

**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): January 12, 2026

**TSCAN THERAPEUTICS, INC.**

(Exact name of registrant as specified in its charter)

Delaware  
(State or other jurisdiction of  
incorporation or organization)

001-40603  
(Commission  
File Number)

82-5282075  
(I.R.S. Employer  
Identification No.)

830 Winter Street, Waltham, Massachusetts  
(Address of Principal Executive Offices)

02451  
(Zip Code)

(857) 399-9500  
(Registrant's telephone number, including area code)

Not Applicable  
(Former name or former address, if changed since last report)

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 (see General Instruction A.2. below):

- 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 Symbol(s)	Name of each exchange on which registered
Voting Common stock, par value \$0.0001 per share	TCRX	The Nasdaq Global Market LLC

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.**

On January 12, 2026, TScan Therapeutics, Inc. (the “Company”) made available a corporate presentation (the “Corporate Presentation”) that it intends to use in potential meetings that coincide with the 44th Annual J.P. Morgan Healthcare Conference (the “Conference”) during the week of January 12, 2026, including meetings with investors, analysts, and other Conference participants. A copy of the Corporate Presentation is furnished as Exhibit 99.1 hereto. The Corporate Presentation will also be available on the investor relations section of the Company’s website at <https://ir.tscan.com>. Information contained on the Company’s website is not incorporated by reference into this Current Report on Form 8-K, and you should not consider any information on, or that can be accessed from, the Company’s website as part of this Current Report on Form 8-K.

The information under this Item 7.01, including Exhibit 99.1 hereto, is being furnished and shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (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 Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such a filing. The Company undertakes no obligation to update, supplement or amend the material attached hereto as Exhibit 99.1.

**Item 9.01. Exhibits**

(d) Exhibits

<b>Exhibit No.</b>	<b>Description</b>
99.1	<a href="#">Corporate Presentation, furnished herewith.</a>
104	Cover Page Interactive Data (embedded within the Inline XBRL document).

**SIGNATURE**

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.

TScan Therapeutics, Inc.

Date: January 12, 2026

By: /s/ Gavin MacBeath  
Gavin MacBeath  
Chief Executive Officer

# Corporate Presentation

January 2026



## Disclaimers and forward-looking statements

This presentation and the accompanying discussion contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, including, but not limited to, express or implied statements regarding the Company's plans, progress, and timing relating to the Company's clinical programs and the presentation of data, the Company's current and future research and development plans or expectations, the structure, timing and success of the Company's planned preclinical development, submission of INDs, and clinical trials, the potential benefits of any of the Company's proprietary platforms or current or future product candidates in treating patients, the Company's ability to fund its operating expenses and capital expenditure requirements with its existing cash and cash equivalents, and the Company's goals and strategy. TScan intends such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 21E of the Securities Exchange Act of 1934 and the Private Securities Litigation Reform Act of 1995. In some cases, you can identify forward-looking statements by terms such as, but not limited to, "may," "might," "will," "objective," "intend," "should," "could," "can," "would," "expect," "believe," "anticipate," "project," "target," "design," "estimate," "predict," "potential," "plan," "on track," or similar expressions or the negative of those terms. Such forward-looking statements are based upon current expectations that involve risks, changes in circumstances, assumptions, and uncertainties. The express or implied forward-looking statements included in this presentation are only predictions and are subject to a number of risks, uncertainties and assumptions, including, without limitation: the beneficial characteristics, safety, efficacy, therapeutic effects and potential advantages of TScan's TCR-T therapy candidates; TScan's expectations regarding its preclinical studies being predictive of clinical trial results; the timing of the initiation, progress and expected results of TScan's preclinical studies, clinical trials and its research and development programs; TScan's plans relating to developing and commercializing its TCR-T therapy candidates, if approved, including sales strategy; estimates of the size of the addressable market for TScan's TCR-T therapy candidates; TScan's manufacturing capabilities and the scalable nature of its manufacturing process; TScan's estimates regarding expenses, future milestone payments and revenue, capital requirements and needs for additional financing; TScan's expectations regarding competition; TScan's anticipated growth strategies; TScan's ability to attract or retain key personnel; TScan's ability to establish and maintain development partnerships and collaborations; TScan's expectations regarding federal, state and foreign regulatory requirements; TScan's ability to obtain and maintain intellectual property protection for its proprietary platform technology and our product candidates; the sufficiency of TScan's existing capital resources to fund its future operating expenses and capital expenditure requirements; and other factors that are described in the "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" sections of TScan's most recent Annual Report on Form 10-K and any other filings that TScan has made or may make with the SEC in the future. Any forward-looking statements contained in this presentation represent TScan's views only as of the date hereof and should not be relied upon as representing its views as of any subsequent date. Except as required by law, TScan explicitly disclaims any obligation to update any forward-looking statements.



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

## Clinical

### HEME MALIGNANCY PROGRAM

- Targets residual disease to prevent relapse in patients undergoing bone marrow transplant
- **Promising data for TSC-101:** Favorable **RFS and OS** compared to the control-arm with **no DLTs**. Durable responses with 100% (3/3) of patients 2-years post-HCT showing detectable TSC-101 cells and no evidence of disease<sup>(1)</sup>
- **Launch of pivotal study** expected in Q2 2026
- Substantial commercial opportunity, with potential to expand addressable market with additional **INDs to be filed in 1Q26**

## Preclinical

### SOLID TUMOR PROGRAM

- Leveraging clinical experience in PLEXI-T™ study to develop *in vivo-engineered multiplex TCR-T cell therapies for solid tumors*
- Clinical and preclinical data from solid tumor program expected in H1 2026

## Discovery

### AUTOIMMUNITY PROGRAM

- TScan's proprietary platform enables the discovery of disease-driving autoantigens in areas of high unmet medical need
- **Targets identified for systemic sclerosis, ulcerative colitis, ankylosing spondylitis, and birdshot uveitis<sup>(2)</sup>**
- Ongoing collaboration with Amgen for target discovery in Crohn's disease

