Corporate Presentation

July 2026

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TSCAN THERAPEUTICS

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

Clinical

HEME MALIGNANCY PROGRAM

- Designed to treat residual disease and prevent relapse in patients undergoing bone marrow transplant
- TSC-101 continues to be well-tolerated
- **Durable long-term data for TSC-101: 100% (2/2) of patients 3-years post-HCT** and **71% (5/7) of patients 2-years post-HCT** show **detectable TSC-101 cells** and **no evidence of disease** vs. 0% (0/3) and 43% (3/7), respectively, on the control arm.[(1)]
- **Treated 14 patients** using commercial-ready manufacturing process in Cohort C of ALLOHA trial with promising initial data that supports expected **launch of pivotal study** in Q2 2026
- **INDs** for **TSC-102-A01** and **TSC-102-A03 cleared** providing path to double addressable market. Phase 1 study expected to begin in **Q4 2026**

Preclinical

SOLID TUMOR PROGRAM

- TCR-Ts for PRAME and MAGE-A4 in preclinical development using an ***in vivo*-engineering** platform
- Recent FDA INTERACT feedback established a roadmap for filing **INDs by mid-2027**

Discovery

AUTOIMMUNITY PROGRAM

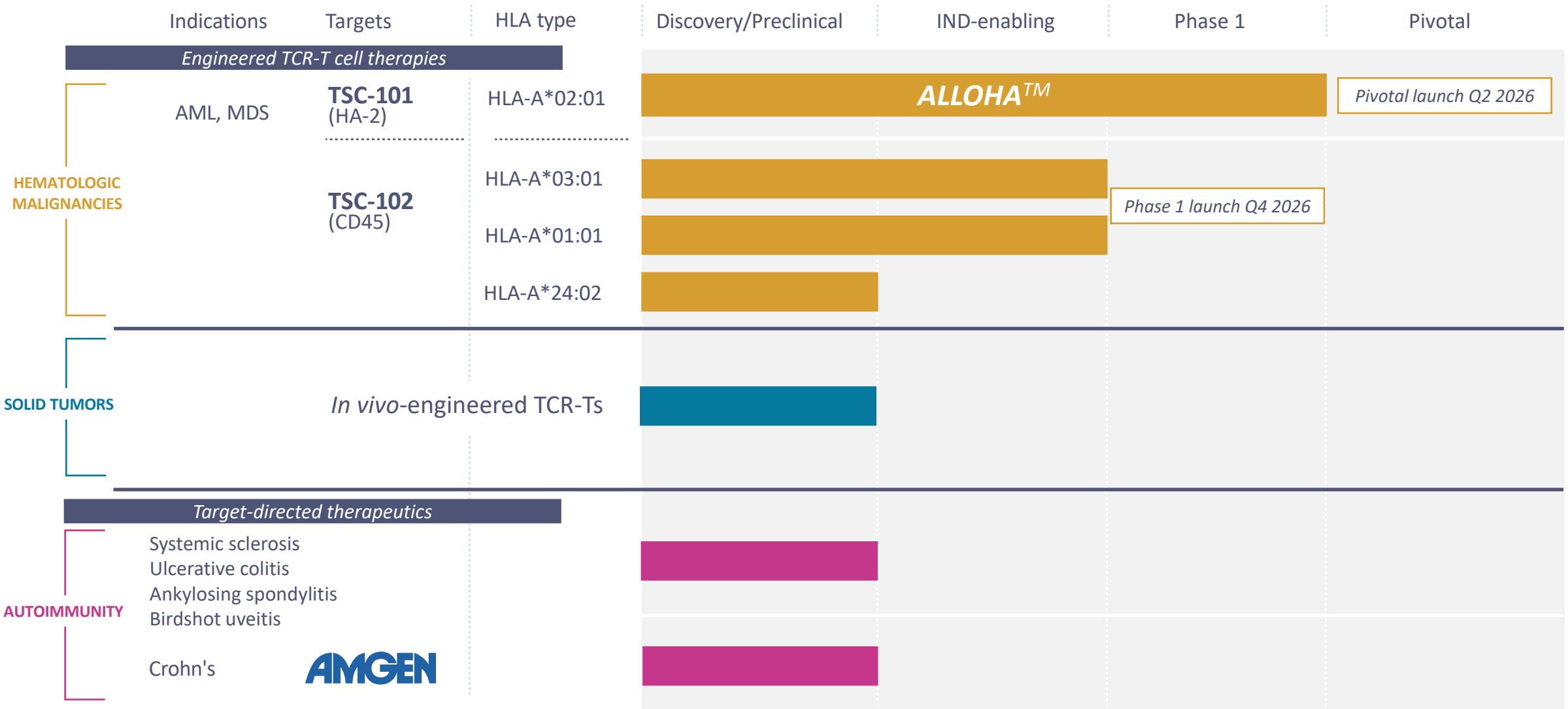
- Targets identified for systemic sclerosis, ulcerative colitis, ankylosing spondylitis, and birdshot uveitis[(2)]
- Novel targets leveraged to generate first-in-class T-cell depleting therapies
- Lead program in preclinical development for AS & spondyloarthropathies

$128.1M as of March 31, 2026 funds operations into H2 2027

TSCAN THERAPEUTICS

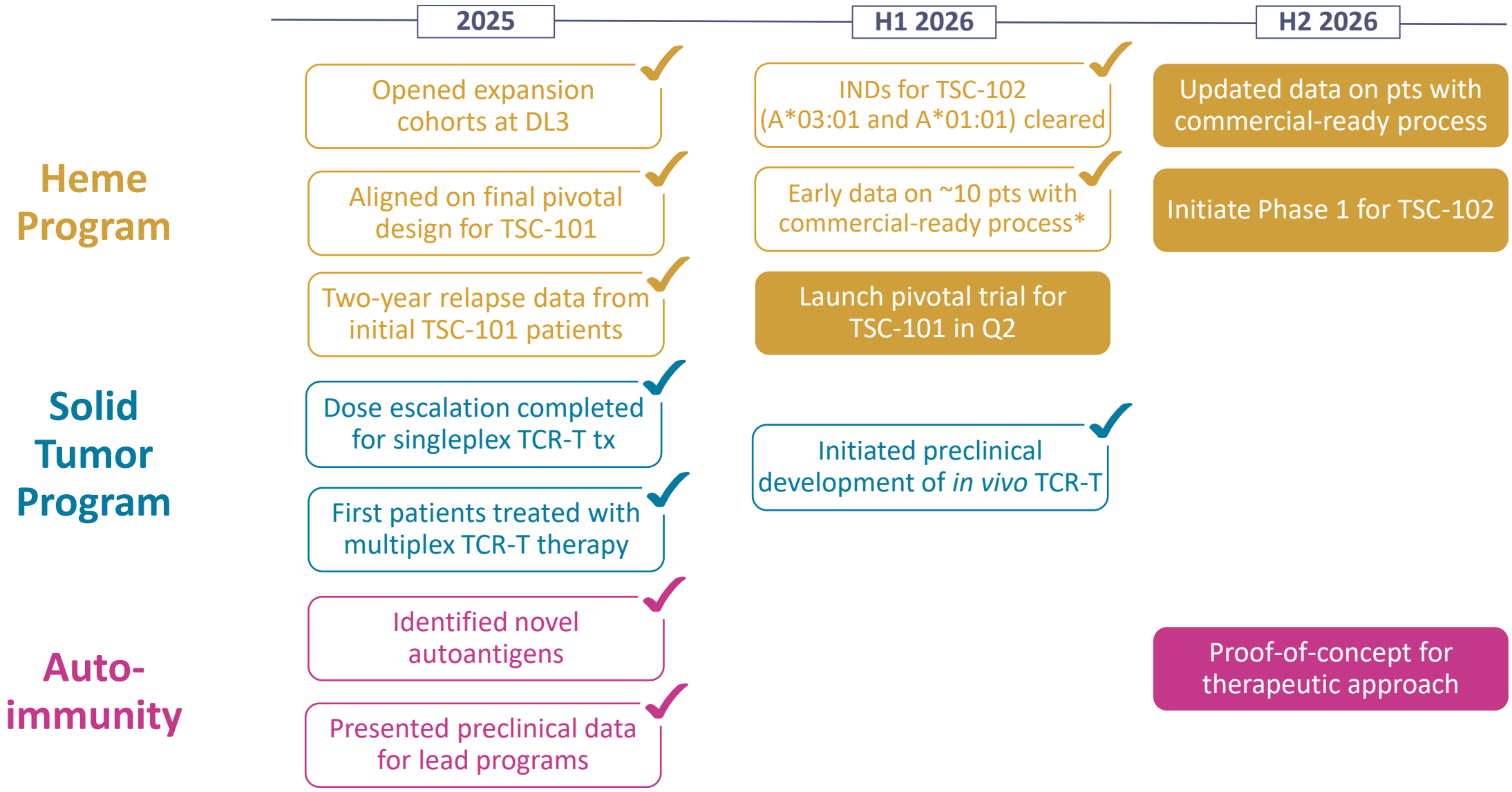
(1) Data as of June 8. 2026; (2) Weinheimer et al, and Pryor et al, presented at ACR Convergence 2025, abstracts 0888, 0997; IND: investigational new drug; AS = ankylosing spondylitis

