapidly evolving

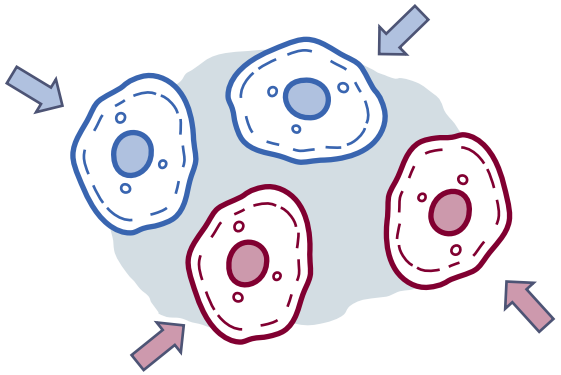


PROVEN SOLUTIONS

1. Treat cancer when it is at its lowest

HEME PROGRAM

2. Treat with multiple agents simultaneously



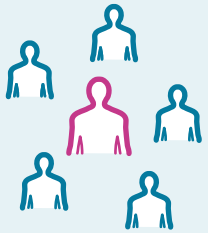
SOLID TUMOR PROGRAM

TSCAN THERAPEUTICS

TScan is building on the remarkable success of immunotherapy

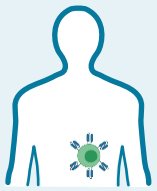
What we have learned from immuno-oncology

Checkpoint therapy (Keytruda®, Yervoy®, Opdivo®)



- ✓ Unleashing a patient's T cells can lead to long-term remissions and even cures
- ✗ Most patients lack anti-cancer T cells and do not respond

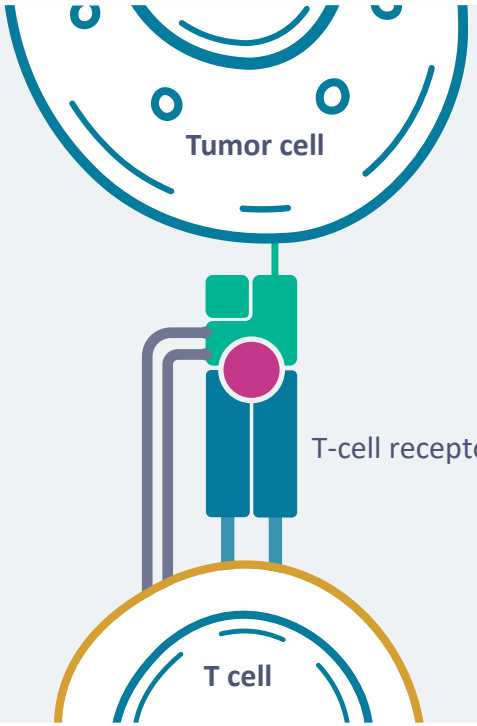
CAR-T therapy (Kymriah®, Yescarta®, Breyanzi®)



- ✓ Genetically reprogramming T cells cures patients with certain heme malignancies
- ✗ Broader applications of CAR-T, particularly in solid tumors, remains challenging

Our proposed solution is TCR-T cell therapy

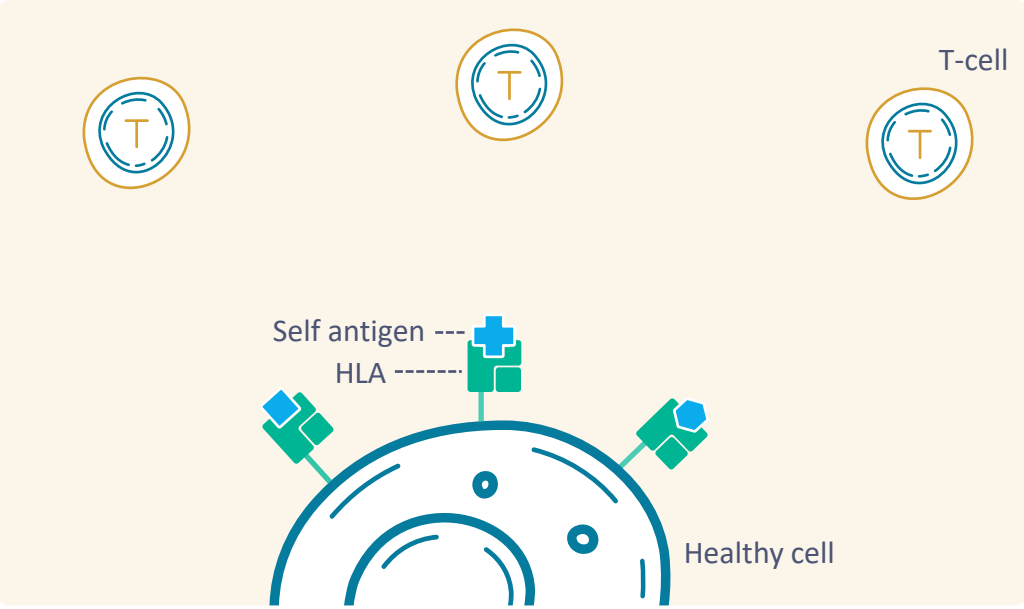
Genetically reprogramming T cells with T-cell receptors leverages the body's natural mechanism for fighting cancer



TSCAN THERAPEUTICS

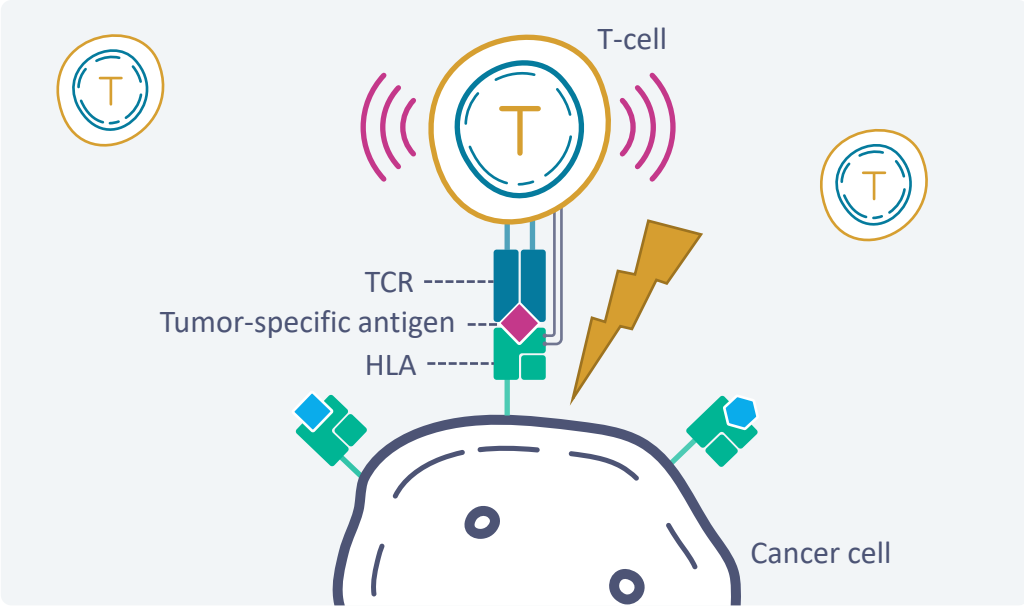
T-cells search for and kill abnormal cells

Normal cell



Healthy cells display normal self-antigens that do not activate circulating T-cells

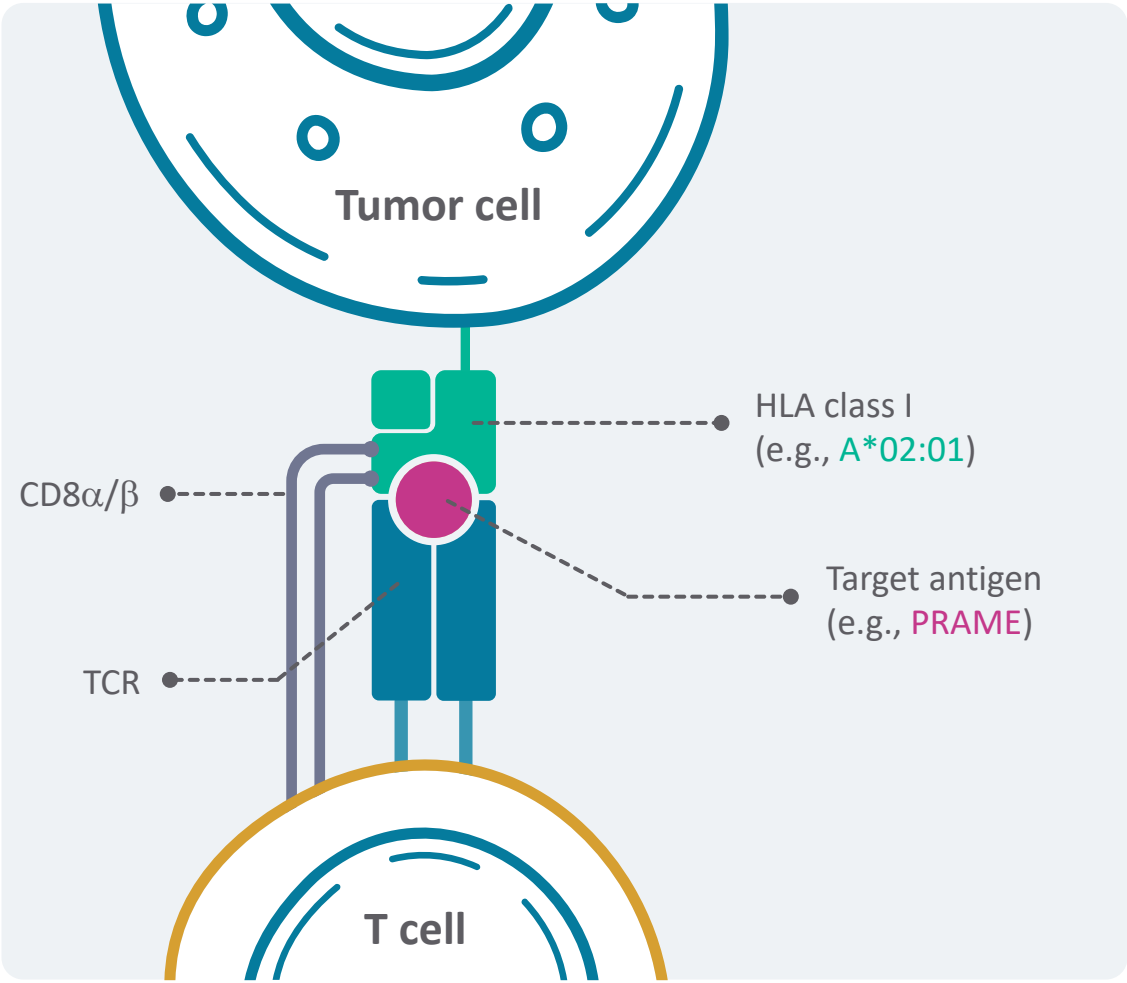
Cancer cell



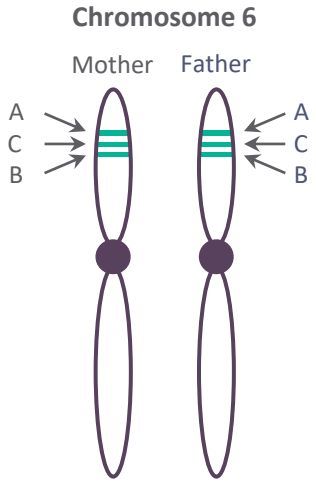
Tumor-specific antigens activate circulating T-cells to kill cancer cells

TSCAN THERAPEUTICS

TScan is targeting the most frequent HLAs to address a broad patient population



Everyone has six class I HLAs



There are 100s of different HLA types

~90% of people in the U.S. are positive for at least one of the top six HLA types

	% people positive for each HLA type		
HLA type	United States	Europe	Asia
A*02:01	42	47	19
A*01:01	24	26	14
A*03:01	22	25	7.0
B*07:02	20	21	8.1
C*07:02	24	23	24
A*24:02	17	19	37

Most TCR-T companies only target **one** HLA (A*02:01)

TScan is developing a broad pipeline targeting the top **six** HLAs

TSCAN THERAPEUTICS

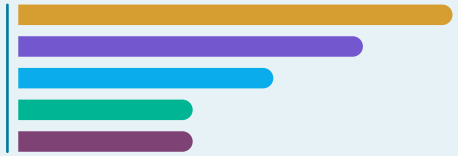
TScan is a fully integrated, next-generation TCR-T cell therapy company

Proprietary discovery platform

Rapid discovery of targets and TCRs

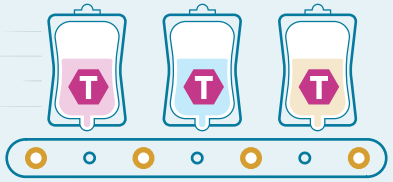
T-cell receptor (**TCR**)

Rapidly-growing oncology pipeline



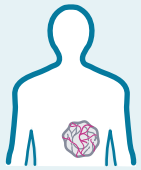
Clinical-phase programs in heme and solid tumor malignancies