**\$184.5M as of Sept 30, 2025 funds operations into H2 2027**

**129.8M<sup>(3)</sup> total economic shares outstanding as of Sept 30, 2025**



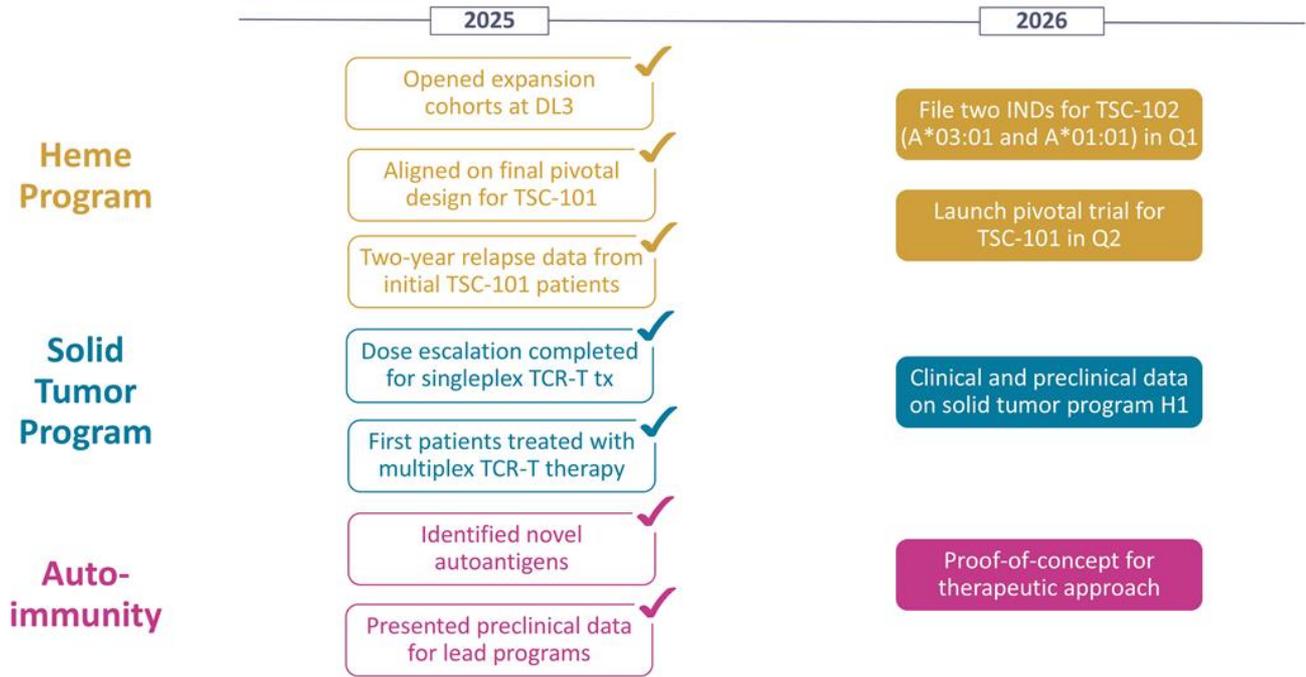
(1) Sept 19, 2025 data cut; Al-Malki et al, abstract ID 2391, presented at ASH Annual Meeting December 2025; (2) Weinheimer et al, and Pryor et al, presented at ACR Convergence 2025, abstracts 0888, 0997; (3) Includes 56,747,993 outstanding common shares plus 73,087,945 pre-funded warrants ; IND: investigational new drug

# Promising pipeline across multiple therapeutic areas

	Indications	Targets	HLA type	Discovery/Preclinical	IND-enabling	Phase 1	Pivotal
<b>Engineered TCR-T cell therapies</b>							
HEMATOLOGIC MALIGNANCIES	AML, MDS	TSC-101 (HA-2)	HLA-A*02:01	ALLOHA™			Pivotal launch Q2 2026
			HLA-A*03:01				
			HLA-A*01:01				
			HLA-A*24:02				
SOLID TUMORS	NSCLC, Sarcoma, Head & Neck, Cervical, Anal & Genital	HPV16 MAGE-C2 MAGE-A4 PRAME MAGE-A1	HLA-A*02:01	PLEXI-T™			
			HLA-B*07:02				
			HLA-A*02:01 HLA-A*01:01				
		<i>In vivo</i> -engineered TCR-Ts					
<b>Target-directed therapeutics</b>							
AUTOIMMUNITY	Systemic sclerosis Ulcerative colitis Ankylosing spondylitis Birdshot uveitis						
	Crohn's	<b>AMGEN</b>					



# 2026 will be a transformational year for TScan



# Heme Malignancies:

*Targeting residual disease to prevent relapse  
in patients undergoing allogeneic HCT*



## TScan is working to treat residual disease and prevent relapse in heme malignancies

### Current Standard of Care

Allogeneic hematopoietic cell transplant (Allo-HCT) is the only potential cure for patients with AML and MDS

### Unmet Medical Need

38-44% of patients relapse within two years following Allo-HCT with reduced intensity conditioning (RIC)\*

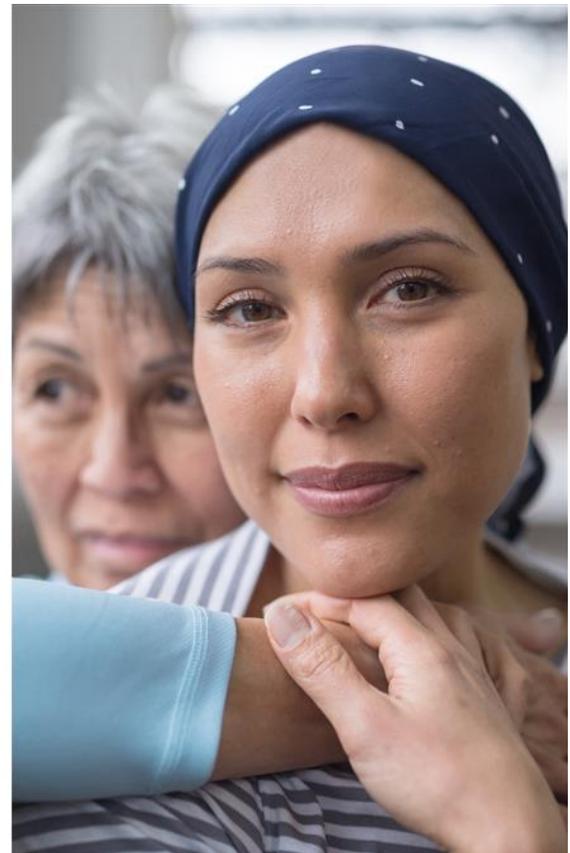
### TScan Approach

TCR-T cell therapy targeting antigens on patient cells, but not donor cells, to prevent relapse after transplant