Advancing focused hematology pipeline with emerging preclinical programs



TSCAN THERAPEUTICS

2026 will be a transformational year for TScan



*Expansion Cohort C

Heme Malignancies

Targeting residual disease to prevent relapse in patients undergoing allogeneic HCT

TSCAN THERAPEUTICS

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 that targets 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

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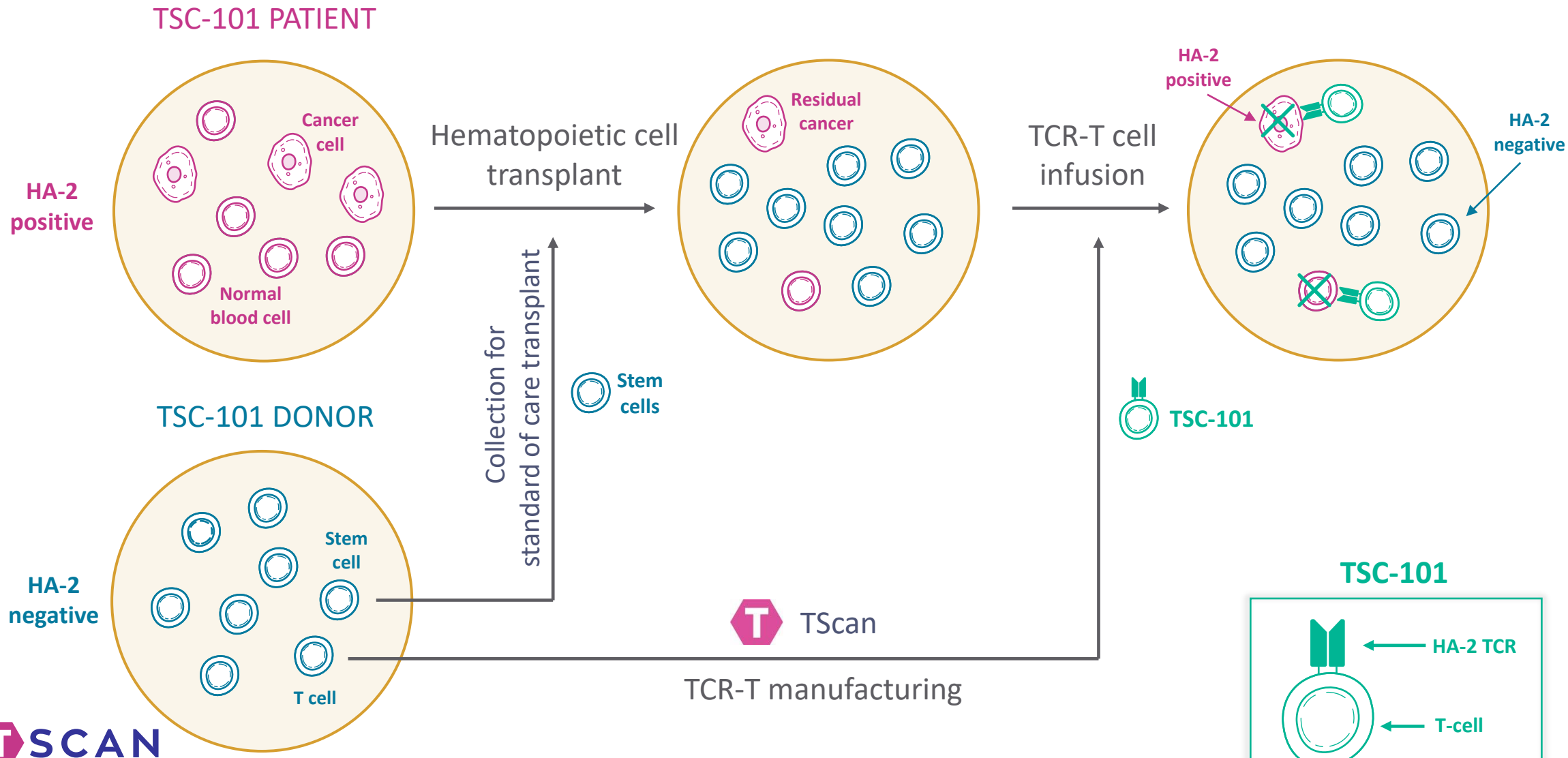
* CIBMTR analysis of AML, ALL, MDS allogeneic transplants with reduced intensity conditioning (RIC) between 2017-2019 with 2-year follow-up

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



Heme Clinical Development Strategy: TSC-101

Targeting residual disease to prevent relapse in patients undergoing allogeneic HCT

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Patients are generally well balanced across TSC-101 Cohort A and control arms

		TSC-101 Cohort A	Control
Evaluable Subjects*		19	19
Age, Median years (Range)		65 (52-74)	66 (23-77)
Sex, Male		13 (68%)	9 (47%)
Underlying Disease	ALL	2 (11%)	1 (5%)
	AML	13 (68%)	10 (53%)
	MDS	4 (21%)	8 (42%)
TP53 mutated		6 (32%)	4 (21%)
MRD-positive pre-HCT		12 (63%)	10 (53%)
Donor type	Haplo	19 (100%)	18 (95%)
	MMUD	--	1 (5%)

Mixed chimerism post-HCT (~D21)	11 of 18 (61%)	13 of 17 (76%)

*Subjects on the treatment arm who received ≥1 infusion of TSC-101 and on the control arm who reached Day 21 post-HCT; ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; Pre-HCT MRD, pre-hematopoietic cell transplantation minimal residual disease; Haplo, haploidentical donor; MMUD, mismatched unrelated donor

Data as of May 20, 2026

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

	TSC-101 n=19	Control n=18
Treatment-emergent aGvHD (MAGIC)	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%)
Any Treatment-emergent cGvHD (NIH)	1 (5%)	2 (11%)
Mild	1 (5%)	1 (6%)
Moderate	0 (0%)	1 (6%)
Severe	0 (0%)	0 (0%)
Any CRS	14 (74%)	7 (39%)
Grade 1 - 2	14 (74%)	6 (33%)
Grade 3 - 4	0 (0%)	1 (6%)
Treatment-emergent CRS	3 (16%)	0 (0%)
Grade 1 - 2	3 (16%)	0 (0%)
Grade 3 - 4	0 (0%)	0 (0%)
Any ICANS	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

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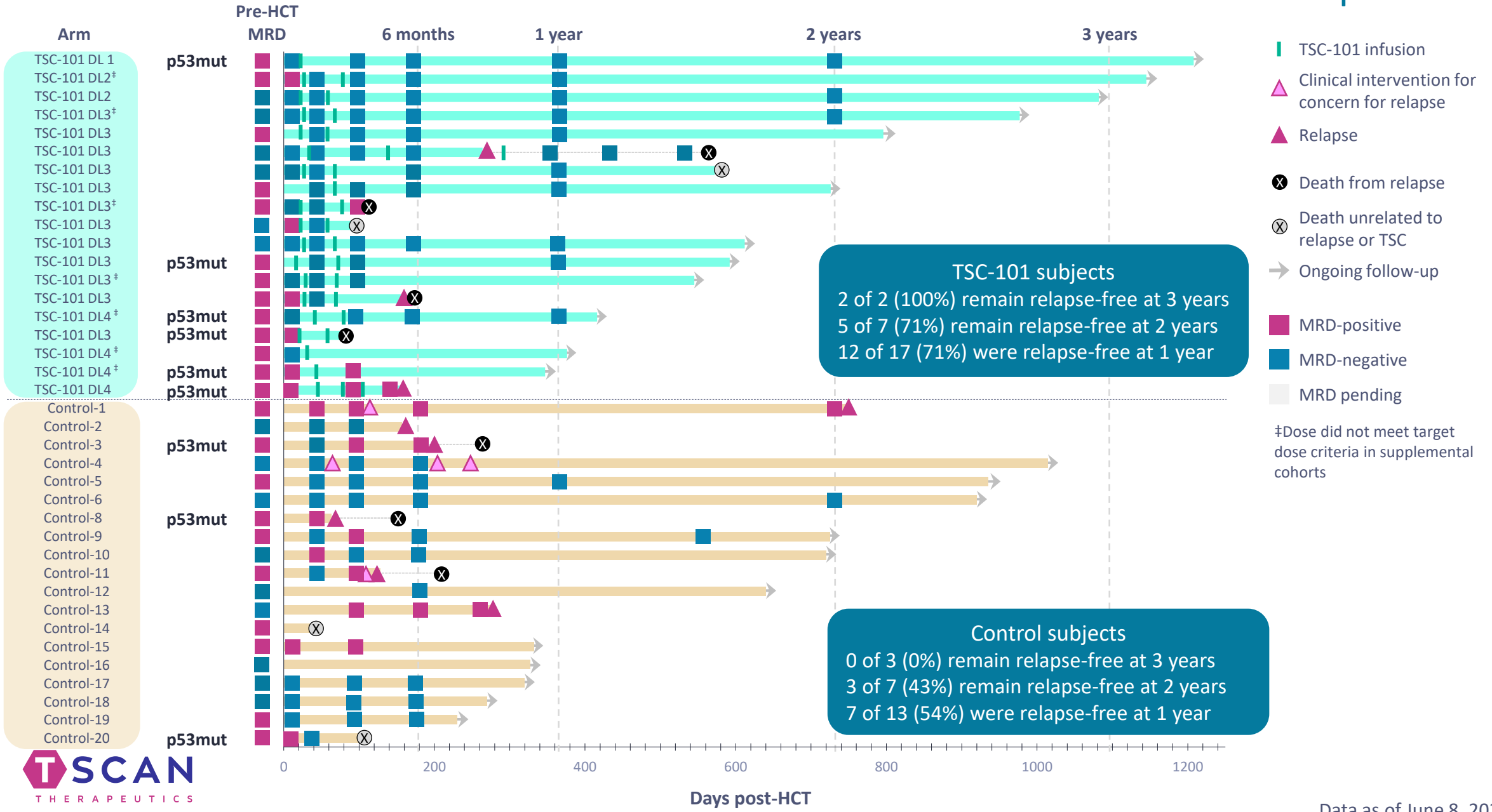
Sept 19, 2025 data cut; Al-Malki et al, abstract ID 2391, presented at ASH Annual Meeting December 2025; GvHD, graft-versus-host disease; ICANS, Immune Effector Cell Associated Neurotoxicity Syndrome; CRS, Cytokine Release Syndrome