In-house GMP manufacturing

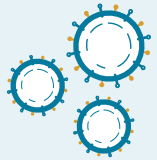


Transposon-based T cell engineering

Broad therapeutic potential



Oncology

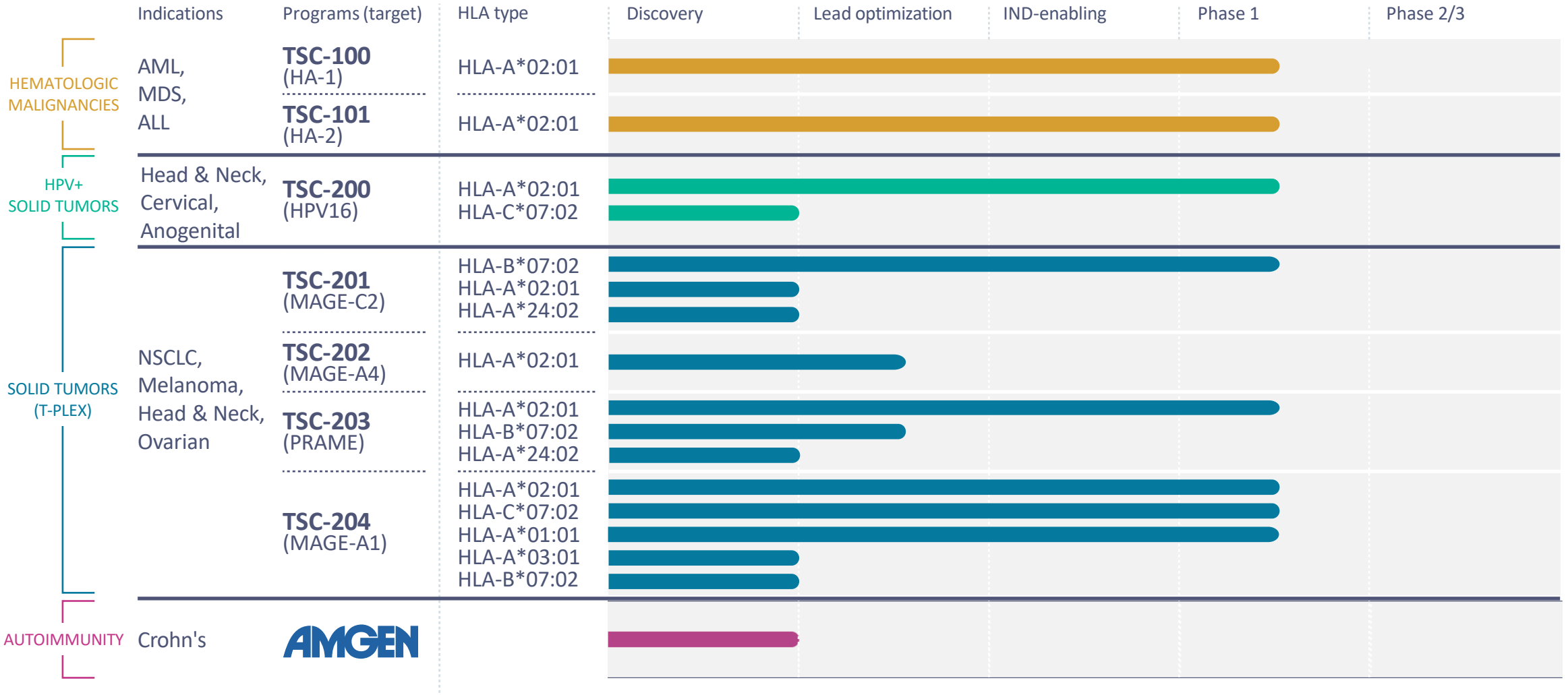


Infectious disease

Autoimmune disease

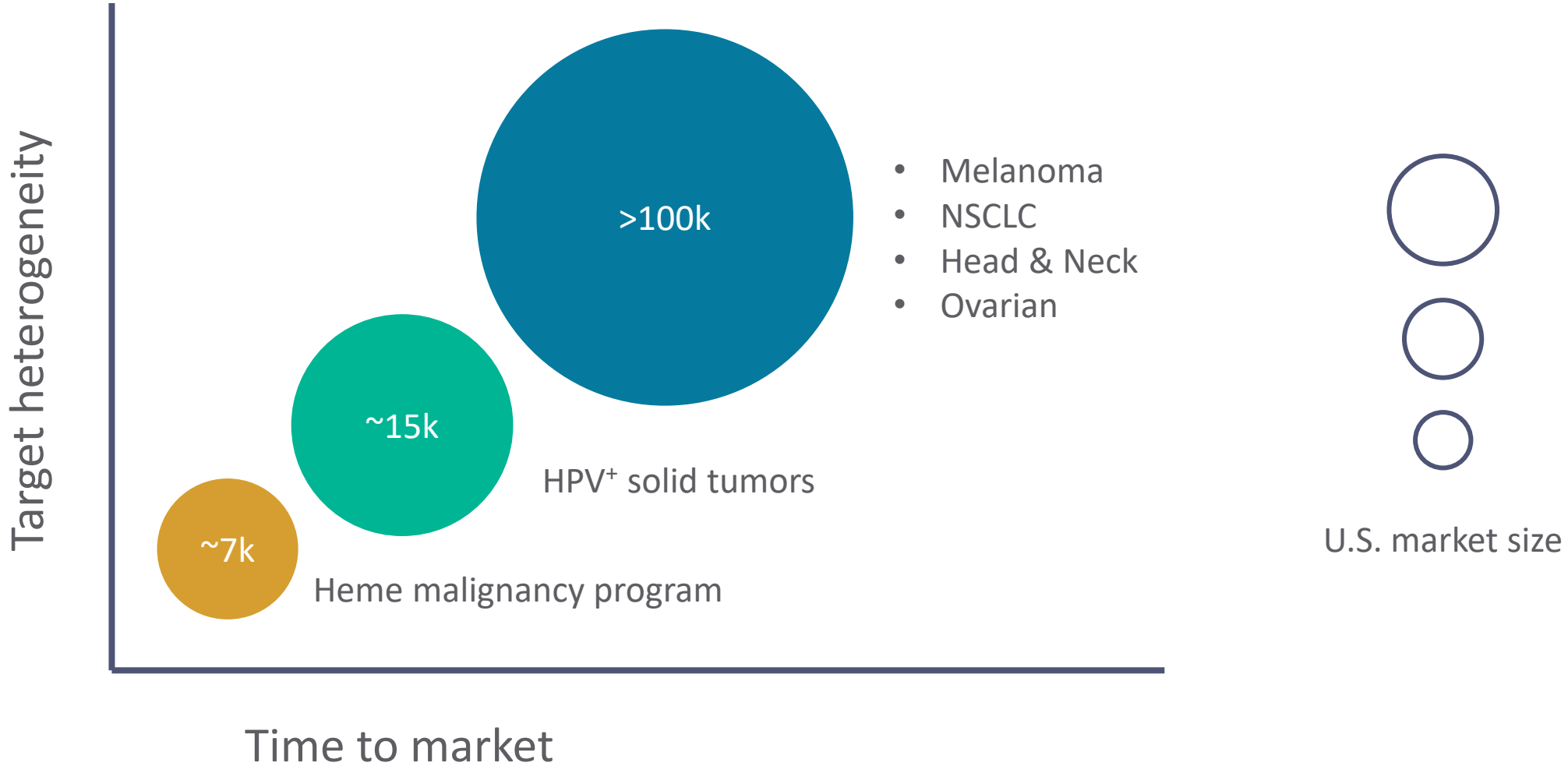
TSCAN THERAPEUTICS

Platform delivers broad proprietary pipeline

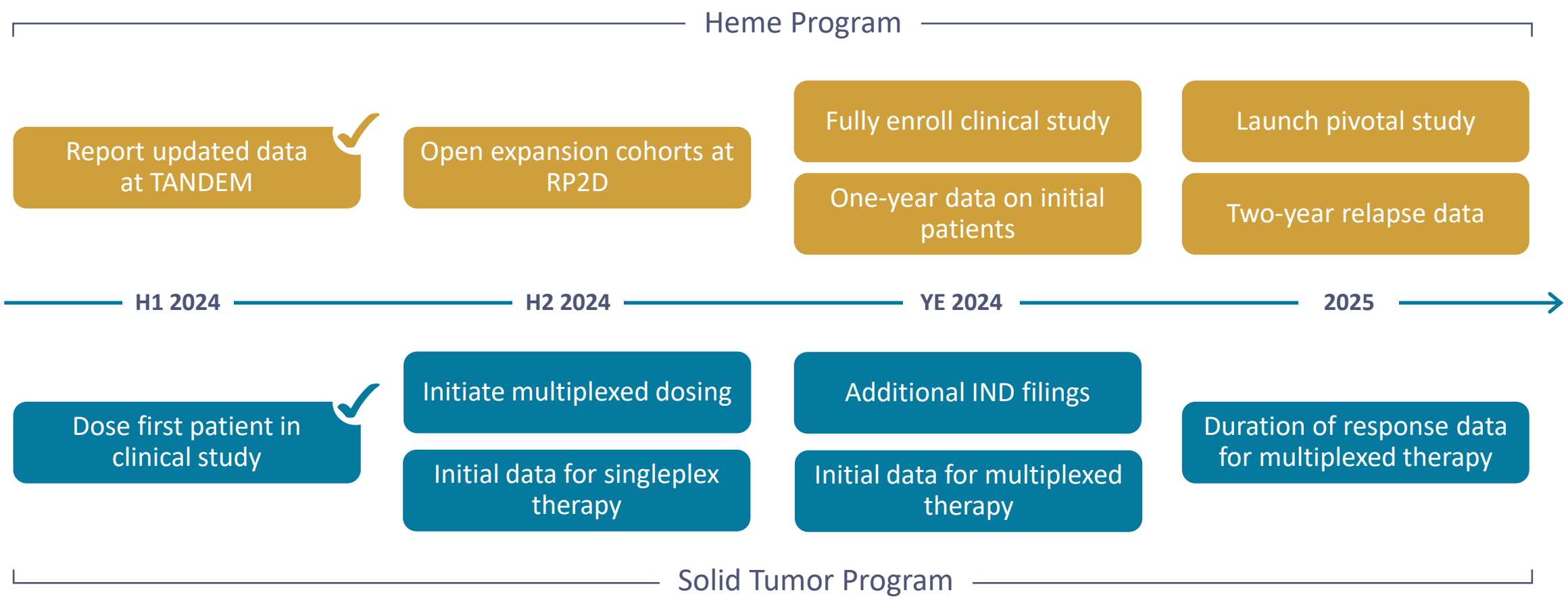


TSCAN THERAPEUTICS

TScan programs are designed to sequentially build value



Steady value-generating data flow planned across clinical programs



Heme malignancies: targeting residual disease to prevent relapse in patients undergoing allogeneic HCT

TSCAN THERAPEUTICS

Relapse after hematopoietic cell transplant remains an unmet need

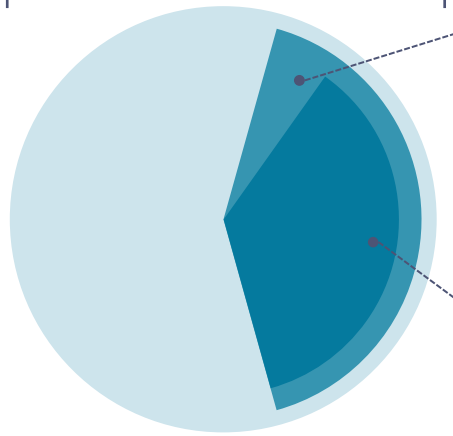
AML, MDS, some ALL not addressed by CAR-T due to shared antigens with normal blood cells

~35,000
cases/year US

Allogeneic hematopoietic cell transplant (HCT) expected to remain standard of care

Allo-HCT creates a unique opportunity to safely target residual cancer cells while sparing normal blood cells

~7,350[1]
undergo transplant



>33% relapse within 2 years[2]
RIC range 38-44%
MAC range 26-30%

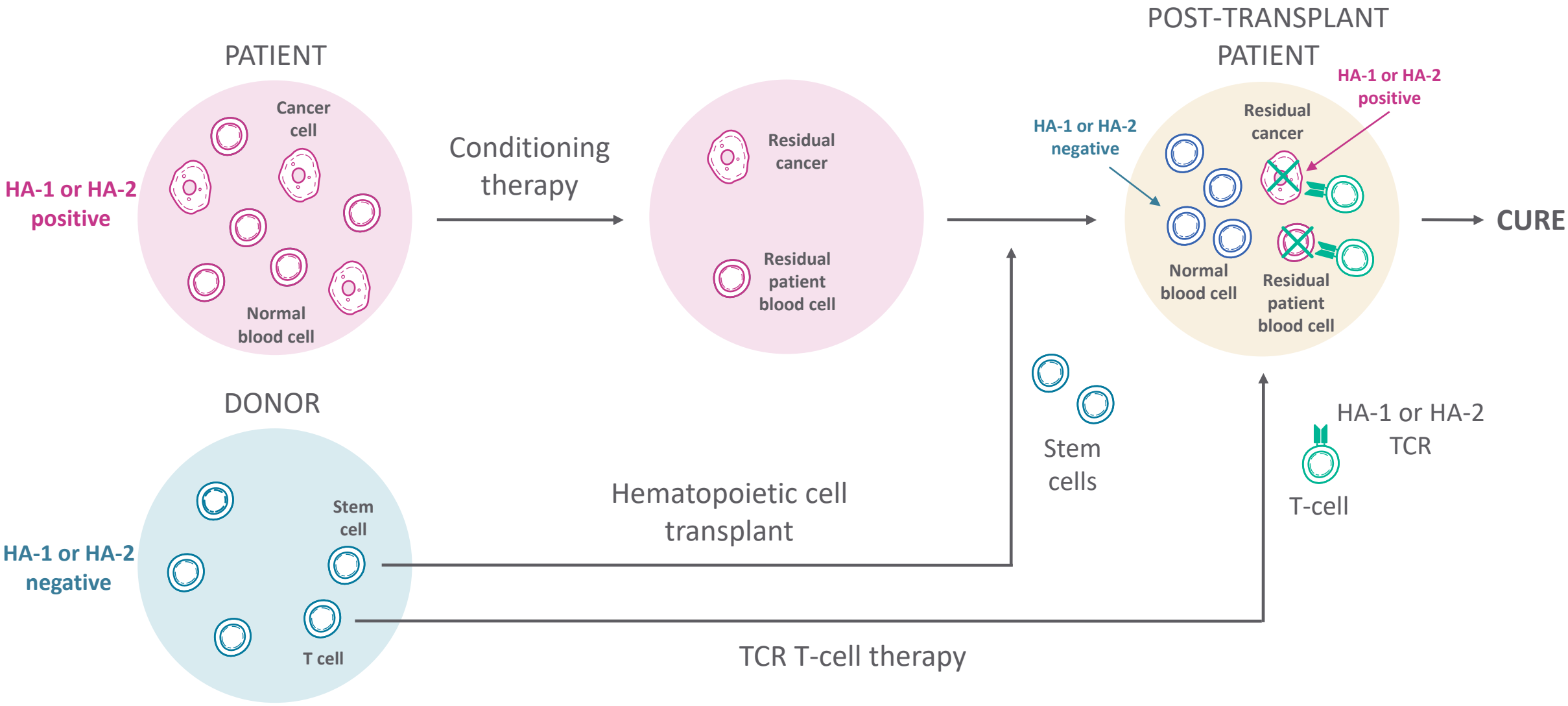
>90% mortality within 1 year[2]

Targeting antigens mismatched between patients and donors can potentially prevent relapse after allo-HCT

1. CIBMTR summary statistics 2022, allogeneic transplants for malignant diseases in 2019 before the COVID-19 pandemic
2. CIBMTR analysis of AML, ALL, MDS allogeneic transplants with myeloablative (MAC) or reduced intensity conditioning (RIC) between 2017-2019 with 2-year follow-up; MAC relapse range 26-30%, RIC relapse range 38-44%

TSCAN THERAPEUTICS

TSC-100 and TSC-101 are engineered TCR-T cells designed to eliminate residual recipient cells and prevent relapse following HCT



TSCAN THERAPEUTICS

Multi-arm Phase 1 trial for TSC-100 & TSC-101 has reached highest dose level

AML, MDS, ALL undergoing haploidentical transplant with reduced intensity conditioning

Dose Level	Day 21	Day 61
1	5×10^6/kg	
2	5×10^6/kg	5×10^6/kg
3	5×10^6/kg	2×10^7/kg

Control Arm
(HLA-A*02:01 negative)

Transplant Alone

Treatment Arms
(HLA-A*02:01 positive: 42%)

Transplant + TSC-100 (HA-1 positive‡)

Transplant + TSC-101 (HA-2 positive‡)

Key endpoints

- Safety: adverse event profiles, GvHD rates/ grades
- Relapse rates: 6m, 1y, 2y
- Exploratory endpoints: donor chimerism, MRD