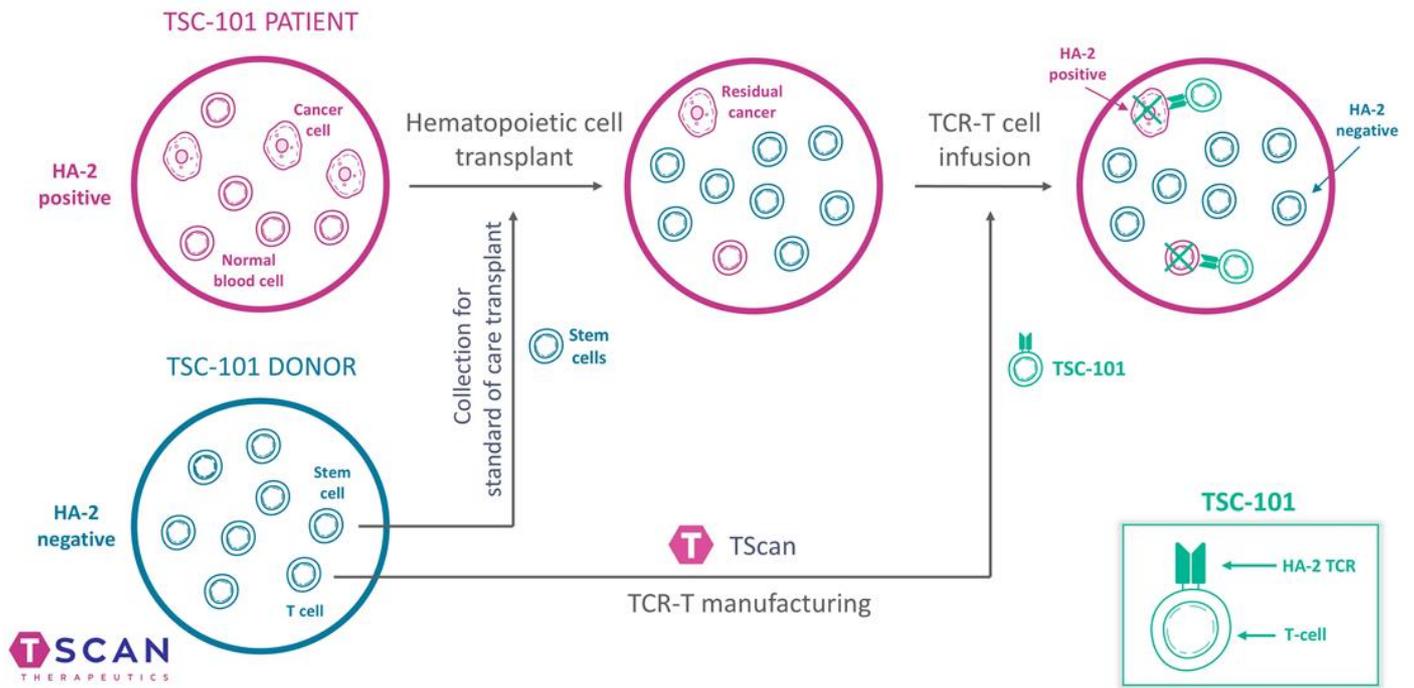
**TSC-101** is a TCR-T cell therapy designed to **eliminate residual cancer** and **prevent relapse** following Allo-HCT in HLA-A\*02:01-positive patients



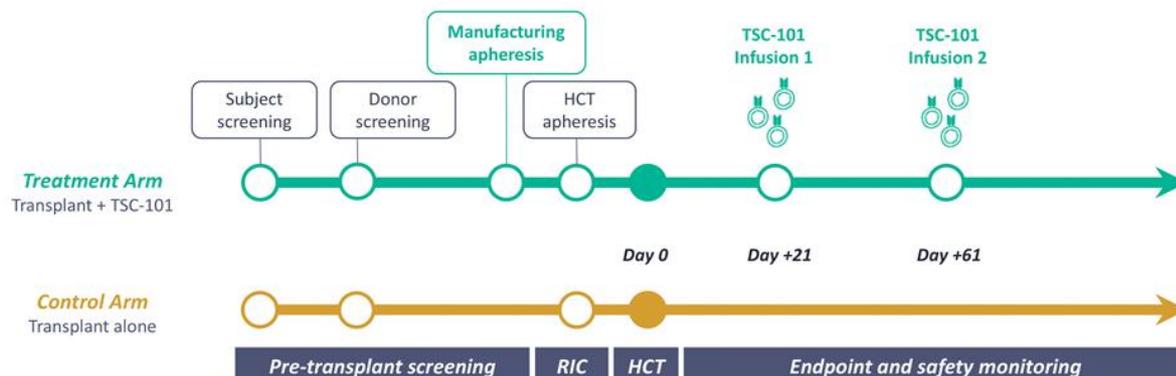
\* CIBMTR analysis of AML, ALL, MDS allogeneic transplants with reduced intensity conditioning (RIC) between 2017-2019 with 2-year follow-up



# TSC-101 is a TCR-T cell therapy designed to eliminate residual cancer and prevent relapse following Allo-HCT



# ALLOHA™, a multi-arm Phase 1 trial for TSC-101 in subjects with AML, ALL, and MDS (NCT05473910)



- |  |  |
|--|--|
| <p><b>Key eligibility criteria</b></p> <ul style="list-style-type: none"> <li>• Age ≥18 years</li> <li>• Undergoing first allo-HCT for ALL, AML, MDS</li> <li>• Subject positive for HA-2 with a haploidentical HA-2 negative donor</li> <li>• Eligible for RIC-HCT followed by PTCy for GvHD prophylaxis</li> </ul> | <p><b>Key endpoints</b></p> <ul style="list-style-type: none"> <li>• Safety: Dose limiting toxicities, adverse events</li> <li>• Efficacy</li> <li>• Exploratory endpoints: Donor chimerism, minimal residual disease</li> </ul> |
|--|--|



ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; GvHD, graft vs host disease; RIC-HCT, reduced intensity conditioning hematopoietic cell transplantation

## Patients in both the treatment and control arms are at high risk for relapse

		TSC-101	Control
Enrolled Subjects		23	19
Evaluable Subjects*		19 (100%)	18 (100%)
Median Time from HCT, months		13.4 (4-33)	16.1 (1-36)
Age, Median (Range)		65 (52-74)	66 (23-77)
Sex, Male %)		13 (68%)	9 (50%)
Underlying Disease	ALL	2 (11%)	1 (6%)
	AML	13 (68%)	11 (61%)
	MDS	4 (21%)	6 (33%)
Genetics/ cytogenetics	TP53 mutated	6 (32%)	2 (11%)
	Adverse Risk**	13 (68%)	11 (61%)
Pre-HCT MRD Positive		13 (68%)	8 (44%)
MRD positive or adverse risk genetics		15 (79%)	13 (72%)
<b>Clinical Status at time of HCT</b>			
CR1		9 (47%)	12 (67%)
CR2		2 (11%)	1 (6%)
MLFS		5 (27%)	0 (0%)
Hematologic improvement		1 (5%)	0 (0%)
PR		1 (5%)	1 (6%)
Untreated		1 (5%)	1 (6%)
Other status		0 (0%)	3 (17%)