Patients treated with TSC-101 have more durable remissions than control patients



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Data as of June 8, 2026

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 long-term benefit

More TSC-101-treated patients remain relapse-free >1-year post-HCT vs control arm#

- **100% (2/2)** vs 0% (0/3) on control arm **at 3-years**
- **71% (5/7)** vs 43% (3/7) on control arm **at 2-years**
- **71% (12/17)** vs 54% (7/13) on control arm **at 1-year**

Commercial-ready manufacturing process

- Streamlined manufacturing process developed and transferred to CDMO
- Additional 14 patients (Cohort C) enrolled and treated with commercial-ready process

Reached agreement with FDA on pivotal trial design

DLTs, dose-limiting toxicities; HCT, hematopoietic cell transplantation; #Data as of June 8, 2026; CDMO, contract development and manufacturing organization

14 Patients enrolled and treated in Cohort C in ~4 months

- Patients generally well balanced across arms, although Cohort C included a higher percentage of patients with MRD-positive disease prior to transplant

		TSC-101 Cohort C	Control
Evaluable Subjects*		14	19
Age, Median years (Range)		68 (28-79)	66 (23-77)
Sex, Male		9 (64%)	9 (47%)
Underlying Disease	ALL	1 (7%)	1 (5%)
	AML	8 (57%)	10 (53%)
	MDS	5 (36%)	8 (42%)
TP53 mutated		3 (21%)	4 (21%)
MRD-positive pre-HCT		9 of 12 (75%)	10 (53%)
Donor type	Haplo	9 (64%)	18 (95%)
	MMUD	5 (36%)	1 (5%)

Mixed chimerism post-HCT (~D21)	12 of 14 (86%)	13 of 17 (76%)

*Subjects on the treatment arm who received ≥1 infusion of TSC-101 and on the control arm who reached Day 21 post-HCT; ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; Pre-HCT MRD, pre-hematopoietic cell transplantation minimal residual disease; Haplo, haploidentical donor; MMUD, mismatched unrelated donor

Data as of May 20, 2026

TSC-101 continues to be well-tolerated in Cohort C

	TSC-101 Cohort C n=14	Control* n=19
Treatment-emergent aGvHD (MAGIC)	2 (14%)	12 (63%)
Grade I	1 (7%)	6 (32%)
Grade II	1 (7%)	5 (26%)
Grade III	0	1 (5%)
Any Treatment-emergent cGvHD (NIH)	1 (7%)	2 (11%)
Mild	1 (7%)	1 (5%)
Moderate	0	1 (5%)
Any CRS	8 (57%)	7 (37%)
Grade 1 - 2	8 (57%)	6 (32%)
Grade 3 - 4	0	1 (5%)
Treatment-emergent CRS	1 (7%)	0
Grade 1 - 2	1 (7%)	0
Grade 3 - 4	0	0
Any ICANS	0	0
Treatment-emergent ICANS	0	0

- Safety has been consistent with Cohort A
- One case of acute respiratory distress syndrome (ARDS) with TSC-101
  - G4 ARDS 13 days after infusion #1 in patient with G4 kidney injury and HHV6 encephalitis after transplant. Case reviewed by SRC and no changes recommended
- Two cases of acute graft vs host disease (aGvHD)
  - 1 Grade I and 1 Grade II events
- One case of CRS reported after TSC-101 infusions
  - Grade 1 event and resolved

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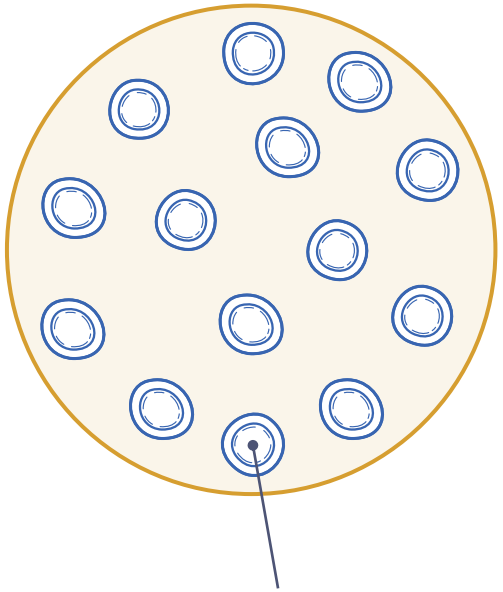
* Control-arm patients enrolled concurrently with Cohort A and therefore with longer duration on study vs Cohort C; GvHD, graft-versus-host disease; ICANS, Immune effector cell-associated neurotoxicity syndrome; CRS, Cytokine release syndrome

Data as of May 20, 2026

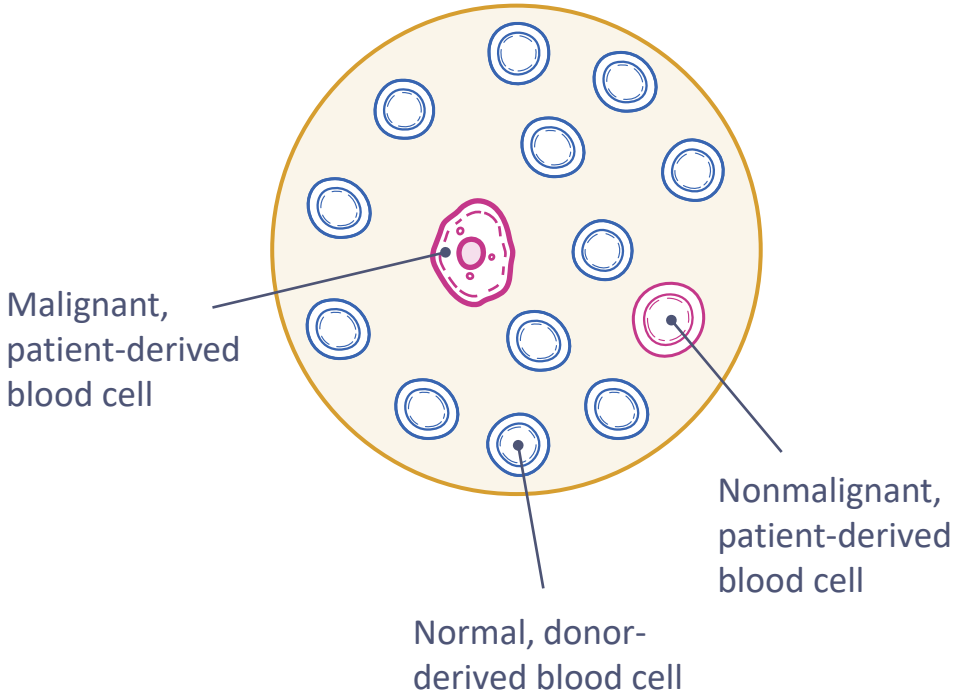
Donor chimerism serves as an early surrogate of efficacy