Expected relapse rates for HCT alone	
6 months	22%
1 year	33%
2 years	42%

CIBMTR analysis of RIC-haplo transplants from 2017-2019

‡ >99% patients are either HA-1 or HA-2 positive

TSCAN THERAPEUTICS

Risk factors well-balanced between control-arm and treatment-arm patients

	Control Arm								TSC-100				TSC-101			
Patient ID	Control 1	Control 2	Control 3	Control 4	Control 5	Control 6	Control 7	Control 8	TSC-100 DL1	TSC-100 DL2	TSC-100 DL3	TSC-100 DL3	TSC-101 DL1	TSC-101 DL2-supp	TSC-101 DL2	TSC-101 DL3-supp
Diagnosis	MDS	MDS	MDS	AML	AML	AML	AML	AML	T-ALL	AML	AML	MDS	MDS	AML	B-ALL	B-ALL
Molecular Markers	Trisomy 8, SRSF2 ASXL1	None	Del5q Mono 7 mTP53	Mono 7, RUNX1, EZH2	SETB1, WT1, DNMT3A	FLT3-ITD NPM1 WT1	Pending	mTP53 KRAS ALK	ATM <2%	FLT3-ITD	Trisomy 8 IDH2, NRAS, ASXL1	SRSF2 ASXL1 STAG2	Del5q, mTP53	IDH2, SRSF2, ASXL1 CUX1	n/a	n/a
Pre-HCT MRD	**Positive**	Negative	**Positive**	Negative	**Positive**	Negative	Negative	**Positive**	**Positive**	Negative	**Positive**	**Positive**	**Positive**	**Positive**	Negative	Negative
RIC regimen	Flu/ Cy/ TBI	Flu/ Cy/ TBI	Flu/Mel/ Thio	Flu/ Cy/ TBI	Flu/Mel/TBI	Flu/Mel/ TBI	Flu/Mel/ TBI	Flu/Cy/ TBI	Flu/ Cy/ TBI	Thio/ Bu/ Flu	Flu/Mel / TBI	Flu/Cy/ TBI	Flu/ Mel/ TBI	Flu/Mel / TBI	Flu/Mel / TBI	Flu/Mel / TBI
Dose Level	N/A								DL1	DL2	DL3	DL3	DL1	sDL2‡	DL2	sDL3‡
TCR-T dosing Day	N/A								Day 29	Day 25 Day 76	Day 34 Day 75	Day 27 Day 69	Day 21	Day 27 Day 82	Day 21 Day 62	Day 27 Day 70
Last Post-HCT Day	Day 528	Day 161*	Day 180*	Day 227	Day 148	Day 133	Day 21*	Day 63	Day 388	Day 351	Day 217	Day 164	Day 421	Day 358	Day 295	Day 190

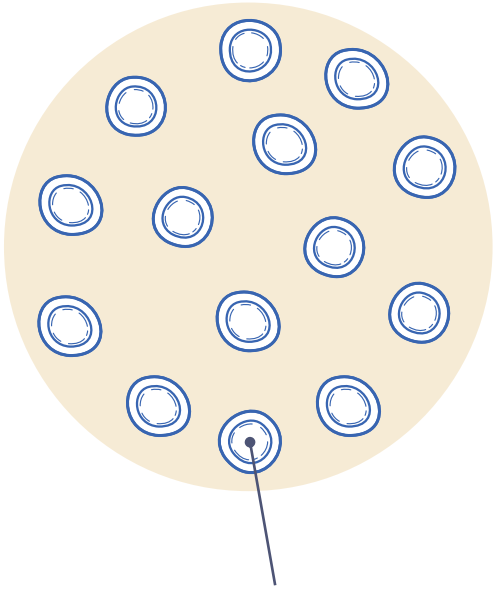
‡ Dose did not meet target dose criteria; *Patient came off study due to relapse or death

Data cutoff April 12, 2024

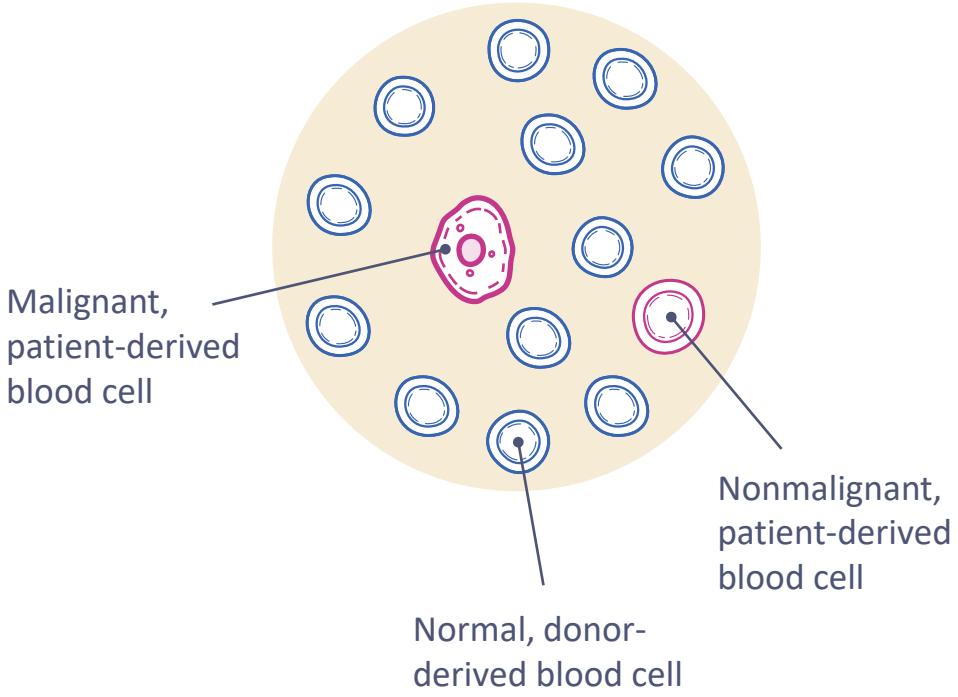
Donor chimerism serves as an early surrogate of efficacy

Post-transplant Patient

Complete donor chimerism
(low risk of relapse[1,2])

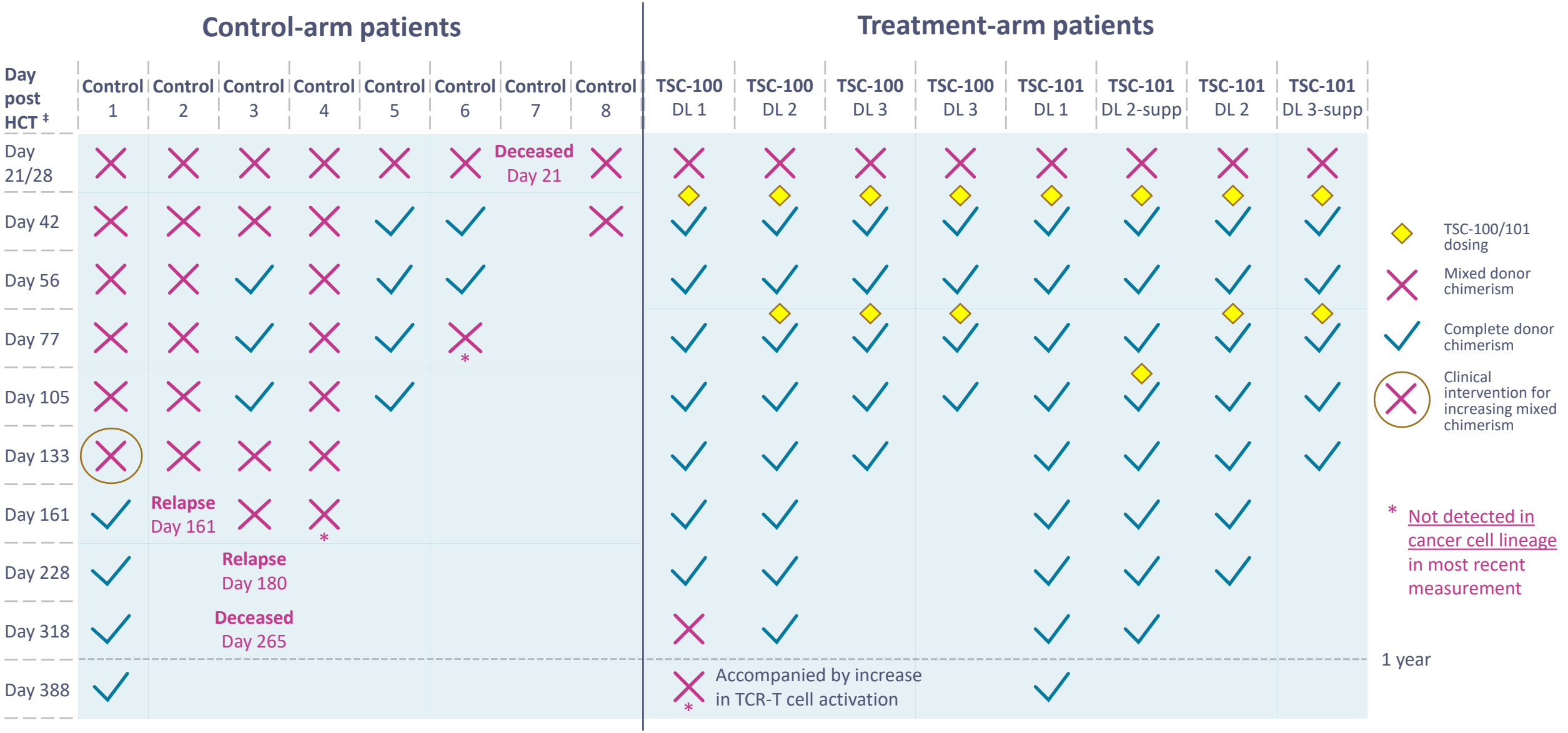


Mixed donor chimerism
(high risk of relapse[1,2])



1. Lindhal, Bone Marrow Transpl, 2022
2. Ciurea, Al Malki, Blood Rev, 2023

All 8 patients on the treatment arm remain relapse-free with no detectable cancer



Donor chimerism detected by high-sensitivity next-generation sequencing (NGS) assay (AlloHeme) with limit of detection 0.13%

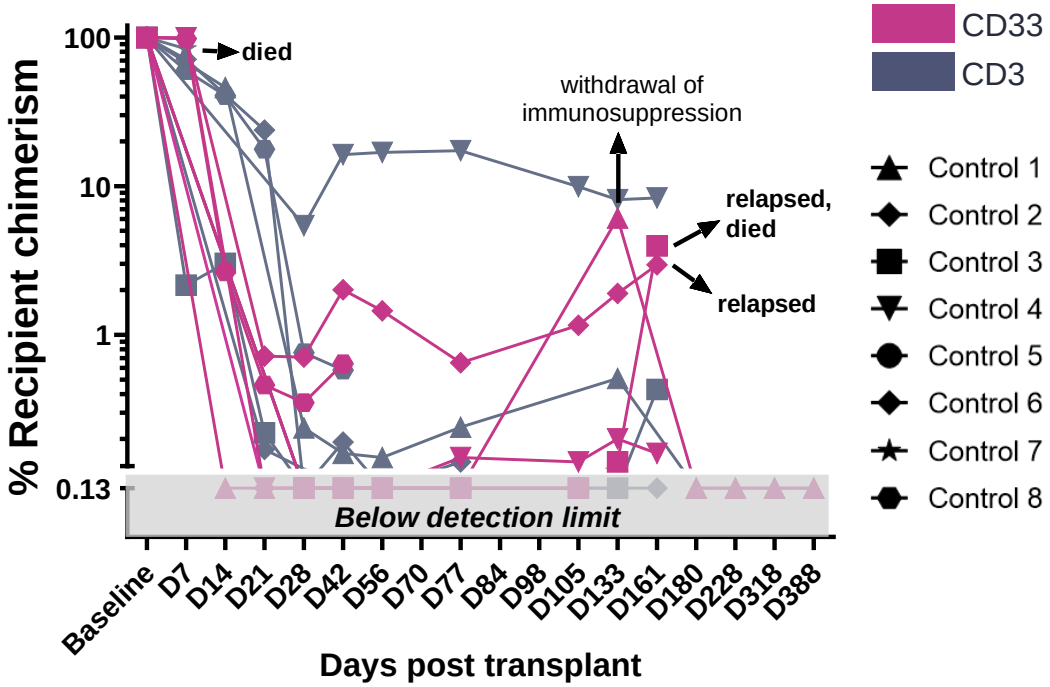
‡ Measurements taken at indicated day post HCT ± 3 days

Data cutoff April 12, 2024

No relapses and complete chimerism in cancer lineage in treatment arms
Two relapses, two deaths and mixed chimerism in cancer lineage in control arm