Sept 19, 2025 data cut; Al-Malki et al, abstract ID 2391, presented at ASH Annual Meeting December 2025; \*Subjects on the treatment arm who received  $\geq 1$  infusion of TSC-101 and on the control arm who reached Day 21; \*\*Adverse risk is defined as having either an IPSS-M mutation (MDS) or ELN high risk genetics or cytogenetics (AML)

## TSC-101 is well tolerated with no dose-limiting toxicity

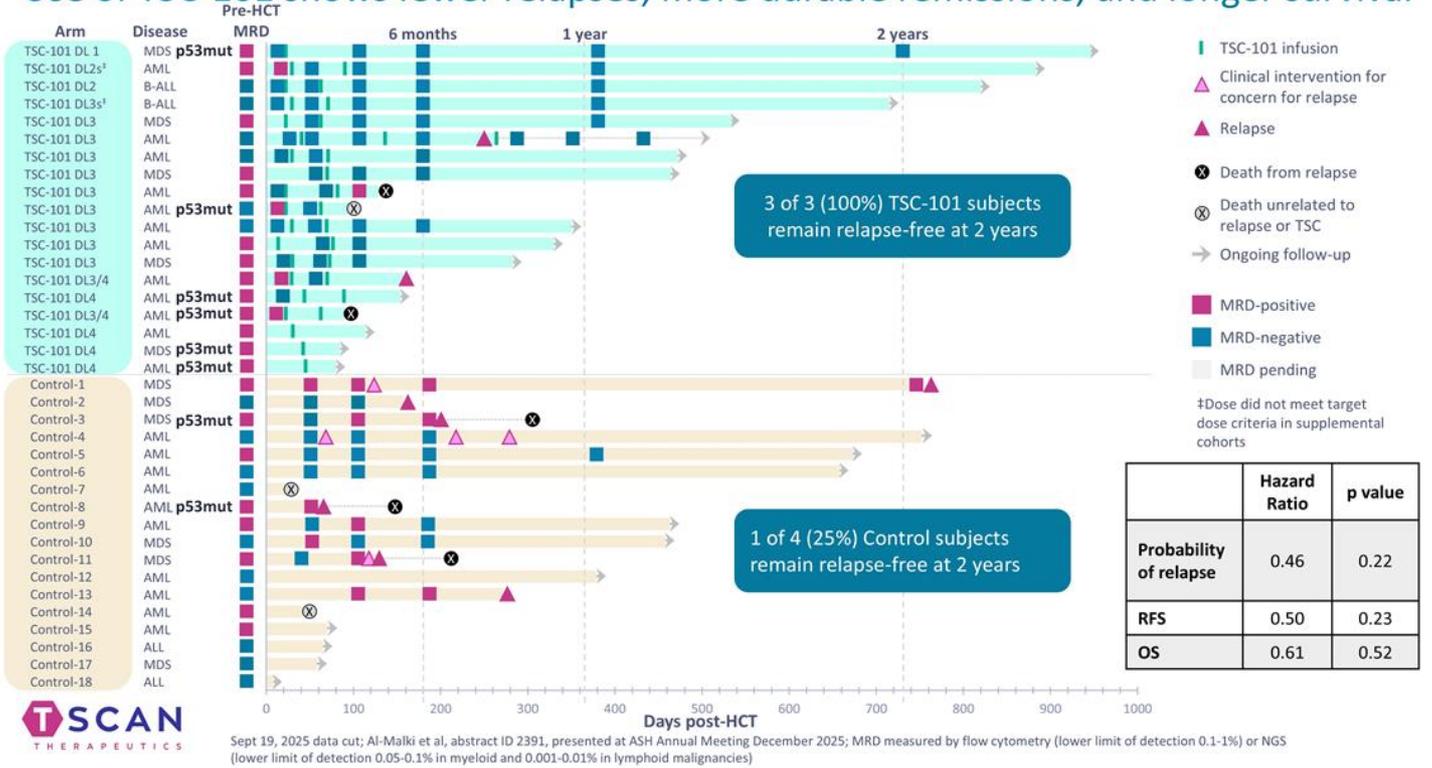
	TSC-101 n=19	Control n=18
<b>Treatment-emergent aGvHD (MAGIC)</b>	12 (63%)	10 (56%)
Grade I	8 (42%)	5 (28%)
Grade II	3 (16%)	4 (22%)
Grade III	1 (5%)	1 (6%)
Grade IV	0 (0%)	0 (0%)
<b>Any Treatment-emergent cGvHD (NIH)</b>	1 (5%)	2 (11%)
Mild	1 (5%)	1 (6%)
Moderate	0 (0%)	1 (6%)
Severe	0 (0%)	0 (0%)
<b>Any CRS</b>	14 (74%)	7 (39%)
Grade 1 - 2	14 (74%)	6 (33%)
Grade 3 - 4	0 (0%)	1 (6%)
<b>Treatment-emergent CRS</b>	3 (16%)	0 (0%)
Grade 1 - 2	3 (16%)	0 (0%)
Grade 3 - 4	0 (0%)	0 (0%)
<b>Any ICANS</b>	1 (5%)	0 (0%)

- No DLTs reported
- No moderate or severe chronic GvHD (cGVHD) with TSC-101
  - One case of mild cGVHD seen in both arms
- Three cases of CRS reported after TSC-101 infusions
  - Two Grade 1 events and one Grade 2 event; all resolved
- One case of ICANS reported after a TSC-101 infusion
  - Depressed consciousness (Grade 2) reported following infusion #2 in a patient with relapsing disease. Treated with tocilizumab and steroids; resolved within 24 hours



Sept 19, 2025 data cut; Al-Malki et al, abstract ID 2391, presented at ASH Annual Meeting December 2025; GvHD = graft-versus-host disease; ICANS = Immune Effector Cell Associated Neurotoxicity Syndrome; CRS = Cytokine Release Syndrome