Post-transplant patient

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

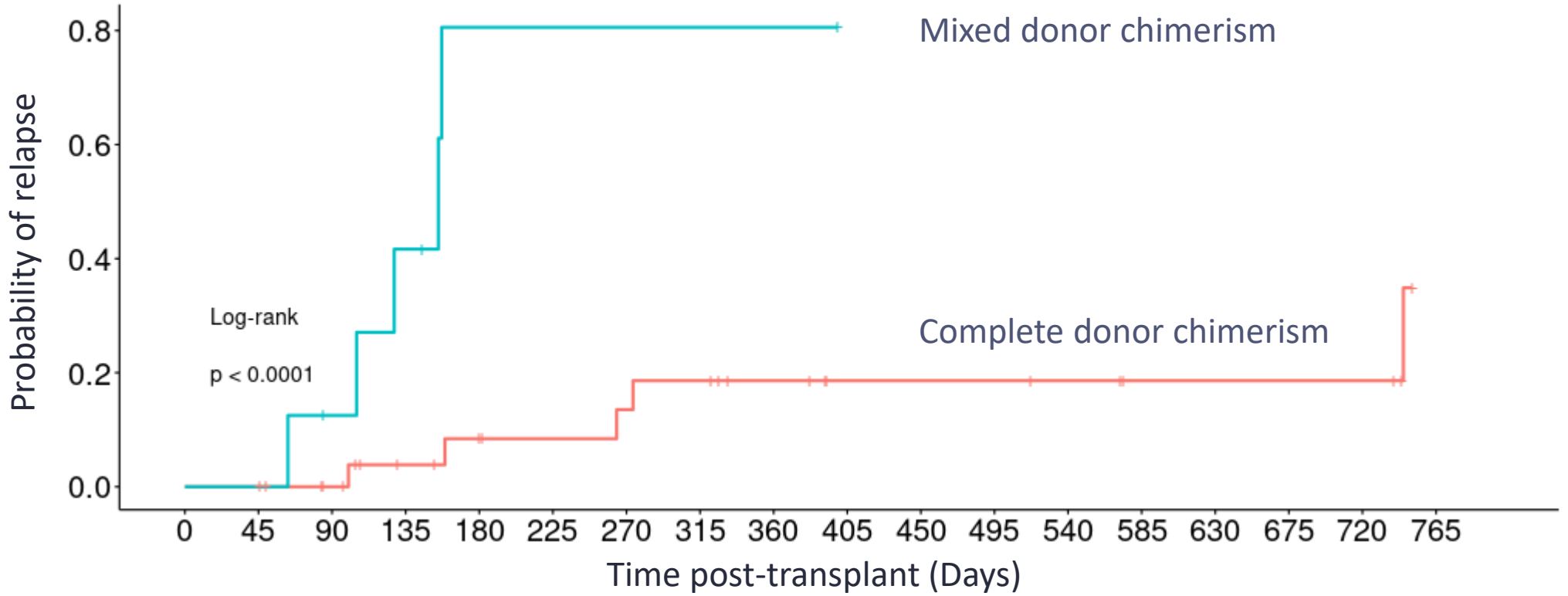


Mixed donor chimerism
(increased risk of relapse[1,2])



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

Patients with complete donor chimerism using NGS assay at two months post-transplant have a low probability of relapse

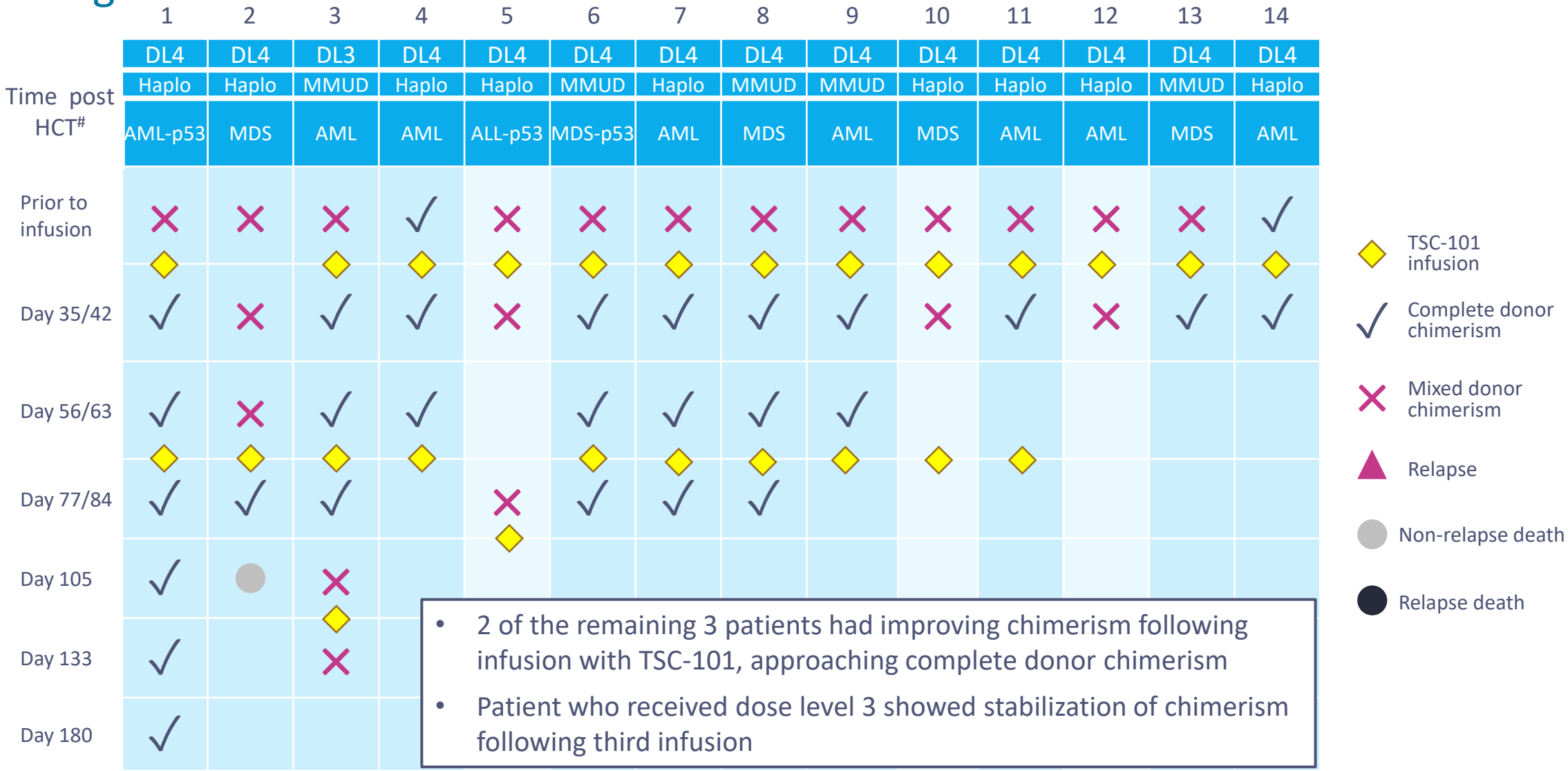


Chimerism status of initial ALLOHA patients at 2 months post-transplant predicts probability of relapse (HR 10.2)

NGS, investigational next-generation sequencing assay (Alloheme)

Data on file; Data as of May 19, 2026

11 of 14 patients achieved complete donor chimerism within ~3 weeks of receiving first infusion of TSC-101