Control arm

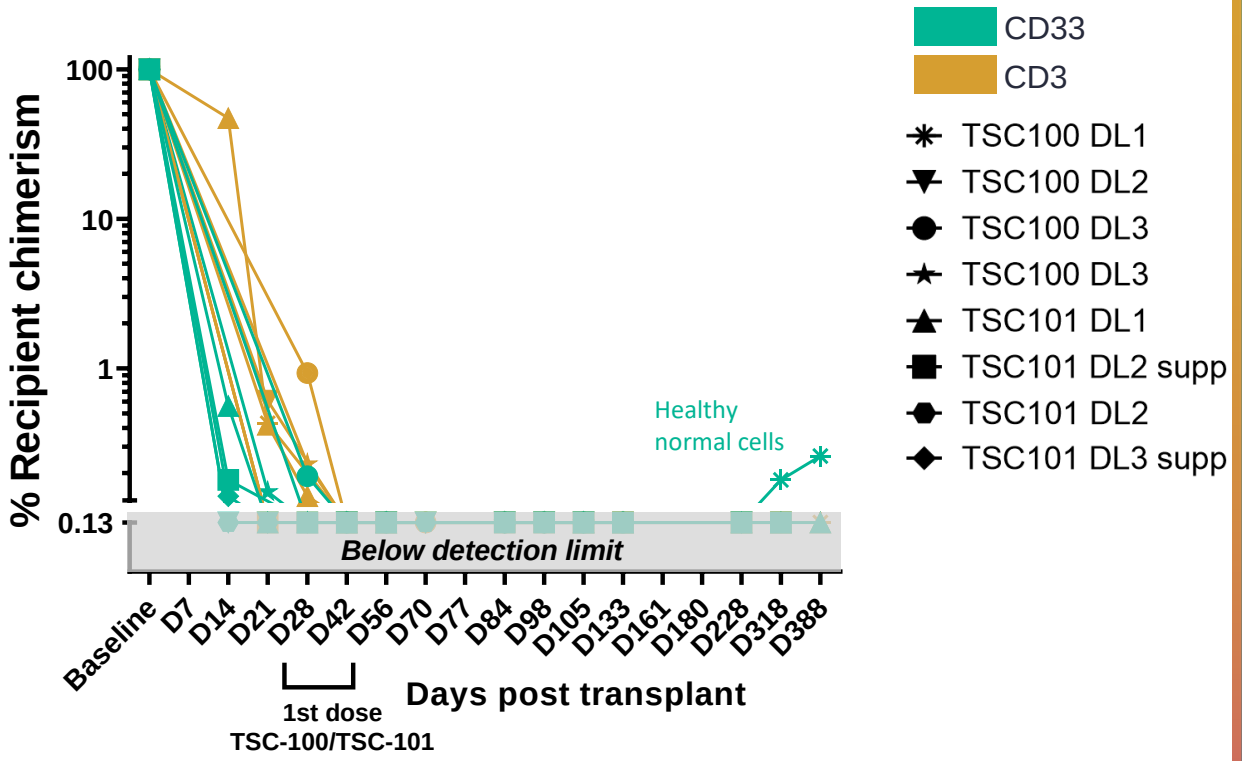
Recipient chimerism



All relapses occurred in patients with mixed chimerism in cancer lineage

Treatment arms

Recipient chimerism

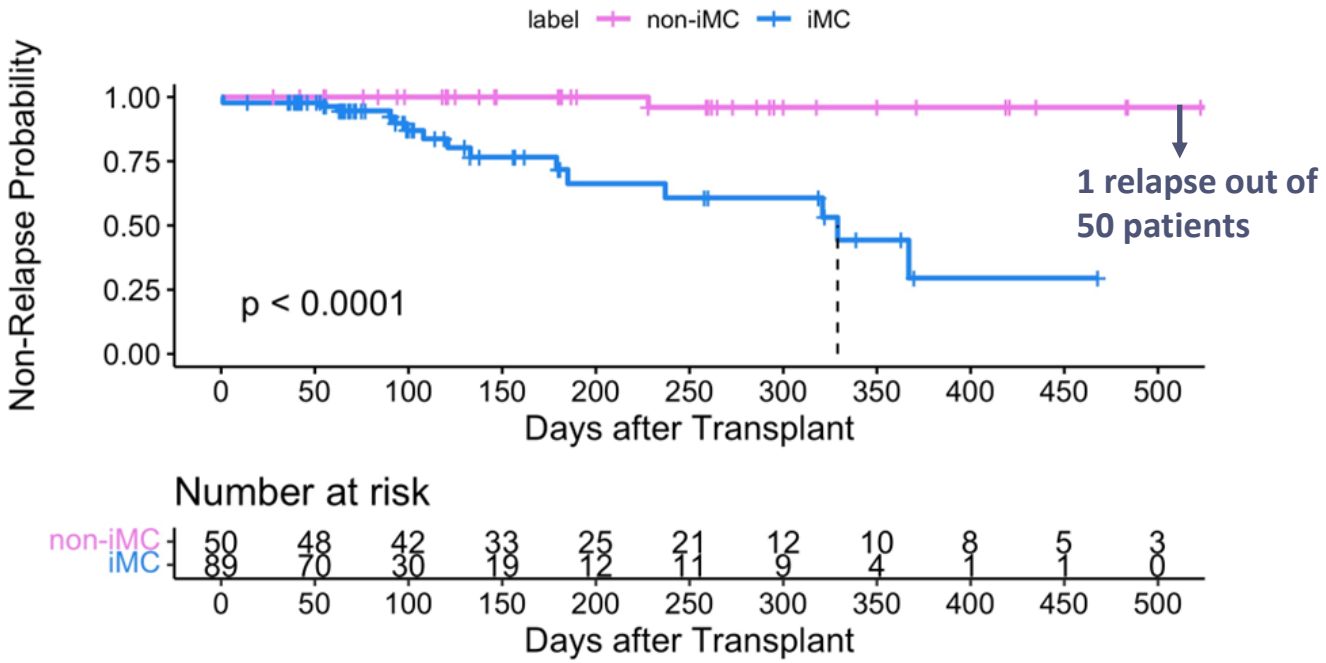


Median post-transplant follow-up in treatment arms: 10.7 months (range 5.5-14 months);
Median follow-up in control arm: 5.2 months (range 0.7-18 months)

Data cutoff April 12, 2024

Early data from ACROBAT trial* show low risk of relapse in patients not showing increasing mixed chimerism

Chimerism by ultra-sensitive NGS assay[1]



[1] Limit of detection ~0.13% recipient chimerism
iMC: ≥0.2% increasing mixed chimerism in $CD3^+$, $CD33^+$, or whole blood

139 patients with complete NGS and STR chimerism testing, median F/U [Q1,Q3] = 365 [270,484] days

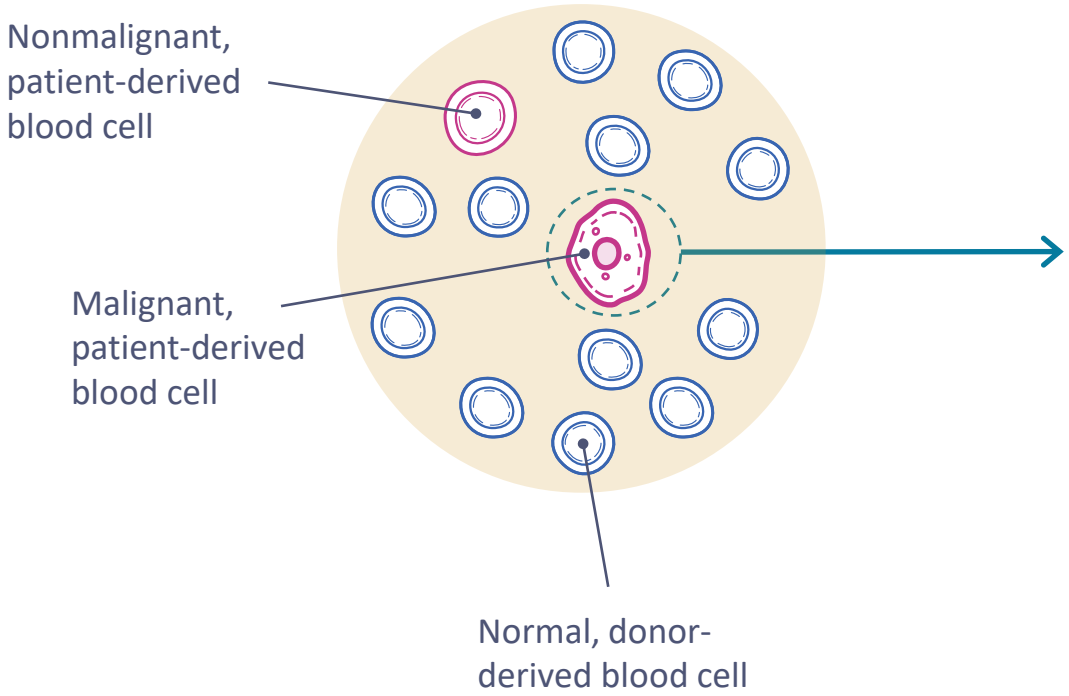
- Early data from the ACROBAT trial suggest a favorable prognosis for patients that rapidly achieve and maintain complete chimerism
- None of the patients treated with TSC-100/TSC-101 show increasing mixed chimerism, suggesting a very low risk of relapse

- NCT04635384, Kothari, TCT 2024 abstract # 555; CareDx sponsored clinical study

TSCAN THERAPEUTICS

Minimal residual disease serves as a supportive surrogate of efficacy

Post-transplant patient



Minimal Residual Disease (MRD)

Next-generation sequencing

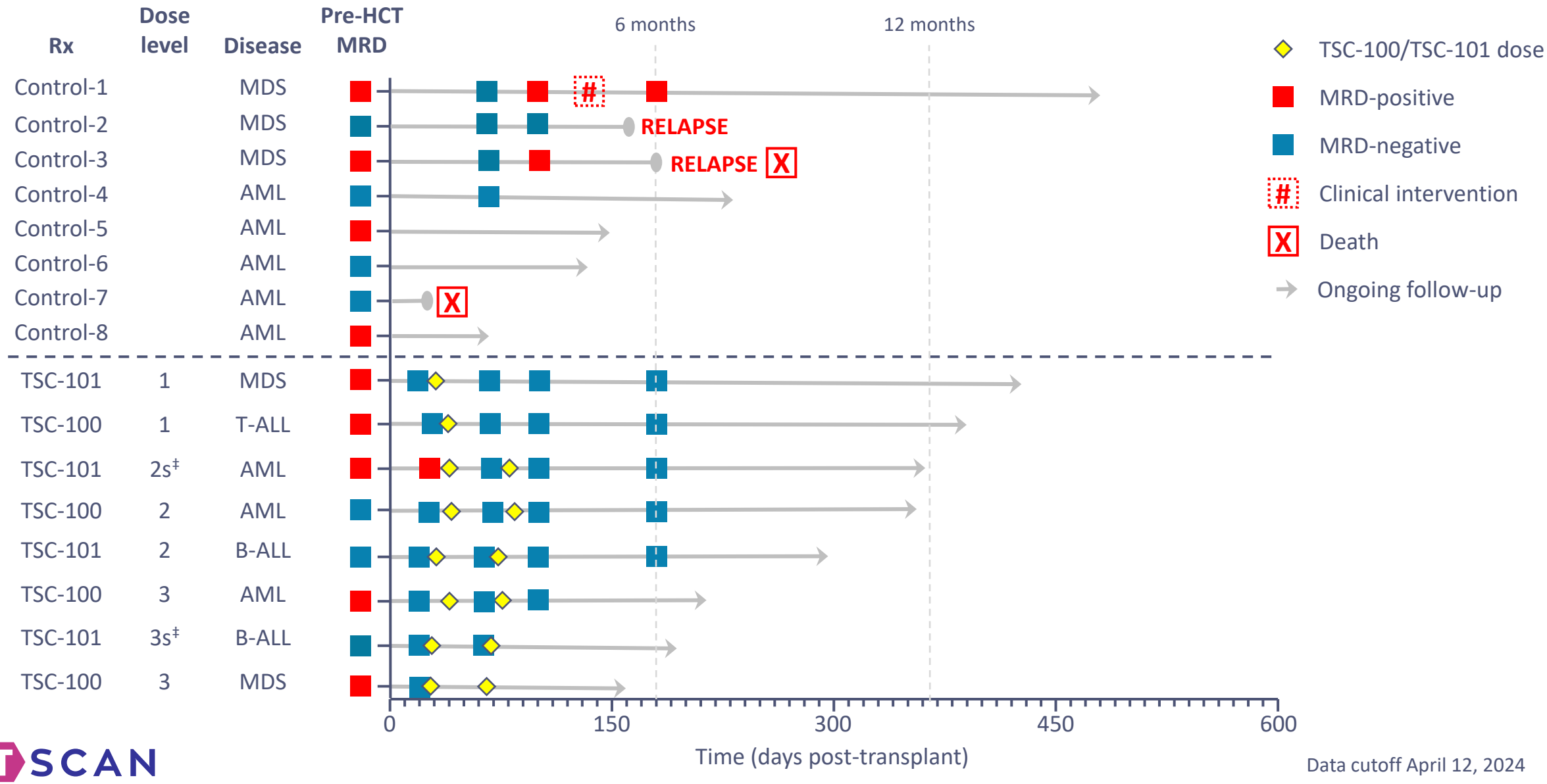
- Deep sequencing of leukemia-associated genes (centrally)
- Sensitivity 0.05-0.1%

MRD+ patients post-transplant have ~90% chance of relapse[1,2]

1. Craddock, J Clin Oncol, 2021
2. Loke, ASH, 2021

TSCAN THERAPEUTICS

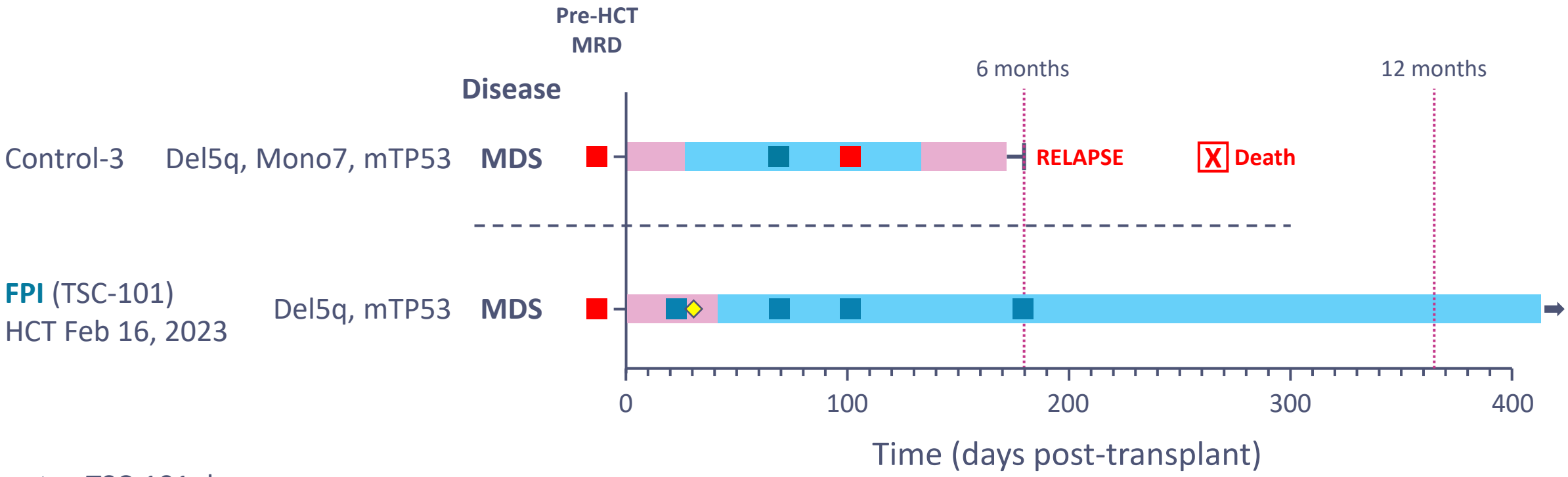
All treated patients to date achieved MRD negativity*



Data cutoff April 12, 2024

*MRD determined by NGS (lower limit of detection 0.05-0.1%) ‡Dose did not meet target dose criteria in supplemental cohorts

Very different outcomes observed for two patients with TP53-mutated MDS



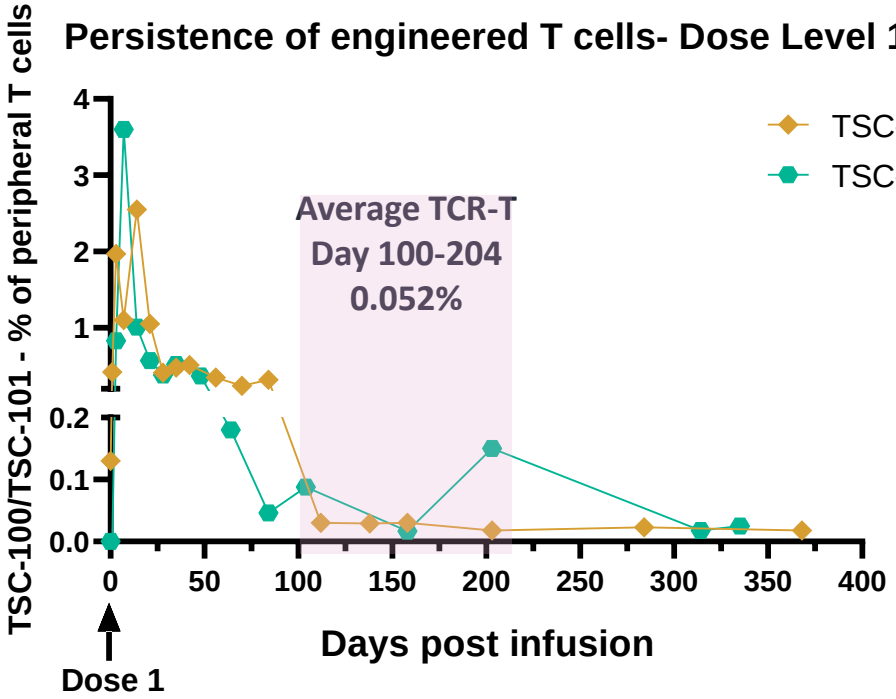
MRD and chimerism determined by NGS (lower limits of detection 0.1% and 0.13%, respectively)