# Use of TSC-101 shows fewer relapses, more durable remissions, and longer survival



# TSC-101 continues to show strong activity by chimerism assays

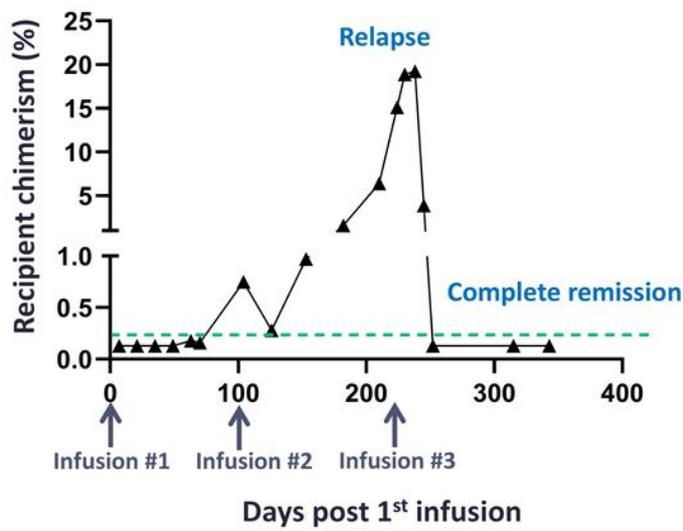
Time post HCT*	TSC-101 Treatment-arm subjects																Control-arm subjects																		
	DL1	DL2 <sup>s</sup>	DL2	DL3 <sup>s</sup>	DL3	DL3/4	DL4	DL3/4	DL4	DL4	DL4	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15	C16								
	MDS	AML	B-ALL	B-ALL	MDS	AML	AML	MDS	AML	AML	AML	AML	MDS	AML	AML	AML	AML	MDS	AML	MDS	MDS	MDS	AML	AML	AML	AML	AML	AML	MDS	MDS	AML	AML	AML	AML	ALL
Day 21/28	✗	✗	✓	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✗			✗	✗	✗	✗	✓	✓	⊗	✗	✗	✗	✗	✓	✗	✗		
Day 42	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓			✗	✗		✓	✗	✓	✗	✓	✓		✗	✓	✓	✗	✓	✓			
Day 56	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✗			✓	✗	✓	✗	✓	✓		✗	✓	✓	⊗		✓			
Day 77	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓					✗	✗	✓	✗	✓	✓		▲	✓	✓	✓	✓				
Day 105	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗					✗	✗	✓	✗	✗	✗		✗	✓	✓	✗	✓				
Day 133	✓	✓	✓	✓	✗	✓	✓	✗		✓	✓	✓	▲	✓						✗	✗	✓	✗	✓	✗		✓	✗	▲	✓	✓				
Day 161	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓								✓	▲	✗	✗	✓	✓		✗	✗	✗	✓	✓				
Day 228	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓								✓		▲	✗		✓	✓		✓	✓	✗					
Day 318	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓									✓		✗	✓	✗		✓	✓		✓	✓	▲				
Day 388	✓	✓	✓	✓	✓	✓	✓	✓												✓		✓	✓	✓		✓	✓								
2 year	✓	✓	✓																		✗														



- TSC-101 Infusion
- Complete donor chimerism
- Mixed donor chimerism
- Clinical intervention for increasing mixed chimerism
- Relapse
- Death from relapse
- Death unrelated to relapse or TSC

Data as of Sept 19, 2025; #Donor chimerism results using investigational NGS assay (Allohome) with LOD of 0.2% or the short tandem repeat (STR) with LOD of 1-2% at indicated times post-HCT ± 3 days in patients at least 60 days post-HCT as of data cut; †Dose did not meet target dose criteria in supplemental cohorts

## TSC-101 infusion post-relapse converted subject to complete donor chimerism and complete remission



- 74-year-old male with AML in CR1 received 2 infusions of TSC-101 per DL3
- 2<sup>nd</sup> infusion was delayed by 36 days due to treatment of aGvHD
- At time of relapse, received 370 M cells without lymphodepletion or additional chemotherapy
- No evidence of disease at next evaluation and remained in complete remission for 5 months

## Recently updated ALLOHA™ Phase 1 data support launch of pivotal trial in Q2 2026



### Attractive safety profile

Infusions with TSC-101 were **well-tolerated with no DLTs** and adverse events following HCT + TSC-101 were consistent with HCT alone



### Meaningful relapse-free benefit

Favorable **relapse-free survival** (HR=0.50; p=0.23) and **overall survival** (HR=0.61; p=0.52)



### Long-term persistence

Durable responses with **100% (3/3) of patients 2-years post-HCT** showing detectable TSC-101 cells and **no evidence of disease**

# Heme Development Strategy

*Targeting residual disease to prevent relapse  
in patients undergoing allogeneic HCT*



## Pivotal trial design for TSC-101 uses a biologically-assigned control arm to support relapse-free survival as the primary endpoint

- Company has reached agreement with the FDA to use a pivotal trial design that mirrors the ALLOHA™ Phase 1 trial (NCT05473910)
- All patients that are eligible for TSC-101 will be assigned to the investigational arm



# Commercial opportunity:

*Clear unmet need with concentrated market  
and a broad range of expansion opportunities*



# TSC-101 is a first-in-class TCR-T therapy with an exciting commercial opportunity

**Strong Value Proposition:** TSC-101 has positive early efficacy & safety data, addressing a major unmet need in the post-transplant setting where no therapeutic agents are approved

## Streamlined Commercial Operations

- TSC-101 is used with current SOC transplant; limited practice change required
- Transplantation occurs in concentrated treatment centers, simplifying patient identification
- HLA-defined patient eligibility through standard testing