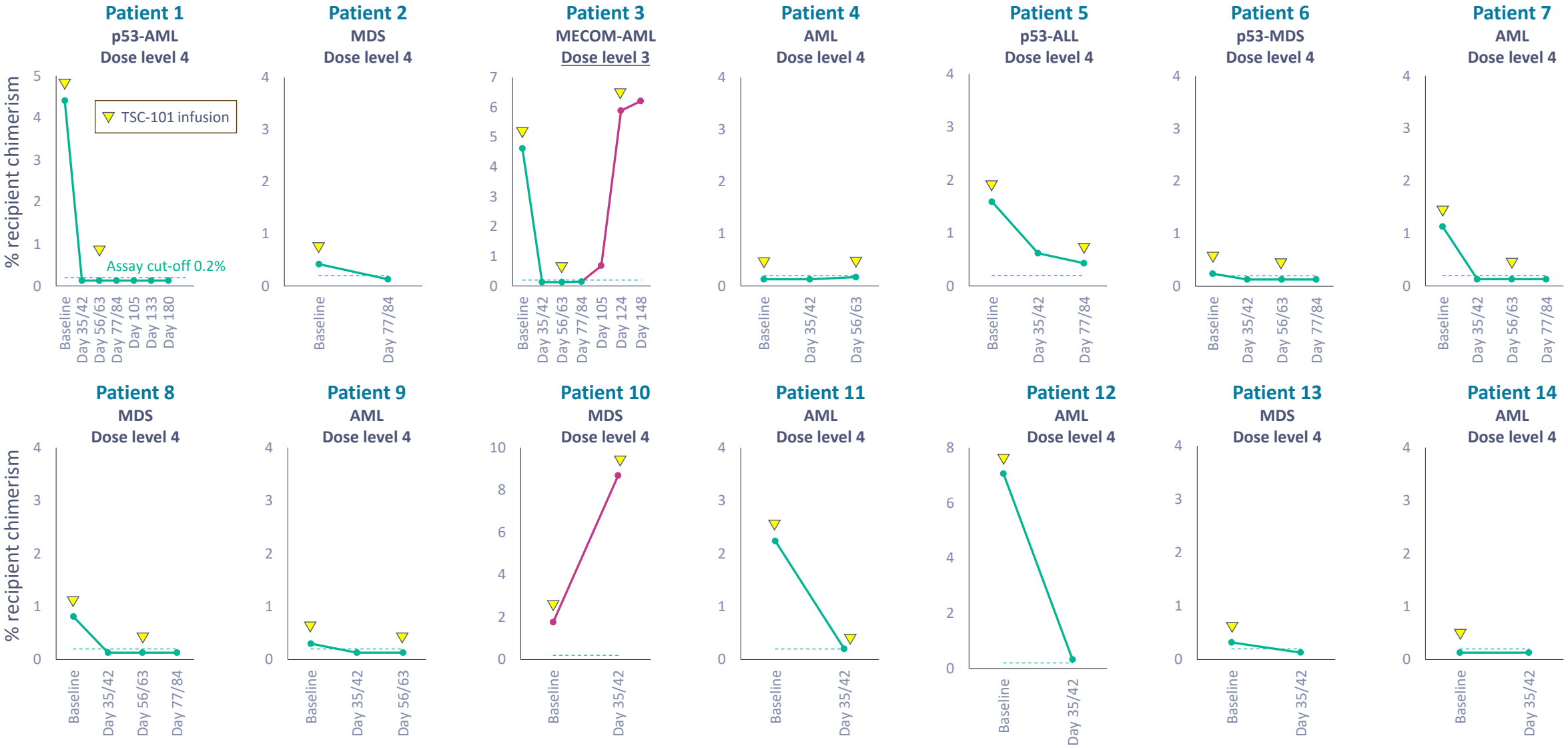


- 2 of the remaining 3 patients had improving chimerism following infusion with TSC-101, approaching complete donor chimerism
- Patient who received dose level 3 showed stabilization of chimerism following third infusion

Donor chimerism results using investigational NGS assay (Alloheme) with data cut-off of 0.2% at indicated times post-HCT (#± 3 days); ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; Haplo, haploidentical donor; MMUD, mismatched unrelated donor

Data as of June 8, 2026

All but one patient in Cohort C (93%) responded to TSC-101 with decreasing recipient chimerism



Donor chimerism results using investigational next-generation sequencing assay (Alloheme) with data cut-off of 0.2% at indicated times post-transplant (# ± 3 days)

No patients in Cohort C have relapsed to date, with higher rates of complete donor chimerism compared to control-arm patients

% Patients with complete donor chimerism

	Cohort A	Cohort C	Control
Immediately post-HCT	37% (7/19)	14% (2/14)	24% (4/17)
~3 weeks after infusion 1	79% (15/19)	79% (11/14)	61% (11/18)[#]
~3 weeks after infusion 2	73% (11/15)[†]	100% (5/5)*	53% (9/17)[#]

[†] 15/19 patients received two or more infusions of TSC-101; Of the 4 patients that only received one infusion, 3 achieved and maintained complete donor chimerism within 3 weeks of receiving their infusion

* Patient receiving dose level 3 subsequently showed mixed donor chimerism

[#] For the control arm, day 35/42 and day 77/84 were deemed the comparable time points to ~3 weeks post first and second infusions of TSC-101

Post-HCT, post-hematopoietic cell transplant

Data as of June 8, 2026

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

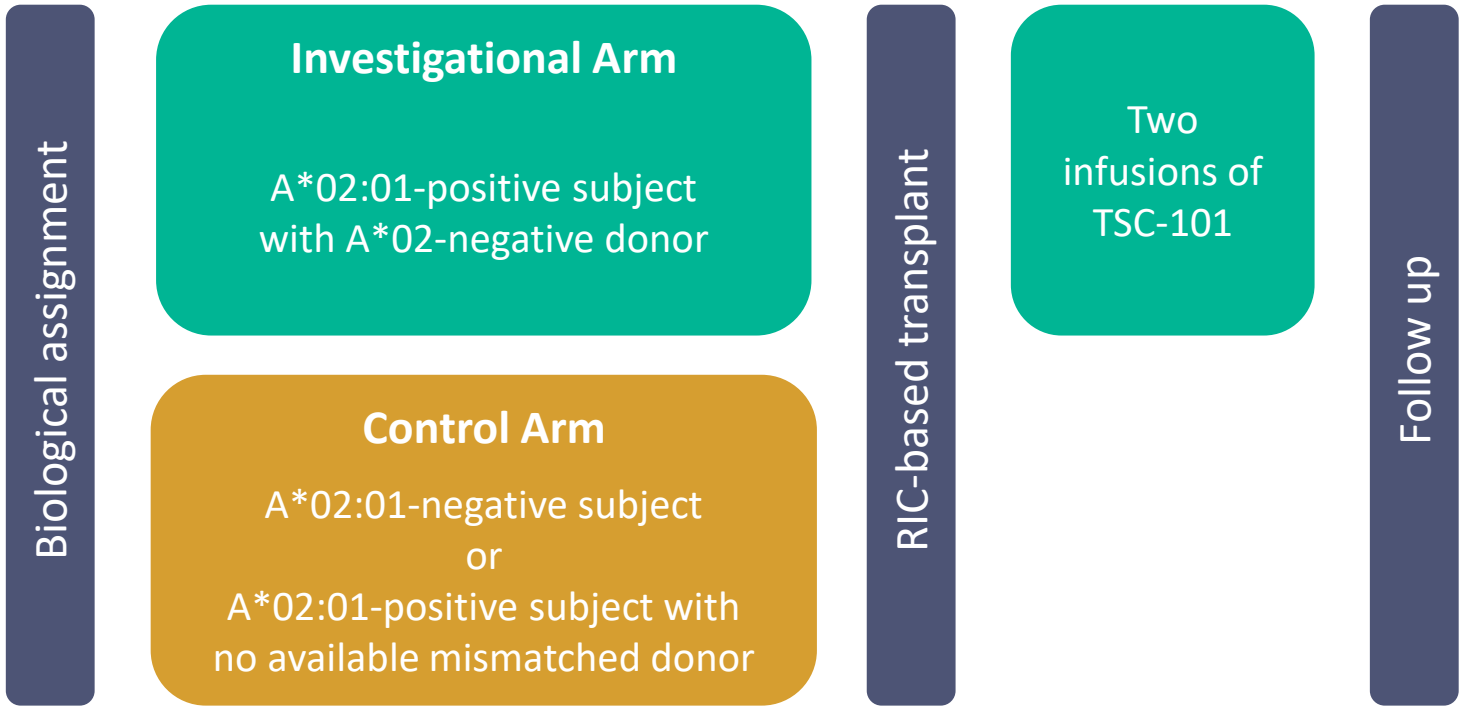
- Company has reached agreement with the FDA to use a pivotal trial design that mirrors the ALLOHA™ Phase 1 trial (NCT05473910)
- All patients that are eligible for TSC-101 will be assigned to the investigational arm

Study Population

- AML or MDS
- Age ≥ 18 years
- Undergoing first allo-HCT
- Eligible for reduced intensity conditioning (RIC)

Key Endpoints

- **Primary Endpoint**: RFS
- Key Secondary Endpoint: OS



AML: Acute myeloid leukemia; MDS: Myelodysplastic syndromes; Allo-HCT: Allogeneic hematopoietic cell transplantation; RIC: Reduced intensity conditioning; RFS: Relapse-free survival; OS: Overall survival

Heme Clinical Development Strategy: TSC-102

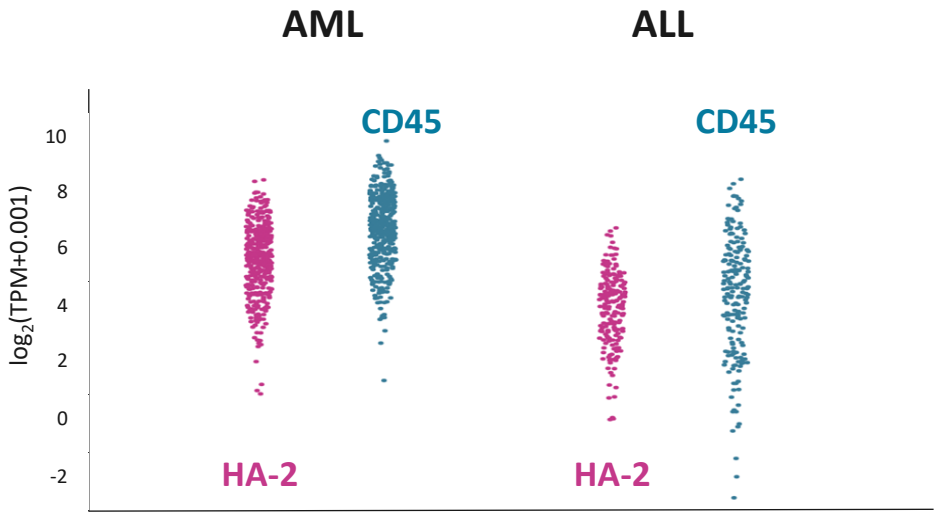
HLA and Indication expansion

TSCAN THERAPEUTICS

TCRs for additional HLA types target epitopes derived from CD45, a universal source of antigens for heme malignancies