Data cutoff April 12, 2024

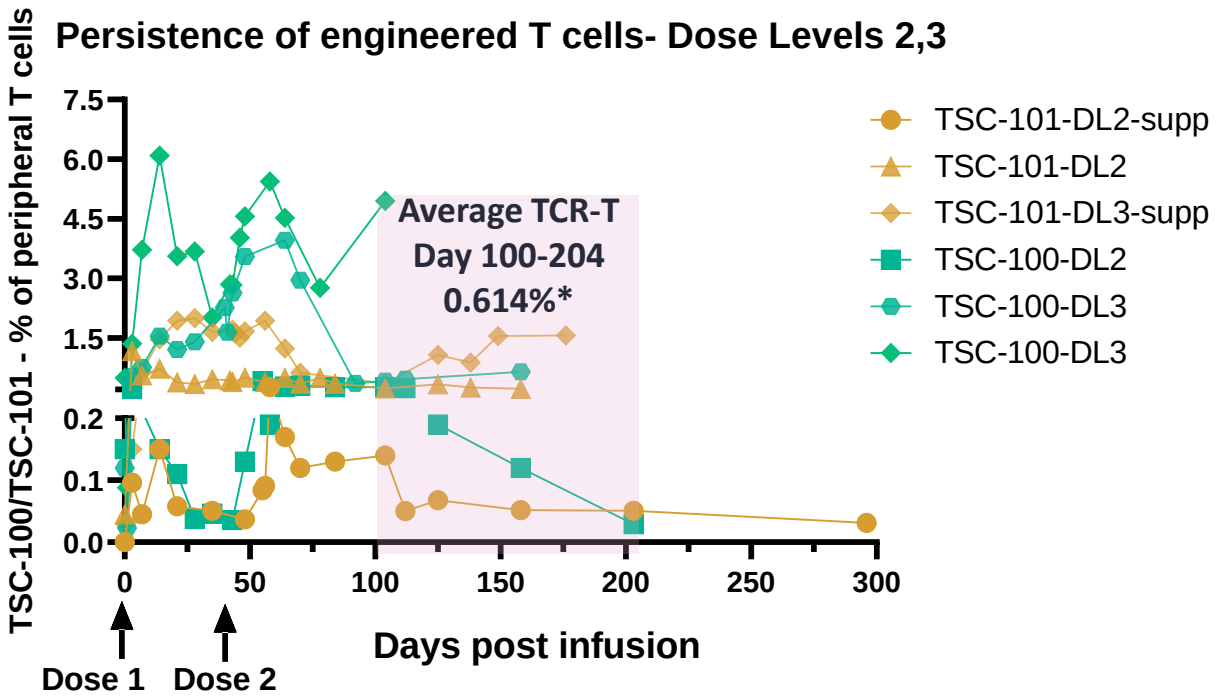
TSC-100 & TSC-101 persisted in peripheral circulation for over 12 months

- TSC-100 and TSC-101 TCR-T cells detected in all patients at all time points to date
- Repeat dosing resulted in increased levels of circulating TCR-T cells

Single dose cohorts



Repeat dose cohorts



*Average TCR-T Day 100-204 DL3: 1.73%; DL2 and DL-supp: 0.22%

TSCAN THERAPEUTICS

Data cutoff April 12, 2024

Serious adverse events were similar between treatment and control arms

	Control-arm Patient	Serious Adverse Event	Highest Grade*	Post-transplant Day	TSC Relatedness
	Control 3	Cytokine release syndrome	2	+2	Not Applicable
	Control 4	Neck pain	3	+53	Not Applicable
Same patient	Control 2	Acute graft versus host disease in skin	3	+49	Not Applicable
Same patient	Control 2	Acute graft versus host disease in gastrointestinal tract	3	+53	Not Applicable
Same patient	Control 2	Pneumonia	3	+56	Not Applicable
	Control 5	RSV Pneumonia	3	+28	Not Applicable
	Control 7	Acute kidney injury, septic shock	5	+7	Not Applicable

*Grading by CTCAE v5.0 or MAGIC consortium grading for GvHD

See next slide for treatment-arm patients

Data cutoff April 12, 2024

Serious adverse events were similar between treatment and control arms

	Treatment-arm Patient	Serious Adverse Event	Highest Grade*	Post-transplant Day	TSC Relatedness
	TSC-100-DL3	Sepsis, respiratory failure	4	+9	Not applicable (pre-TSC)
	TSC-100-DL2	Pyrexia	1	+136	Not related
	TSC-100-DL3	Pericardial effusion#	4	+77	Not related
Same patient	TSC-101-DL1	Acute graft versus host disease in gastrointestinal tract#, acute kidney injury	3	+49	Possibly related
Same patient	TSC-101-DL1	Adenovirus viremia, Pneumonia, Clostridium difficile infection	2	+71	Not Related
Same patient	TSC-101-DL1	Pyrexia	1	+148	Not Related
Same patient	TSC-101-DL1	Interstitial pneumonitis	2	+182	Not Related
Same patient	TSC-101-DL1	Pneumonia	3	+368	Not Related
Same patient	TSC-101-DL1	Pneumonia, pleural effusion	3	+400	Not Related
Same patient	TSC-101-sDL2	HHV-6 reactivation	1	+21	Not applicable (pre-TSC)
Same patient	TSC-101-sDL2	Influenza viremia, pneumonia, pleural effusion	3	+252	Not Related
Same patient	TSC-101-sDL2	Urinary tract infection	2	+295	Not Related
	TSC-101-sDL3	COVID-19, catheter infection	3	+95	Not Related
	Donor	Acute pulmonary embolism	3	N/A	Not applicable

*Grading by CTCAE v5.0 or MAGIC consortium grading for GvHD

Research testing by flow cytometry or immunohistochemistry for TSC-100/101 markers did not find evidence of involvement

See previous slide for control-arm patients

Data cutoff April 12, 2024

Adverse events of special interest similar between treatment and control arms

All cytokine release syndrome (CRS) events occurred before TSC-100/ TSC-101 treatment

Arm-Dose Level	Grade*	Adverse Event	HCT Day of Onset	Duration	TSC relatedness
TSC-100-DL2	Grade 1	CRS	+3	2 days	Not applicable (pre-TSC)
TSC-100-DL3	Grade 1	CRS	+3	3 days	Not applicable (pre-TSC)
TSC-101- DL2supp	Grade 2	CRS	+1	3 days	Not applicable (pre-TSC)
TSC-101-DL2	Grade 1	CRS	+1	5 days	Not applicable (pre-TSC)
TSC-101-sDL3	Grade 1	CRS	+1	3 days	Not applicable (pre-TSC)
Control 1	Grade 1	CRS	+2	3 days	Not applicable
Control 2	Grade 1	CRS	+3	2 days	Not applicable
Control 3	Grade 2	CRS	+2	2 days	Not applicable
Control 6	Grade 1	CRS	+1	3 days	Not applicable
TSC-100-DL1	Grade 1	Skin GvHD	+48	8 days	Possibly related
TSC-101-DL1	Grade 3	GI GvHD	+49	8 days	Possibly related
TSC-101-DL2supp	Grade 1	Skin GvHD	+43	3 days	Possibly related
TSC-101-DL2	Grade 1	Skin GvHD	+127	7 days	Possibly related
Control 2	Grade 3	GI GvHD	+53	18 days	Not applicable
Control 2	Grade 3	Skin GvHD	+49	12 days	Not applicable
Control 1	Grade 1	Skin GvHD	+180	Pending	Not applicable
Control 3	Grade 1	Skin GvHD	+131	>50 days (off study)	Not applicable

*MAGIC consortium grading for graft-versus host disease (GvHD); ASTCT grading for cytokine release syndrome (CRS)

Data cutoff April 12, 2024

Significant increase in enrollment of heme trial post-TANDEM

Feb/Mar

SUN	MON	TUE	WED	THU	FRI	SAT
25	26	27	28	29	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

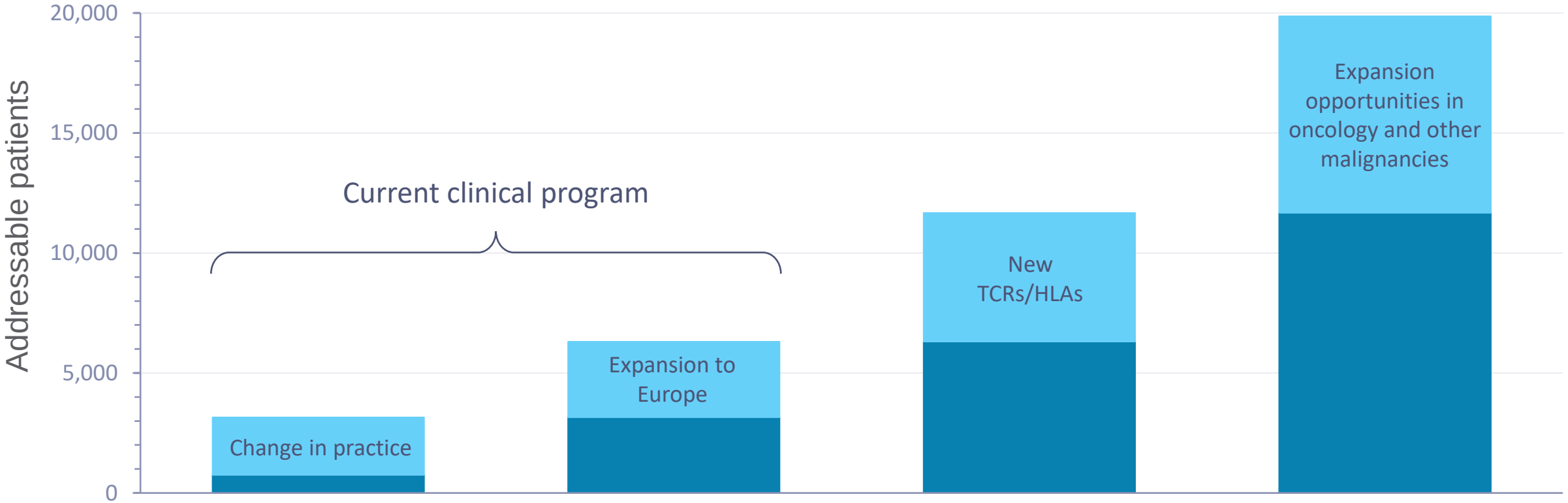
April/May

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

Manufacturing initiated Heme

TSCAN THERAPEUTICS

Current program addresses sizable patient population, with several global and lifecycle management opportunities



- Increased adoption of haploidentical donors
- Increased use of more tolerable conditioning

- Increased eligibility of AML, MDS, ALL patients

- Enable transplant for relapsed, refractory heme malignancies
- Use as a conditioning regimen pre-transplant

Source: SEER, CIBMTR, ClearView analysis

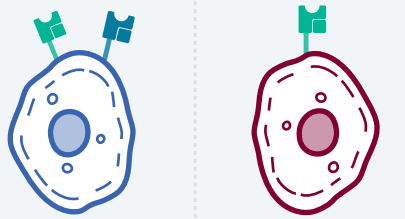
Solid Tumors:
Developing multiplex TCR-T to overcome tumor heterogeneity

TSCAN THERAPEUTICS

TScan is learning from nature to understand, exploit, and enhance how T cells recognize and fight cancer

The challenge:

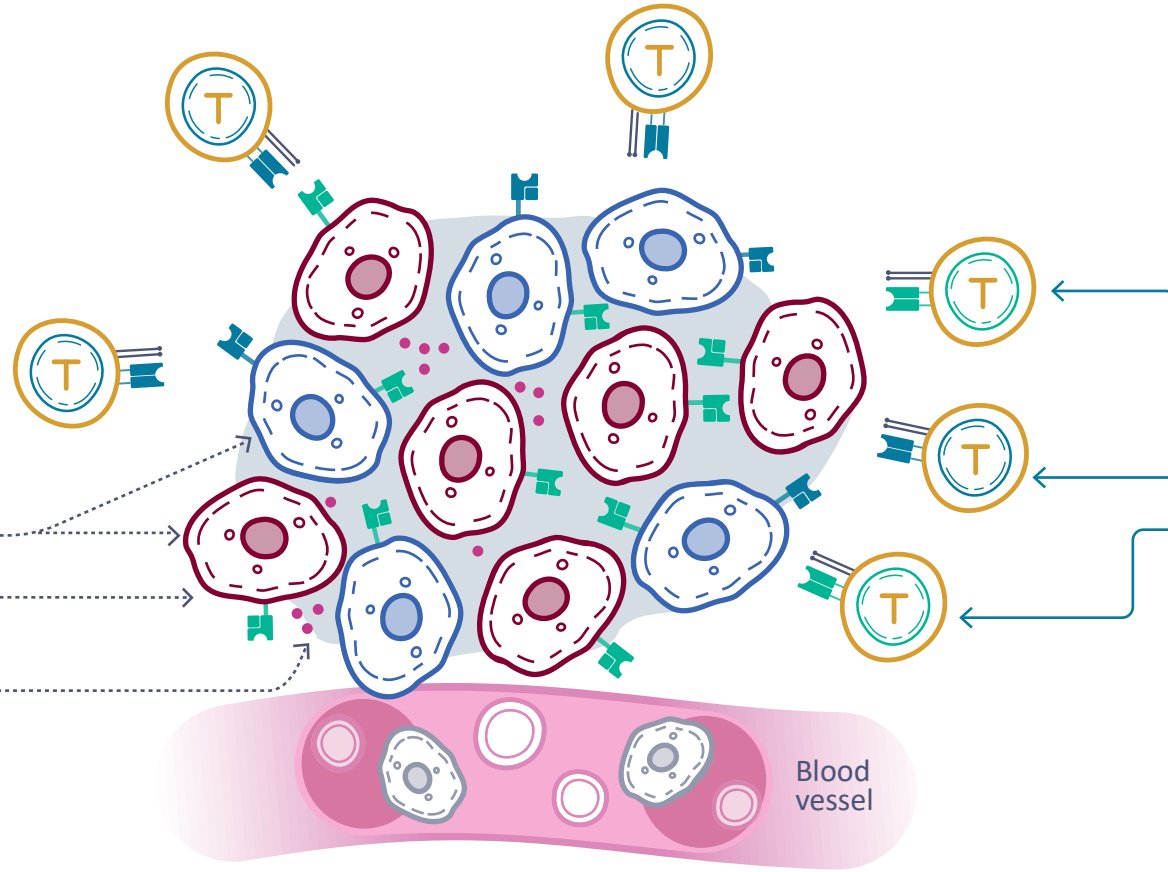
Cancer cells



Heterogeneous target expression

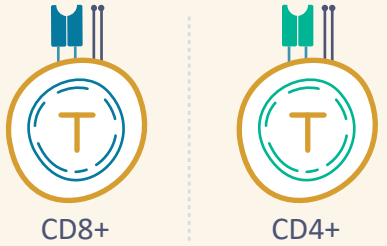
HLA loss

Hostile TME (e.g., TGFβ)



Nature's solution:

T cells

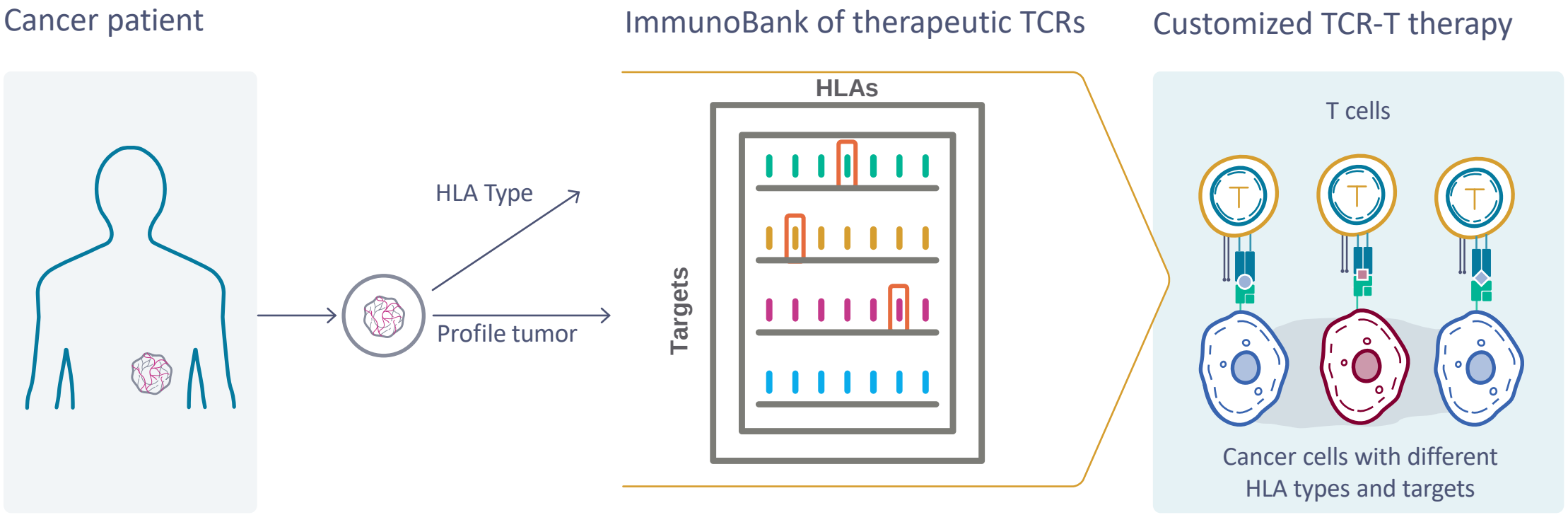


Diverse repertoire of CD4+ and CD8+ T cells

What do T cells naturally recognize and how can we use that information to design better therapeutics?