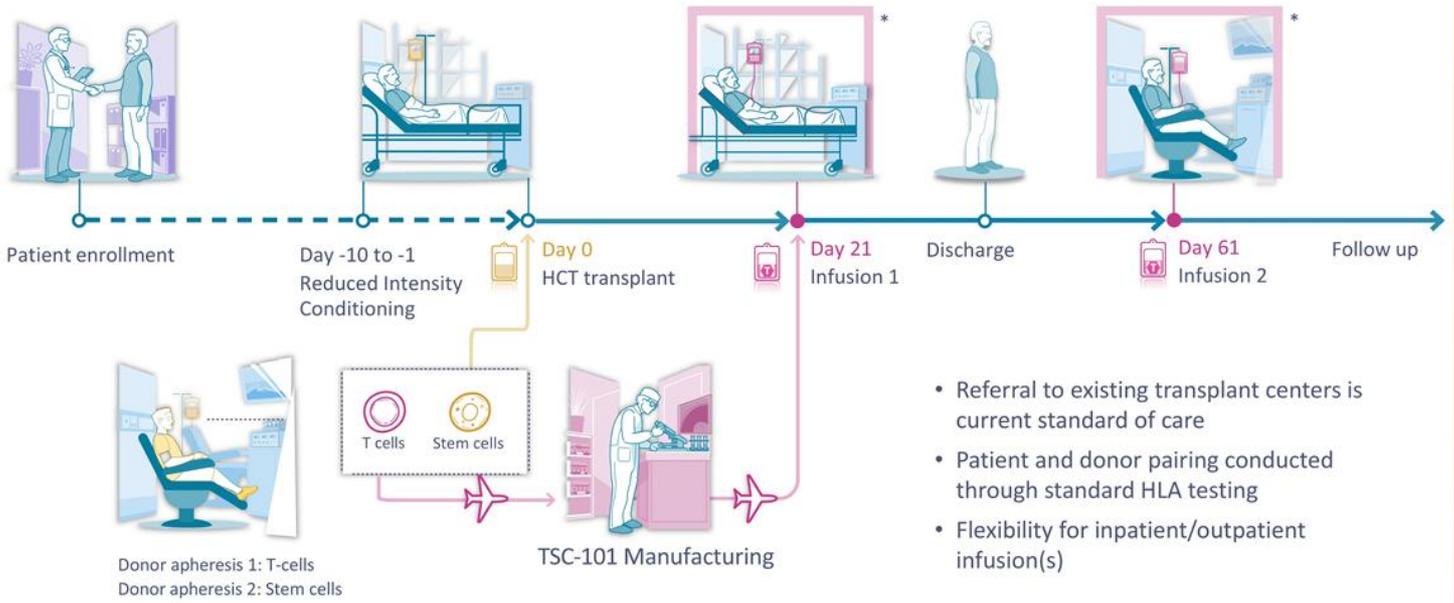
## Commercial-Ready Manufacturing

- TCR-T cells engineered from healthy donor T cells, resulting in more consistent product
- Allogeneic therapy allows for manufacturing to be completed prior to ideal infusion time
- Global CDMO engaged for scaled-up manufacturing; initial tech transfer completed

## Market Access Planning Underway

- Favorable pricing corridor established in the range of recent cell therapy approvals
- Clear reimbursement pathway being mapped with payers
- Established patient access strategy to enable rapid uptake of TSC-101

# TSC-101 delivers a streamlined, predictable, and easily planned treatment journey

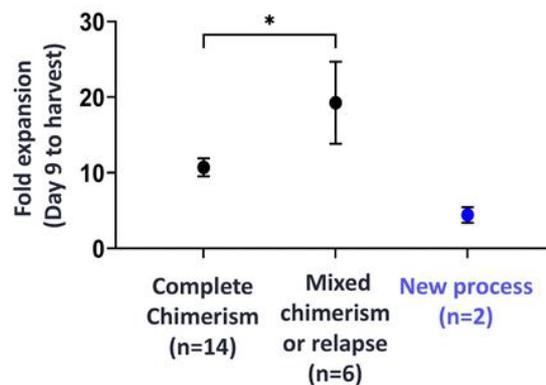


\* Infusion 1 & 2 site of care (inpatient vs outpatient) determined by administering physician. Infusion 1 may be given upon engraftment and between days 14-35 post transplant, infusion 2 would be administered about 40 days after infusion 1.

## Commercial-ready manufacturing process requires less *ex vivo* T-cell expansion

- New commercial-ready process reduces manufacturing time by 5 days (12 days vs. 17 days)
- Clinical drug product manufactured using the new process shows a significant reduction in *ex vivo* expansion (from mean of 13-fold to 4-fold)

Presented during ASH 2025 Virtual KOL Event, December 8, 2025



Symbols: mean +/- standard error; \*p<0.05.

### Update as of January 2026

- All runs to date have been successful and met target dose
- First patient achieved complete donor chimerism within 3 weeks of infusion; data on 5-10 patients expected in Q2 2026

## Developing a top tier go-to-market strategy

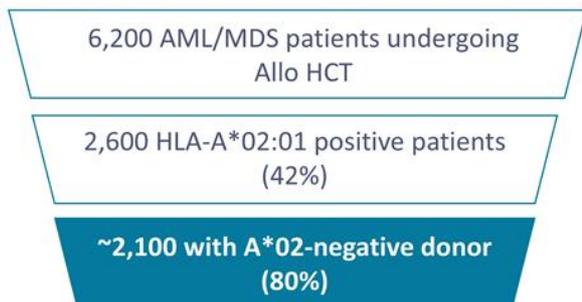
Targeting **~40** authorized treatment centers at launch

Currently **~60%** of all allo transplants in the U.S. occur at the targeted ATCs

- Targeting ATCs
  - Concentrated market at known treatment centers
  - 20 ATCs currently included in Phase 1 study
  - Up to 10 additional sites planned for pivotal study
  - ~40 ATCs targeted at launch
- Market Access
  - Clear reimbursement path across payer types
  - Flexibility for inpatient/outpatient infusion(s)
  - Pre-approval education to payers and ATCs
- Sales Force
  - Dedicated team acting as direct partners to key centers, providing focused support and seamless launch execution

# TSC-101 could generate \$1 billion+ annually at peak penetration in the U.S.

## Addressable U.S. Patient Population at Launch



## 2.1k addressable U.S. patients at launch

Requires transplant with reduced intensity conditioning and haplo/MMUD donor



Price benchmarked to current cell therapies

# TScan is targeting the most frequent human leukocyte antigens (HLAs) to address a broad patient population

HLA restriction:	TSC-101 A*02:01	TSC-102-A03 A*03:01	TSC-102-A01 A*01:01	TSC-102-A24 A*24:02	HLA Total
U.S. 	2.1k (42%)	1.1k (22%)	1.2k (24%)	800 (17%)	3.9k (~78%)
EU 	3.9k (47%)	1.8k (25%)	2.0k (26%)	1.4k (19%)	6.8k (~83%)
APAC 	1.5k (19%)	550 (7%)	1.1k (14%)	3.0k (37%)	4.0k (~50%)
<b>Global Total</b>	<b>7.7k</b>	<b>3.5k</b>	<b>4.3k</b>	<b>5.2k</b>	<b>15.1k</b>

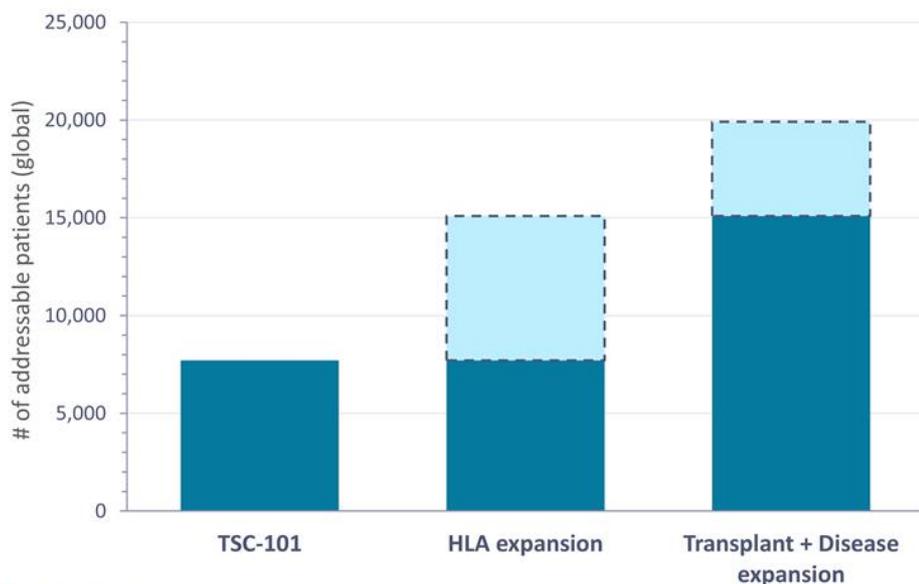
  

TSC-101 targets ~45% of US and EU populations	Addition of HLA-A*03:01 and HLA-A*01:01 TCR-Ts expands U.S. and EU markets	Addition of an HLA-A*24:02 TCR-T unlocks broader APAC market
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Sources: Allele frequencies.net; Note: Patients can be positive for multiple HLA types.