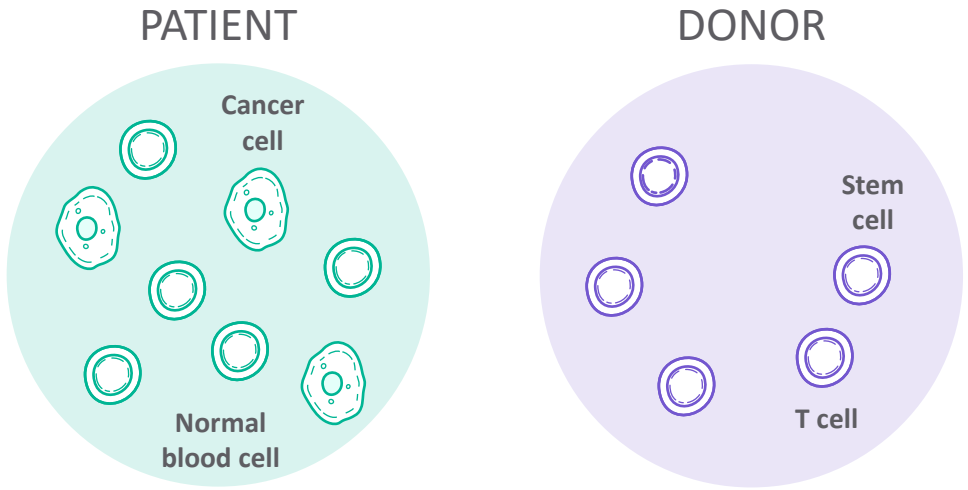
- CD45 is a lineage-specific protein with expression in all hematopoietic cells, including HSCs
- CD45 is a large protein with many well-known epitopes for high frequency HLAs
- Antigen-negative donors will be selected by mismatching on HLA (using haploidentical and MMUD donors)

CD45 has high and uniform expression in AML and ALL



Source: TCGA

TSC-102 TCRs target CD45 antigens presented on patient but not donor HLAs



CD45 antigen HLA-A*03:01 positive

CD45 antigen HLA-A*03:01 negative

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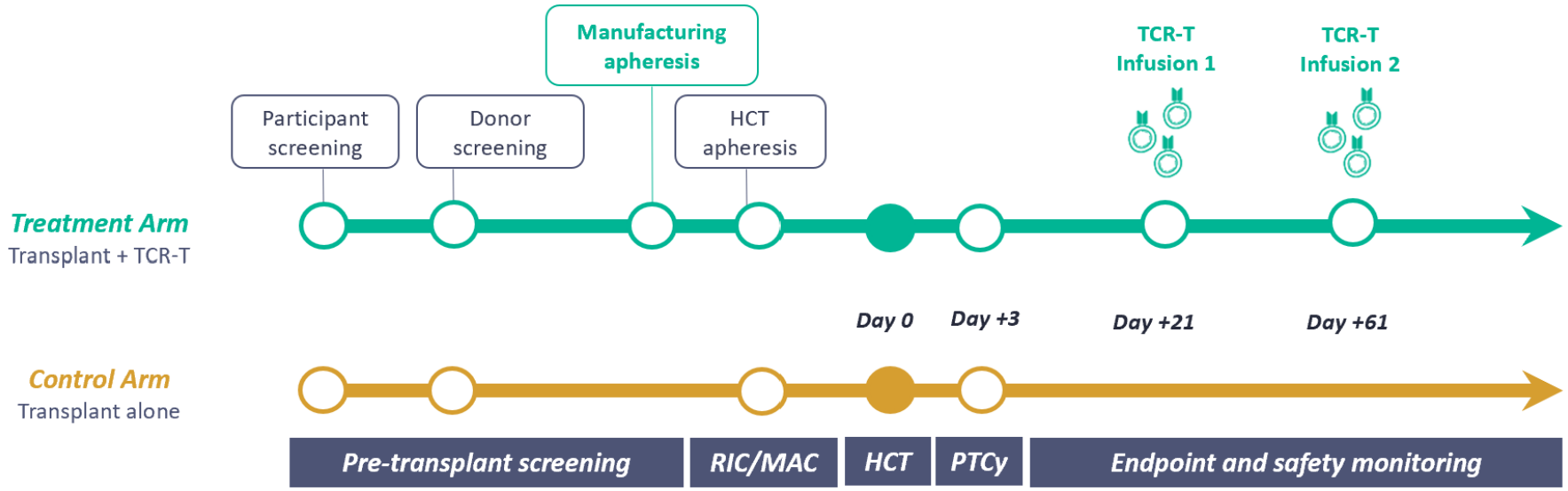
Data on file

INDs cleared for TSC-102-A03 and TSC-102-A01; Phase 1 planned for Q4 2026

- Study expands the heme program
  - Two additional HLA types
  - MAC conditioning
  - ALL and Non-Hodgkin Lymphoma in addition to AML and MDS



Indications
- AML, ALL, MDS
- Non-Hodgkin Lymphoma

Study Characteristics
- Dose escalation
- RIC or MAC
- Haplo or MMUD

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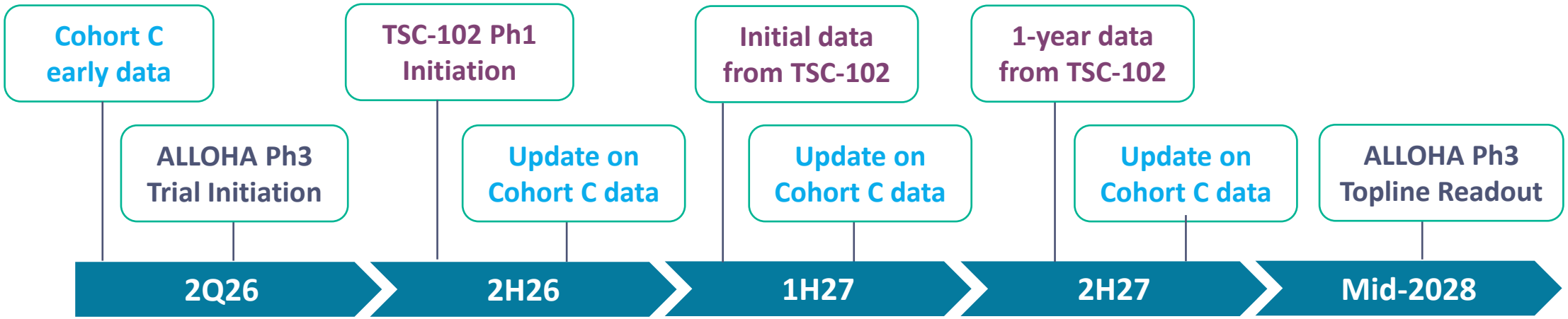
Continuous data read-outs over the next two years provides clinical de-risking

- ALLOHA Phase 3 will take ~2 years, with a topline readout targeted for the second half of 2028
- Cohort C is the same manufacturing process and patient population as our Phase 3, and is expected to provide clinical de-risking throughout the duration of the pivotal study
- TSC-102 will also be ongoing and is expected to provide insight to safety and efficacy



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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
- Cleared INDs for TSC-102-A01 and TSC-102-A03 Q1 2026
- Share data from Cohort C patients with commercial-ready manufacturing process in **Q2 2026**
- Launch pivotal study for TSC-101 in **Q2 2026**
- Initiate Phase 1 study of TSC-102-A01 and TSC-102-A03 in **Q4 2026**