TSCAN THERAPEUTICS

TScan is building an ImmunoBank of TCRs to enable enhanced, multiplex TCR-T cell therapy



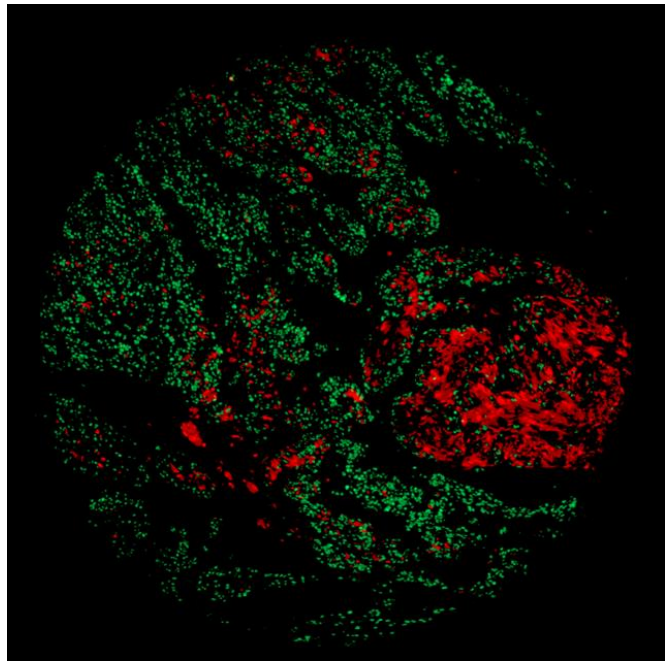
- Determine target and HLA expression in patient tumor
- Manufacture and administer customized, multiplex TCR-T therapy

TSCAN THERAPEUTICS

Target heterogeneity in solid tumors limits the efficacy of singleplex therapies

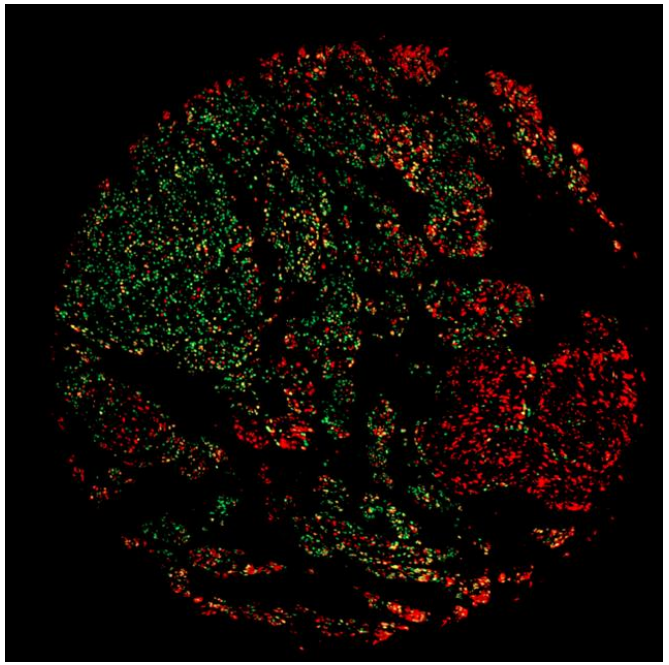
Melanoma

MAGE-C2 MAGE-A4



Melanoma

MAGE-C2 PRAME

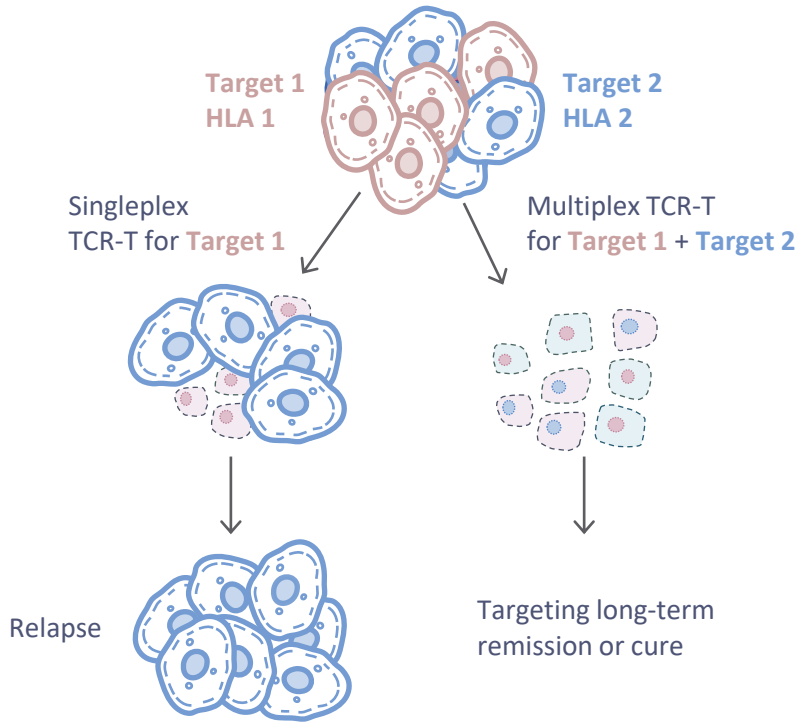


- Treatment with a TCR-T against one target does not address the full tumor
- TCR-T therapy against multiple targets may be required improve efficacy and durability

TSCAN THERAPEUTICS

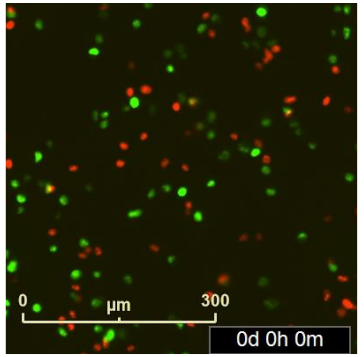
Multiplex TCR-T may address the problem of heterogeneity in solid tumors

Multiplex TCR-T is designed to overcome target heterogeneity and HLA loss

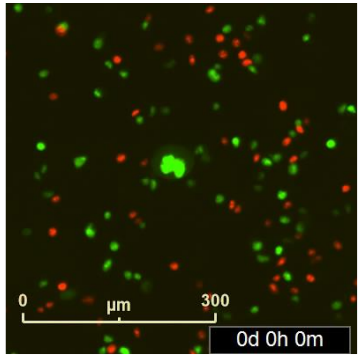


- Treat patients with multiple TCR-Ts
- Prospectively select patients for target and HLA expression

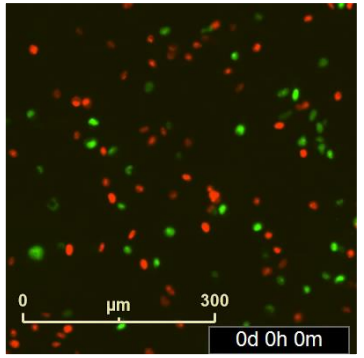
Non-engineered T-cells



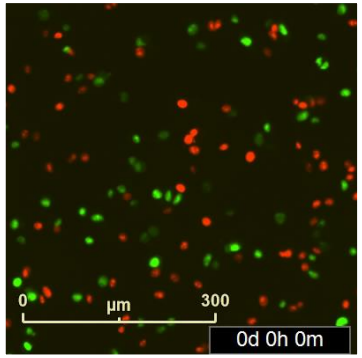
TSC-203-A0201 (PRAME)



TSC-204-A0101 (MAGE-A1)



T-Plex

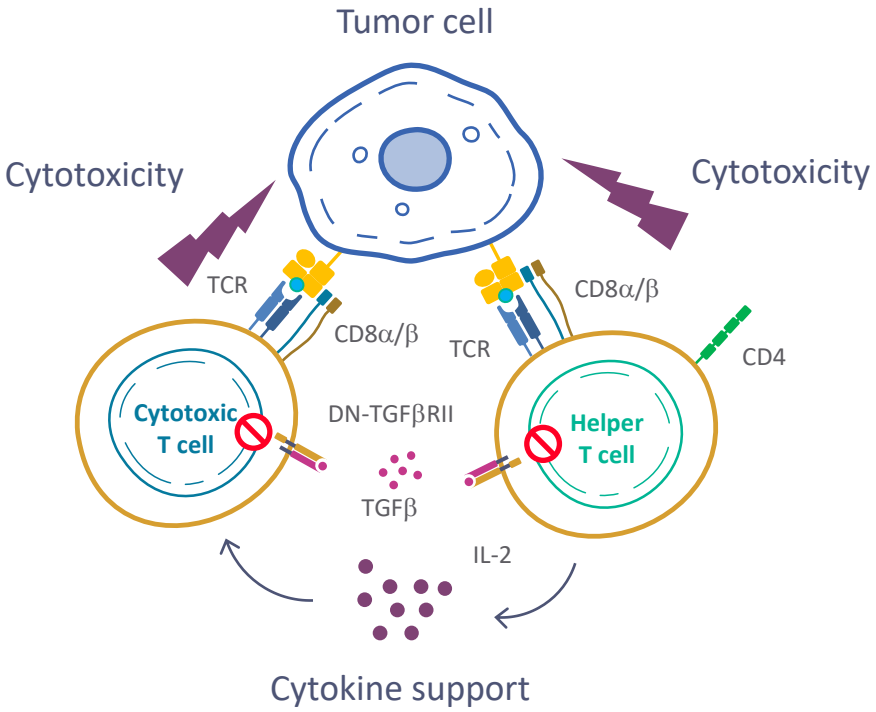


Green cells: SKMEL5 (PRAME-positive)
Red cells: A101D (MAGE-A1-positive)

TSCAN THERAPEUTICS

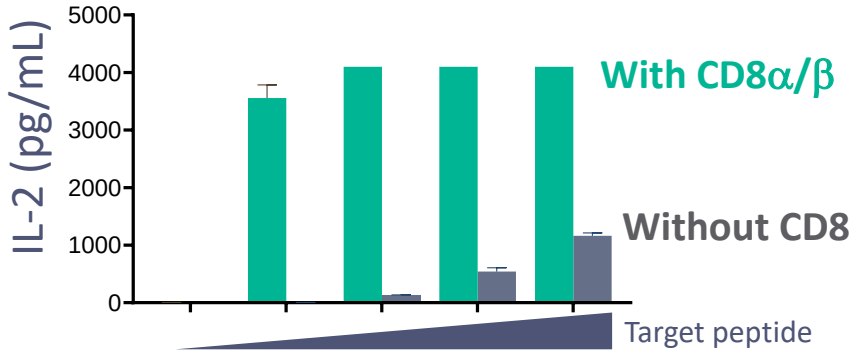
TScan's enhancements address the hostile tumor microenvironment

Enhanced TCR-T to combat the hostile tumor microenvironment

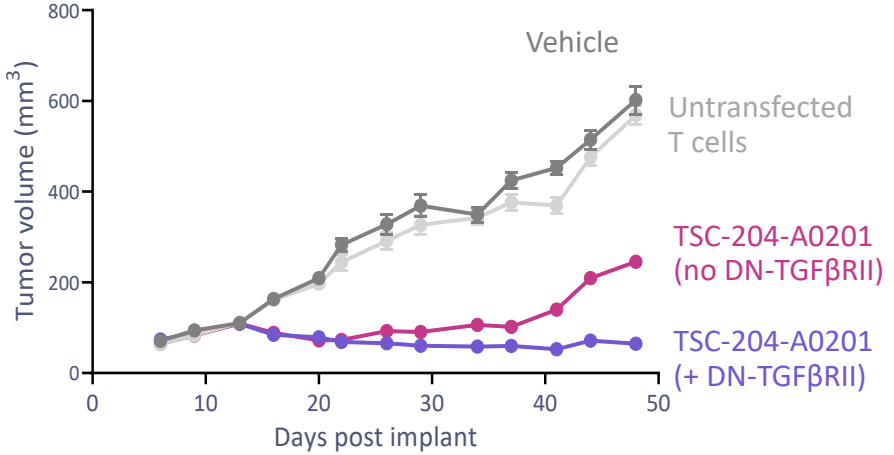


- Co-deliver CD8α/β to engage helper T-cells
- Co-deliver DN-TGFβRII to enhance T-cell expansion/persistence