## Expansion opportunities for the program provide a way to reach about 20k AML and MDS patients in North America, Europe, and APAC



### Capturing an expanding treatment landscape:

Expansion driven by launch of products for additional HLA types.\* Plan to file INDs for TSC-102-A0301 and TSC-102-A0101 in 1Q 2026

Additional patient populations (e.g., relapse refractory patients, other indications) may become addressable with a proven safe and effective relapse prevention strategy



Source: SEER, CIBMTR, EBMT, APBMT, ClearView analysis; \* Additional HLA types include A\*03:01, A\*01:01, and A\*24:02

## Heme Program Progress and Anticipated Milestones



Reached agreement with FDA on pivotal trial design



Transferred commercial-ready manufacturing process to external CDMO



Two-year relapse data from initial TSC-101 patients **Dec 2025**



File INDs for TSC-102-A0301 and TSC-102-A0101 **Q1 2026**



Launch pivotal study for TSC-101 in **Q2 2026**

# Solid Tumors

*Developing multiplex TCR-T therapy to overcome tumor heterogeneity*



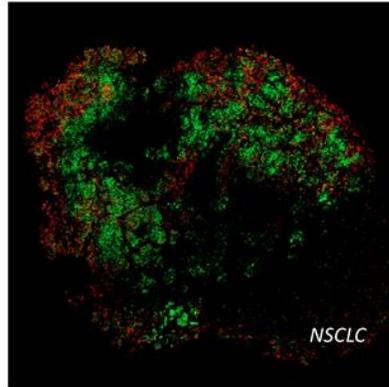
# Multiplex TCR-T therapy designed to overcome the heterogeneity of solid tumors

## Unmet Medical Need

Solid tumors remain difficult to treat and cure, representing a large unmet medical need

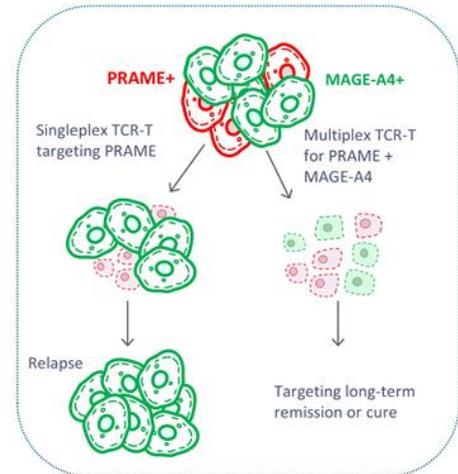
Only 10-35%\* of patients diagnosed with metastatic solid tumors survive more than 5 years

## Many solid tumors exhibit heterogeneity of target expression



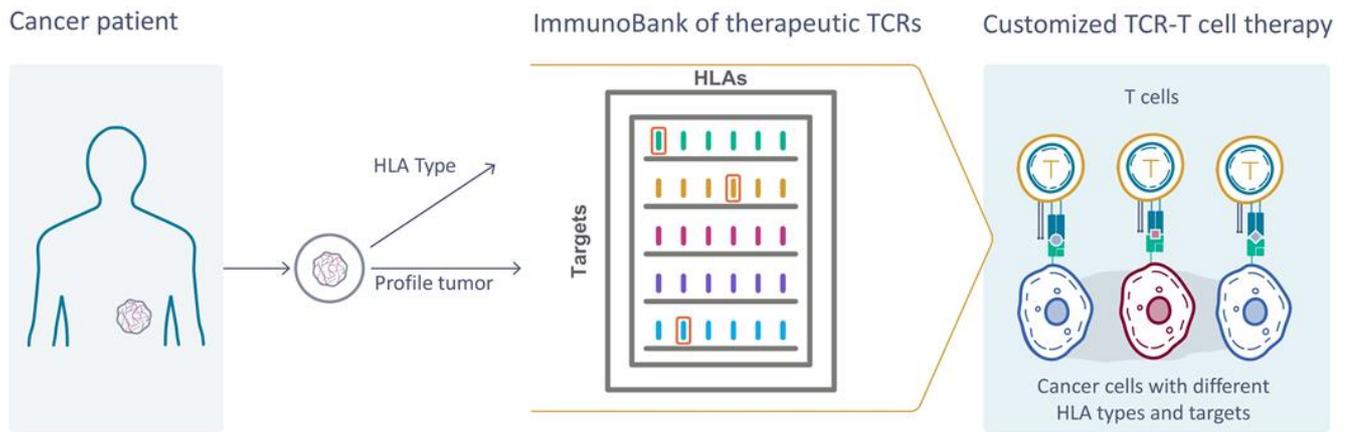
Single solid tumor expression of **PRAME** and **MAGE-A4**