TSCAN THERAPEUTICS

Market Opportunity and Market Access Strategy

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

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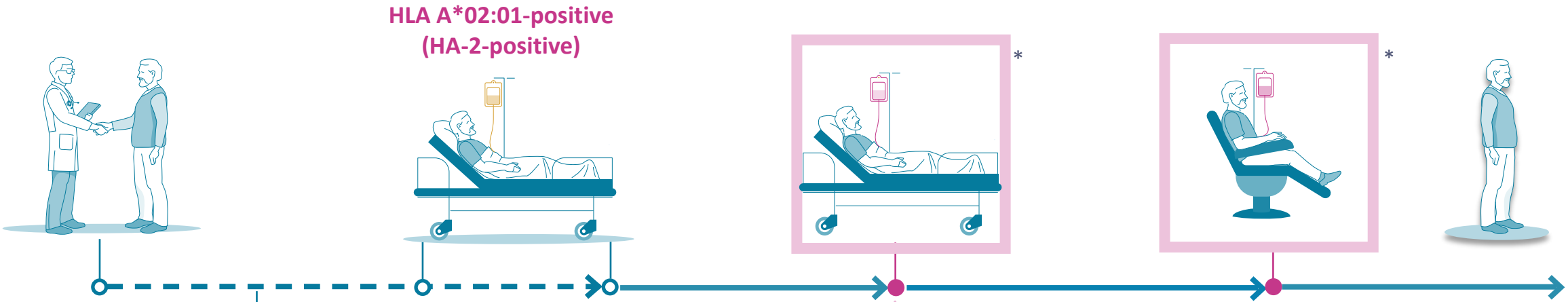
TSC-101 is incorporated seamlessly into current transplant journey



Donor apheresis 1: T-cells
Donor apheresis 2: Stem cells

- Referral to existing transplant centers is current standard of care
- Patient and donor pairing conducted through standard HLA testing
- Flexibility for inpatient/outpatient infusion(s)
- Product manufacturing is completed well before planned infusion on Day 21

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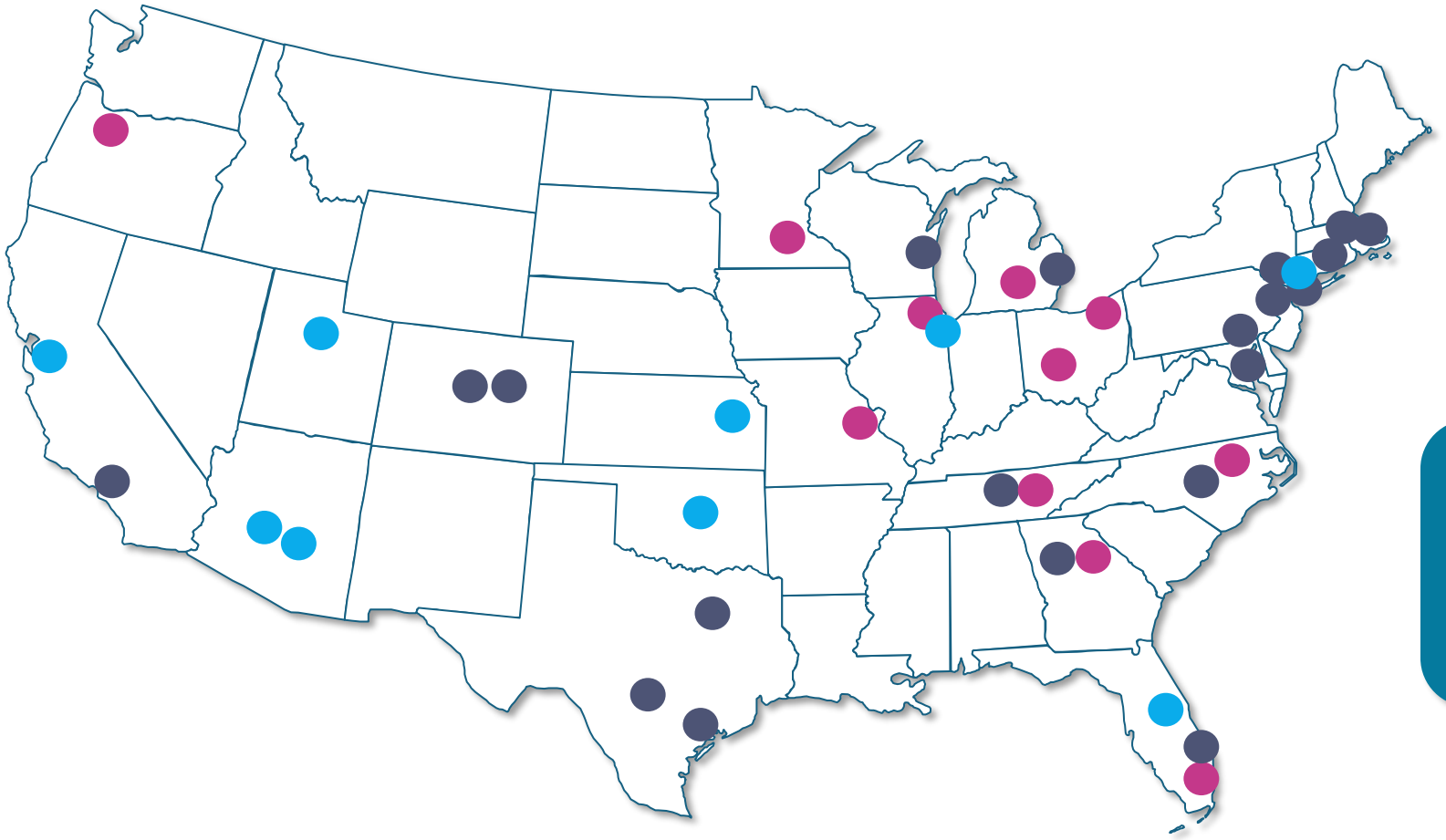
* Infusion 1 & 2 site of care (inpatient vs outpatient) determined by administering physician. Infusion 1 may be given upon engraftment and between days 14-35 post transplant, infusion 2 would be administered about 40 days after infusion 1.

US geographical footprint ensures appropriate patient access to treatment



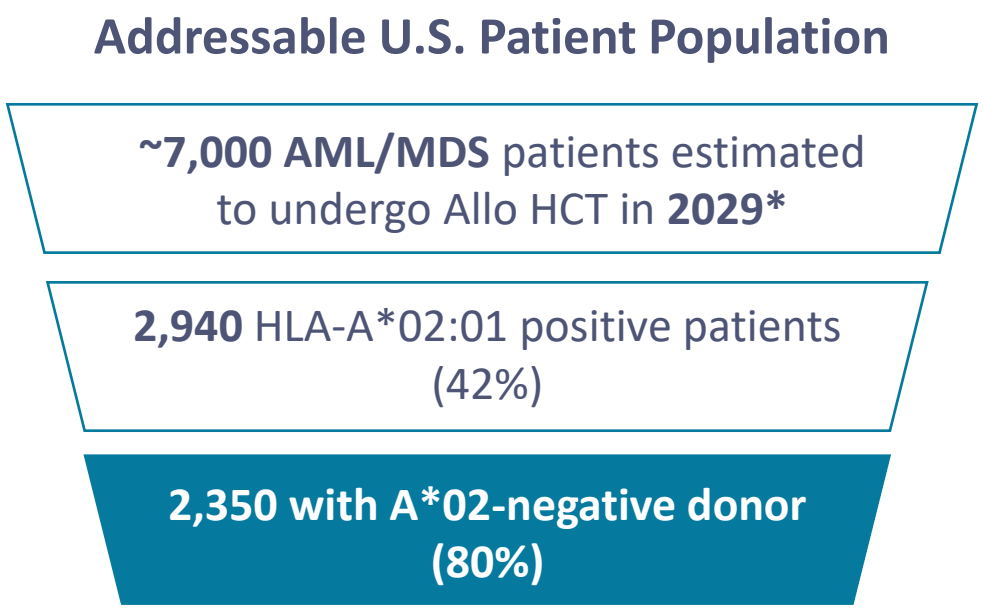
ATCs Color Coded by Category:

- Current clinical trial sites
- Potential additional sites for pivotal
- Potential additional sites for commercial

- **~120** centers conduct allo-HCT
- **21** sites in Phase 1 clinical trial
- **30** sites in Phase 3 trial
- Targeting **40** ATCs at launch