CD8α/β enhances cytokine production in vitro

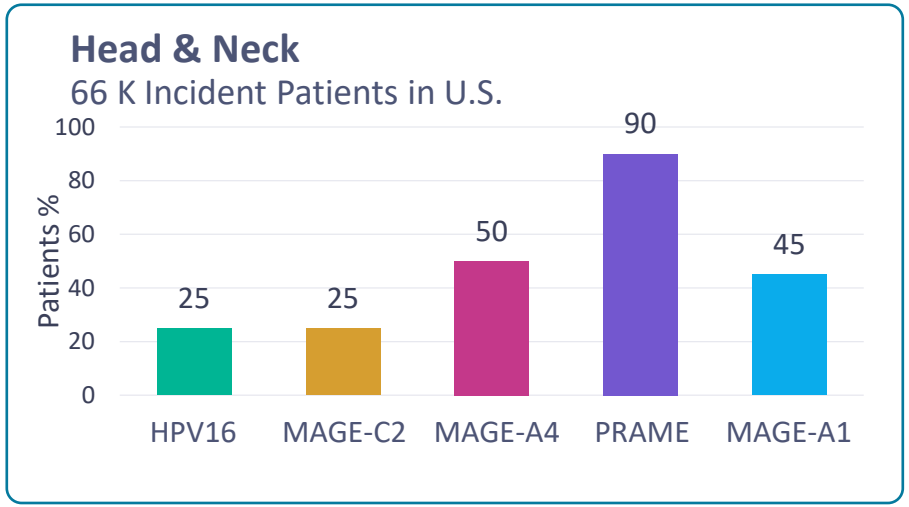


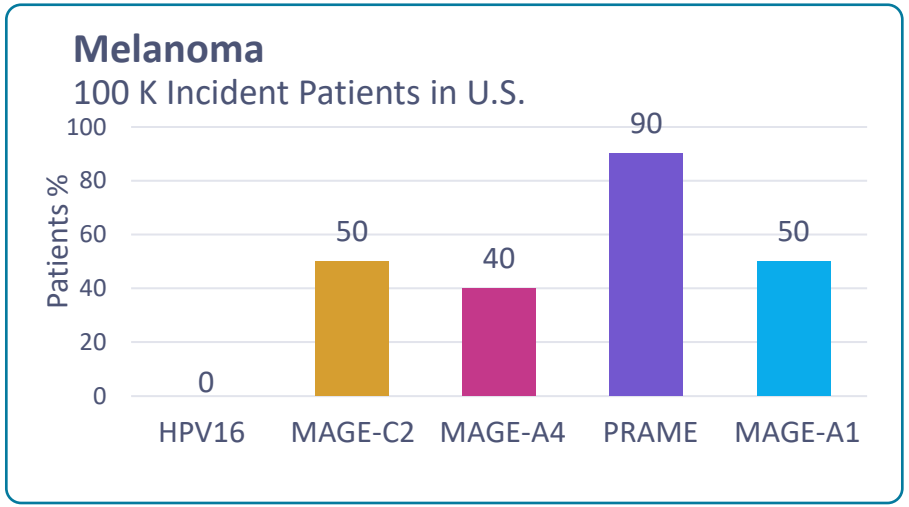
DN-TGFβRII improves responses in mouse models

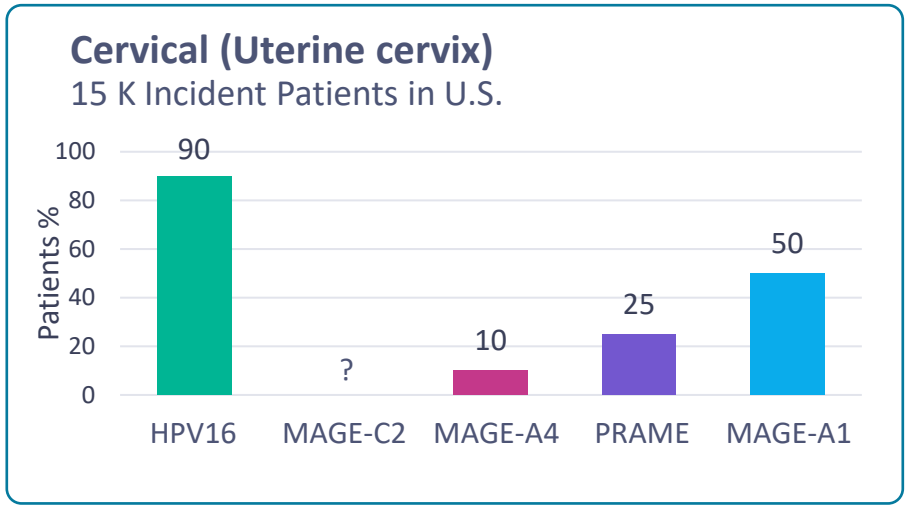


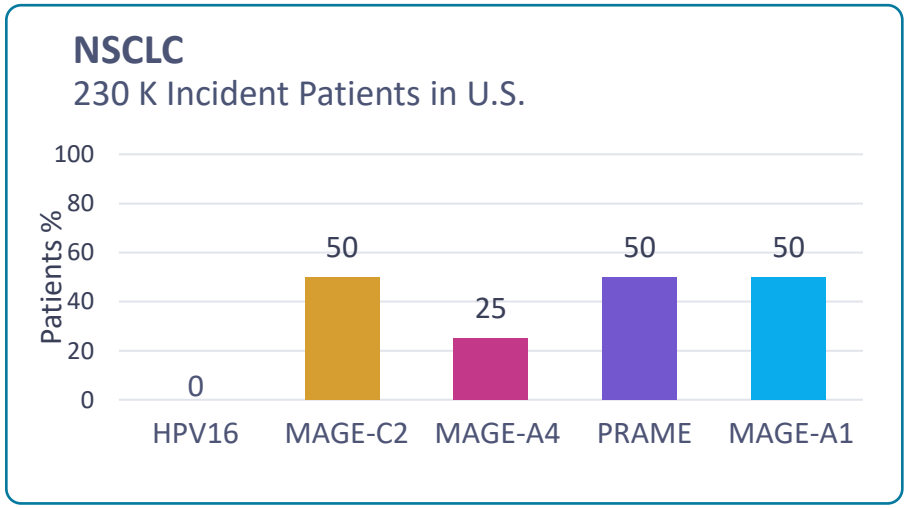
TSCAN THERAPEUTICS

Programs address targets frequently co-expressed in prevalent solid tumors



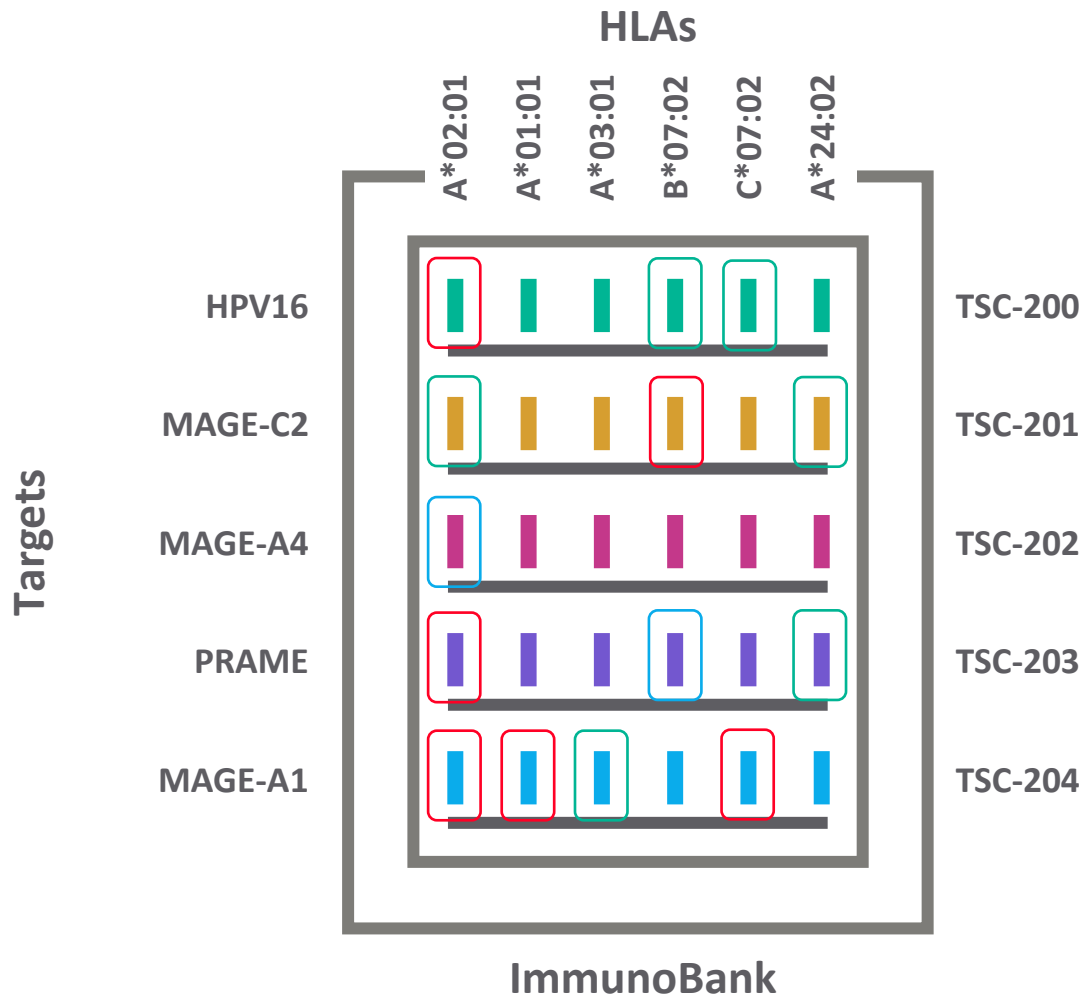






Source: American Cancer Society

TScan is rapidly filling the ImmunoBank to enable multiplexed TCR-T therapy in solid tumors



TCRs covering multiple antigen and HLA alleles may enable 50-75% of patients to receive multiplex therapy

INDs

Cleared

Planned 2024 INDs

Discovery

Currently INDs for 6 TCRs

INDs planned for this year

Expand the ImmunoBank through ongoing discovery

TSCAN THERAPEUTICS

Dose escalation scheme provides a rapid path to multiplex TCR-T in Phase 1

	TSC-204-A0201 (MAGE-A1)	TSC-204-C0702 (MAGE-A1)	TSC-200-A0201 (HPV16)	TSC-203-A0201 (PRAME)	TSC-201-B0702 (MAGE-C2)	TSC-204-A0101 (MAGE-A1)
DL1	0.5B	0.5B	0.5B	0.5B	0.5B	0.5B
DL2	2B	2B	2B	2B	2B	2B
DL3	Any two TCR-Ts that have cleared DL2					
DL4	Any two TCR-Ts that have cleared DL3					

DL3 — T-Plex: 2B + 2B → *28 days* → 2B + 2B
First dose / *Second dose*

DL3 — Option for singleplex (HPV16): 4B → *28 days* → 4B
First dose / *Second dose*

DL4: 5B + 5B → *28 days* → 5B + 5B
First dose / *Second dose*

DL4 — Option for singleplex (HPV16): 10B → *28 days* → 10B
First dose / *Second dose*

TSCAN THERAPEUTICS

Prospectively selecting for target and HLA expression maximizes chance of success

Germline

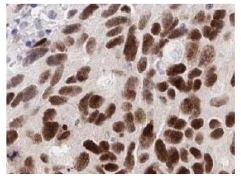
HLA testing

HLA in ImmunoBank

Tumor

Target testing

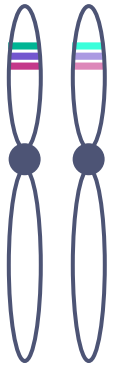
IHC / ISH



Neogenomics

HLA LOH

HLA loss

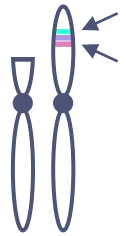


Tempus

Archival sample <6mo OR fresh biopsy

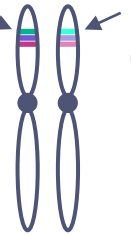
TCR-T selection

HLA loss detected



Target HLAs on intact haplotype

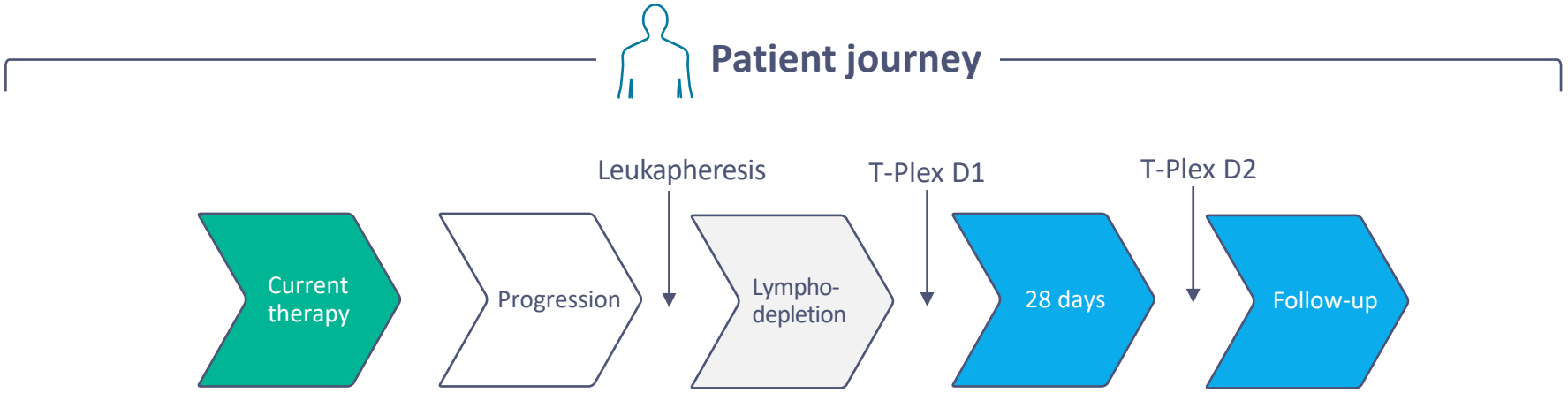
No HLA loss



Target HLAs on opposite haplotypes

TSCAN THERAPEUTICS

Screening protocol pre-identifies patients for treatment



Screening protocol:

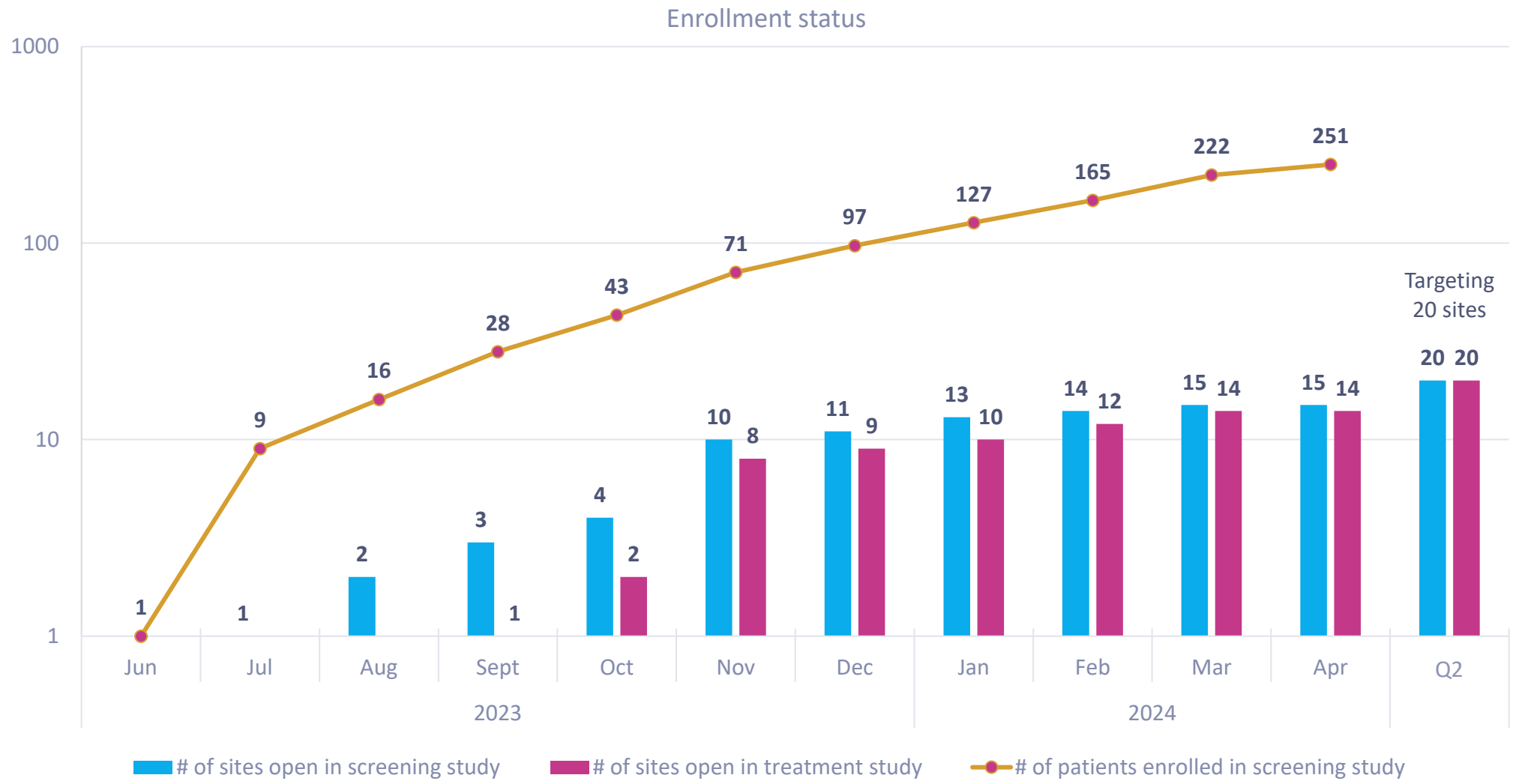
- Pre-screens patients for trial eligibility during standard-of-care therapy/before progression
- Germline HLA testing
- Archival tumor sample:
  - Tumor IHC
  - HLA LOH testing