## Durable responses may require TCR-T therapy for multiple targets



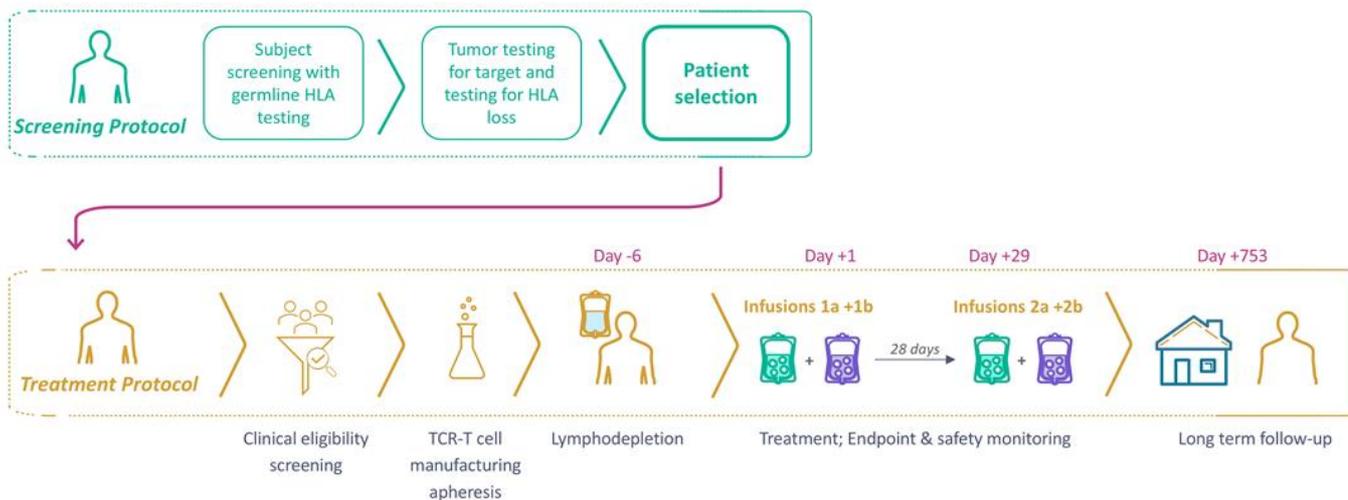
*In vivo* engineering platform currently being developed to enable **off-the-shelf multiplex TCR-T therapy**

# TScan is building the ImmunoBank of TCRs to enable multiplex TCR-T cell therapy



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

# Phase 1 PLEXI-T™: dosed first patients with *ex vivo* multiplex TCR-T and are now developing an *in vivo* engineering platform



ClinicalTrials.gov Identifier: NCT05973487; LD: lymphodepletion with fludarabine x 4 days and cyclophosphamide x 3 days; SoC: standard of care therapy; HLA: human leukocyte antigen

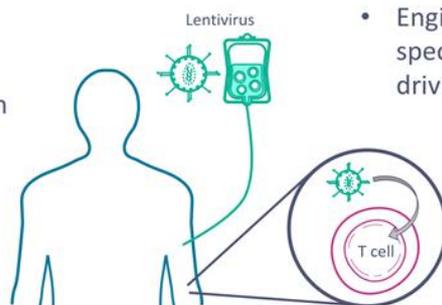
## Lentiviral *in vivo* technology addresses the key challenges of autologous TCR-T

### *In vivo* engineering solves the key challenges of autologous TCR-T approaches

- Lymphodepletion is not required
- Off-the-shelf (no patient-specific manufacturing); lentivirus prepared in large batches with significantly reduced COGS
- No vein-to-vein time
- Promising early clinical data from *in vivo* CAR-T therapy

### *In vivo* lentiviral approach offers potential for long-term response

- Modified lentiviruses specifically target T-cells *in vivo* and enable permanent integration of genetic cargo
- Engineered T-cells express a cancer-specific TCR and form memory cells, driving long term anti-cancer activity



# Autoimmunity

*Deploying TargetScan platform to discover novel T-cell targets in autoimmune disorders*



## Autoimmunity represents an exciting area of unmet need with few validated targets

Current therapies typically provide general immune suppression, leading to complications (e.g., increased risk of infection)

Target-specific therapies provide a way to address the cause, rather than the symptoms, of autoimmunity

Many autoimmune disorders have a substantial T-cell component, but the targets of these pathogenic or protective T-cells are largely unknown

TScan's target discovery platform provides a way to identify targets in autoimmune disease, unlocking the development of **targeted therapeutics**

TargetScan platform can be used to identify the shared autoantigens driving T-cell mediated autoimmune diseases, enabling development of first-in-class drugs

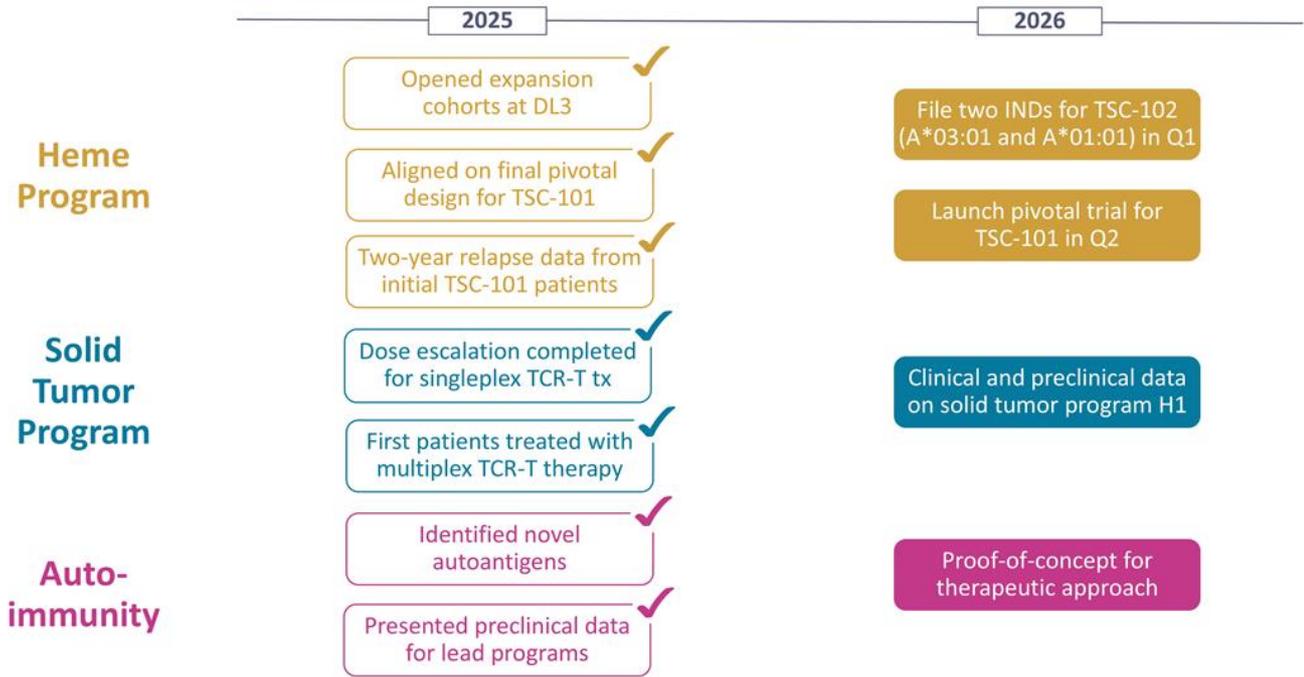
Identified targets for systemic sclerosis, ulcerative colitis, ankylosing spondylitis, and birdshot uveitis using proprietary platform



Multi-year collaboration using TargetScan to identify targets for T cells in patients with Crohn's disease



# 2026 will be a transformational year for TScan



THANK YOU