Treatment protocol:

- Rapid enrollment
- Vein-to-vein time 25 days
- No IL-2 given
- Endpoints:
  - Primary: Safety
  - Secondary: ORR, DOR
  - Exploratory: T-cell persistence

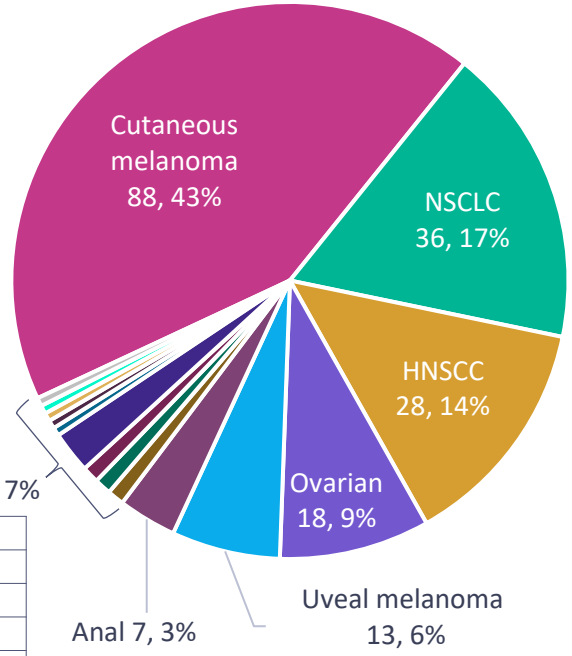
TSCAN THERAPEUTICS

Investigators are highly motivated and have screened over 250 patients to date



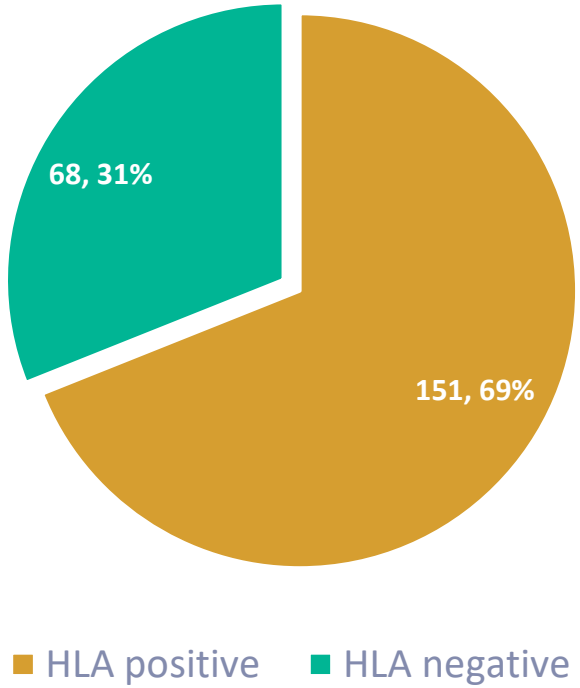
Broad array of tumor types with ~70% matching to an HLA in the ImmunoBank

TUMOR TYPES



Cervical	5
Acral	2
Endometrial	2
Adenocarcinoma	2
Fallopian Tube	1
Osteosarcoma	1
Peritoneal	1
Meningioma	1
Unknown	1

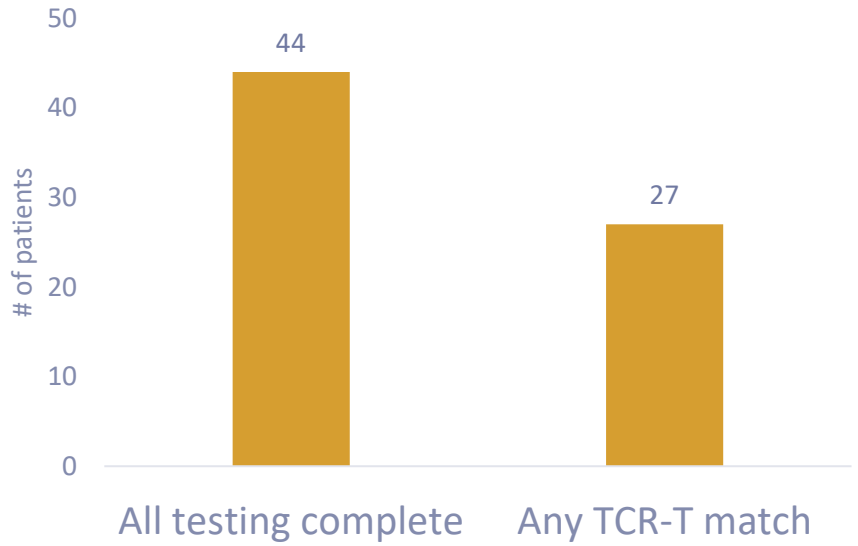
~70% of patients have at least one HLA match to the ImmunoBank



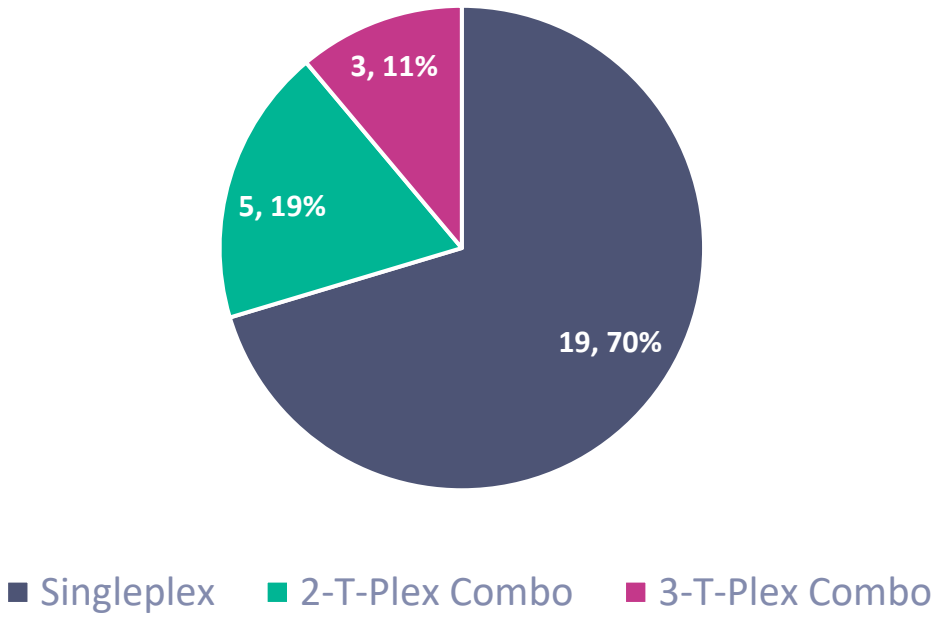
TSCAN THERAPEUTICS

High percentage of patients have a TCR match for singleplex therapy and many would be eligible for T-Plex

~60% of patients with all testing completed have at least one TCR in ImmunoBank



~30% of patients with TCR-T would qualify for T-Plex



Patients identified across all cohorts and into DL2 and DL3 in some cohorts

Dose Level	MAGE-A1 A*02:01	MAGE-A1 C*07:02	HPV-16 A*02:01	PRAME A*02:01	MAGE-A1 A*0101	MAGE-C2 B*0702
DL1	• Melanoma (Yale) • **Apheresis 4/30** • First dose early June • Also PRAME positive	• Melanoma (Alleghany) • **Currently in manufacturing** • First dose early May	• Head & Neck (HonorHealth) • **Currently in manufacturing** • First dose early May	• Melanoma (Orlando) • **Manufacturing complete** • First dose early May	• Head & Neck (Alleghany) • **Apheresis 5/7** • First dose mid June	• Melanoma (HonorHealth) • Pending clinical status • **Targeting apheresis in May**
DL2			• Head & Neck (Norton) • **Targeting apheresis in May**	• Melanoma (Yale) • **Apheresis 4/23**		
DL3			• Anal (Columbia) • Pending clinical status • Also PRAME and MAGE-A1 positive	• NSCLC (Alleghany) • **Apheresis 5/1**		

TSCAN THERAPEUTICS

Enrollment proceeding rapidly across heme and solid tumor programs

Feb/Mar

SUN	MON	TUE	WED	THU	FRI	SAT
25	26	27	28	29	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April/May

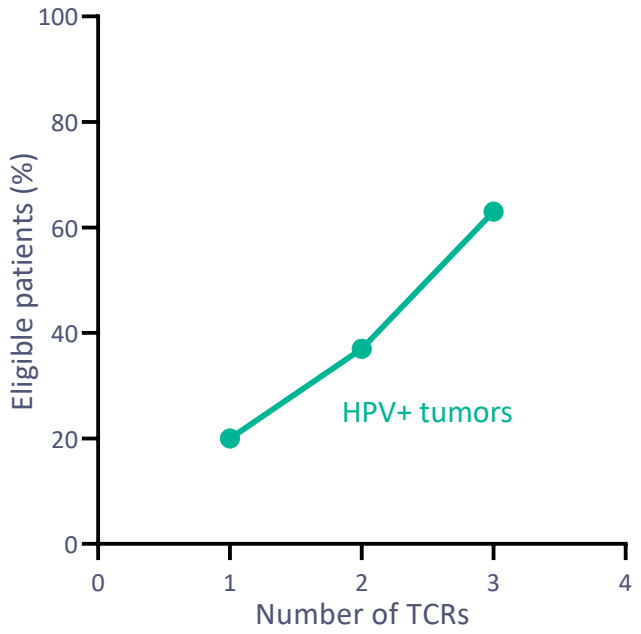
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

Manufacturing initiated Heme ST

TSCAN THERAPEUTICS

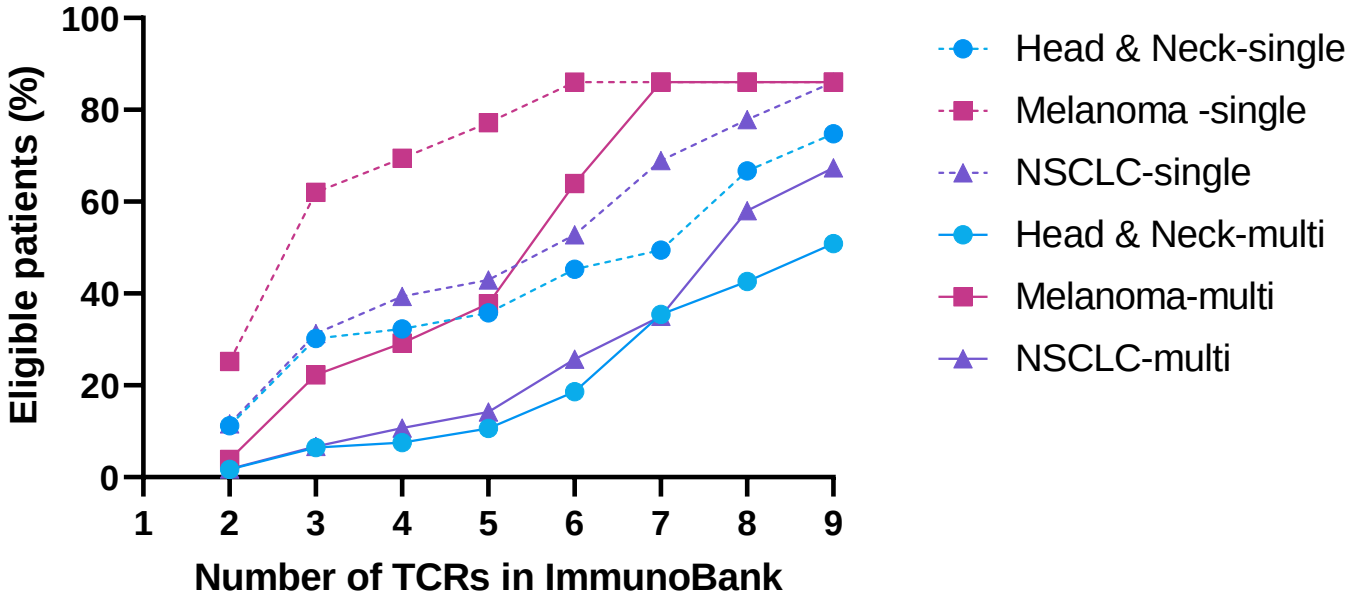
Patient eligibility expected to increase rapidly as ImmunoBank grows

HPV16+ cancers



Eligible patients include patients who do not require multiplexing (homozygous or hemizygous for targeted HLA type) or are eligible for at least 2 HPV16 TCRs.

Other solid tumors



Eligible patients include patients who are positive for at least 2 TCR-Ts in the ImmunoBank.

TSCAN THERAPEUTICS

TScan highlights

Transformative platform enables rapid discovery of TCRs and targets for engineered T cell therapy

Recent collaboration highlights applicability outside oncology

In-house GMP manufacturing using non-viral vectors

Hematologic malignancies program to prevent relapse with HCT

Eight patients treated to date are relapse-free with no detectable cancer

No DLTs observed to date

TSC-100 and TSC-101 progressed to third and final dose level

Solid tumor program to deliver enhanced multiplex TCR-T

INDs cleared for six TCR-Ts with regulatory path to multiplexing

Patients identified and scheduled for all six TCR-Ts

First three patients to be dosed in early May 2024

Q1 2024:
$162.8 M

Existing cash resources along with $161.4 M net proceeds from public offering funds Company into Q4 2026

TSCAN THERAPEUTICS

THANK YOU