90% of addressable patients will have access to an ATC within 250 miles of home

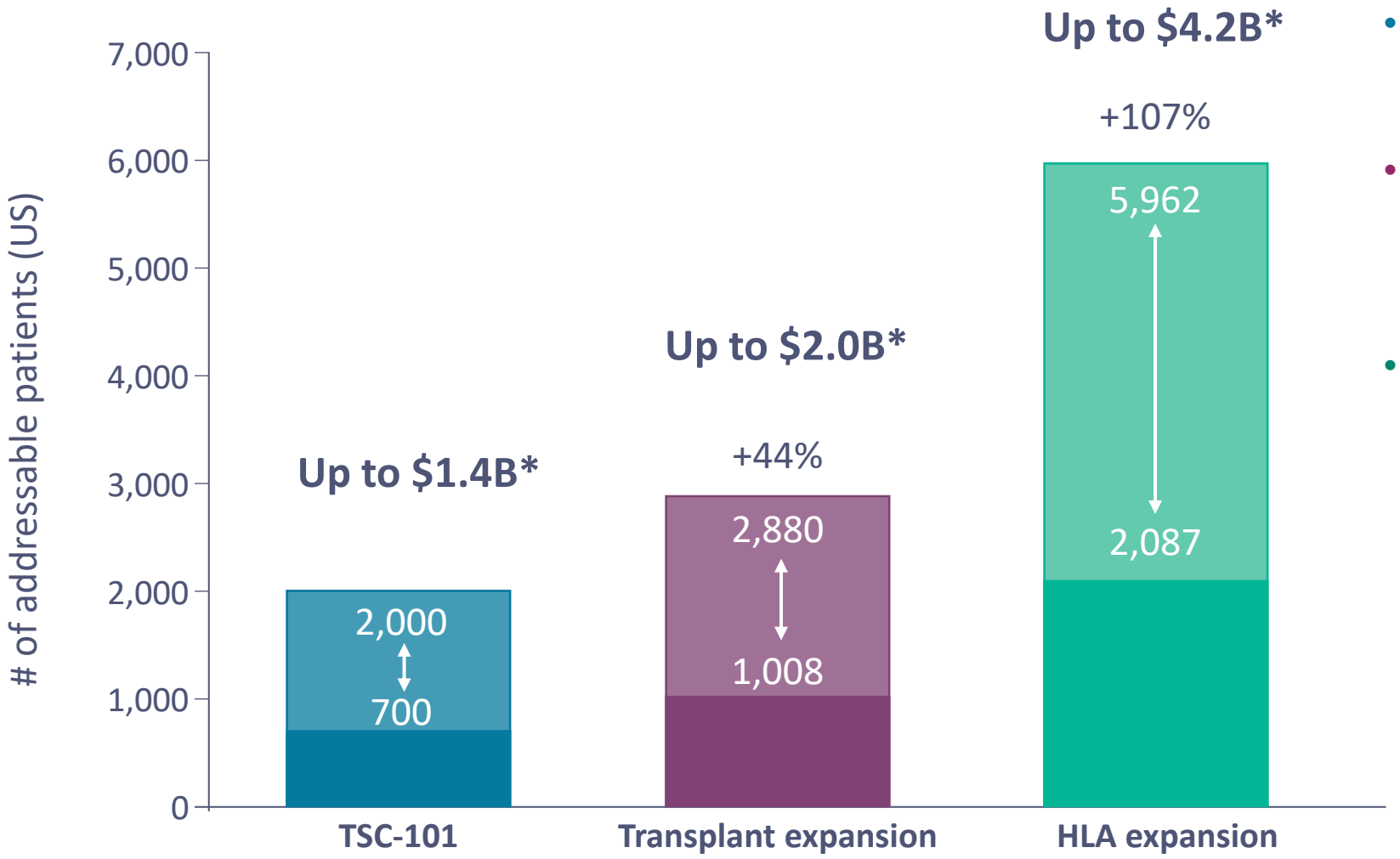
At launch, ~2,350 patients will qualify for TSC-101 in the U.S. based on HLA type



Requires transplant with reduced intensity conditioning and haplo/MMUD donor

Sources: Spellman SR, et al. Transplant Cell Ther., 2025, 31:505-532; Analyses from NMDP, allelefrequencies.net, ClearView Independent Analysis; Addressable patient estimates based on 4% annual growth in allo-HCT; Haplo: haploidentical donor; MMUD: mismatched unrelated donor.

Heme franchise represents a substantial commercial opportunity



- Positive data expected to increase use of RIC and haplo/MMUD donors
- Increased use of transplant provides a way to reach over 2,800 AML and MDS patients per year in the U.S. with TSC-101
- Addition of TSC-102 will expand the addressable patient population to include additional HLA types

Candidate	HLA type	Frequency
TSC-101	A*02:01	42%
TSC-102-A01	A*01:01	24%
TSC-102-A03	A*03:01	22%
TSC-102-A24	A*24:02	17%
Total	**HLA total**	**82%**

- Accounts for overlap in addressable patient populations
- Assumes 85% probability of finding a mismatched donor

Source: SEER, CIBMTR, EBMT, APBMT; HLA, human leukocyte antigen; *Based on pricing of ~$700K

Solid Tumors

Developing multiplex TCR-T therapy to overcome tumor heterogeneity

TSCAN THERAPEUTICS

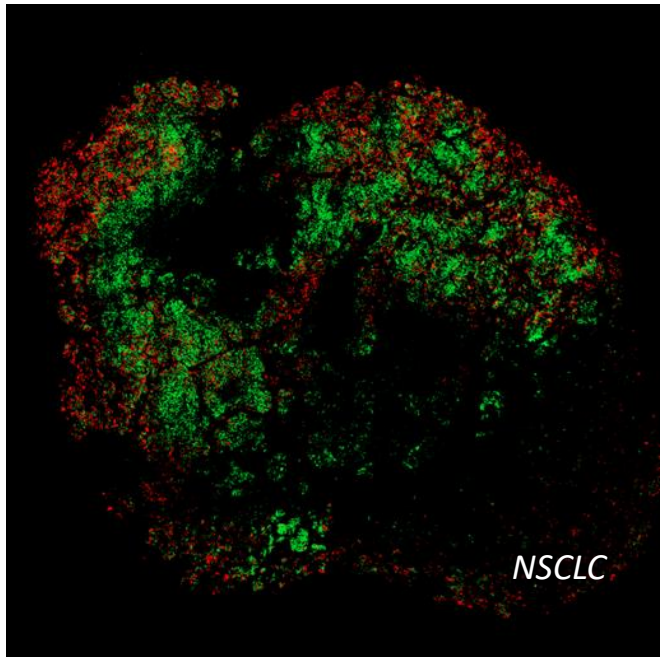
Multiplex TCR-T therapy designed to overcome the heterogeneity of solid tumors

Unmet Medical Need

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

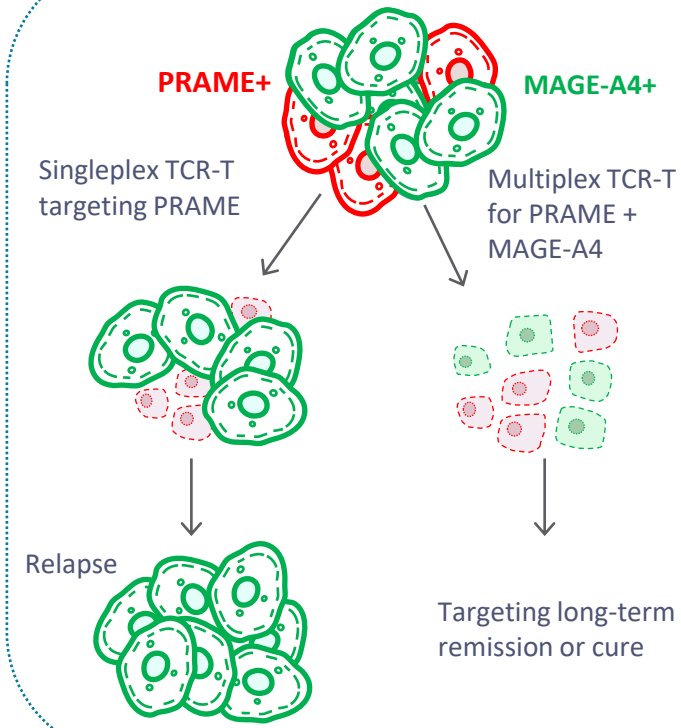
Only 10-35%* of patients diagnosed with metastatic solid tumors survive more than 5 years

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**

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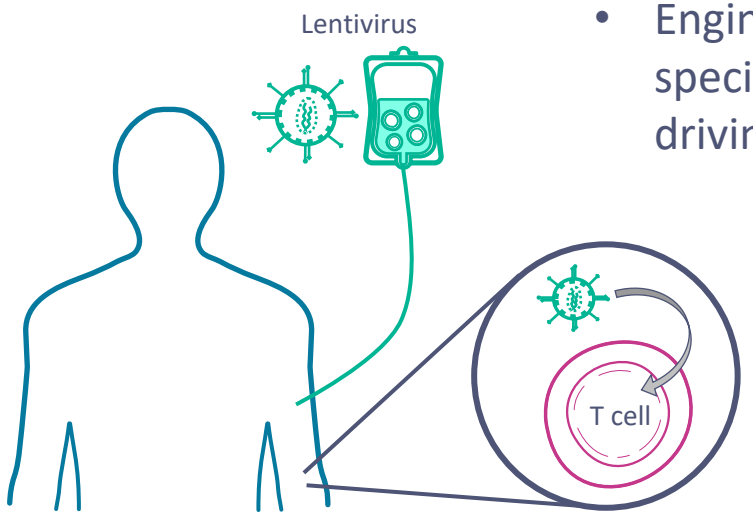
Source: SEER; * Across HNSCC, NSCLC, sarcoma, cervical, and anal cancer; Data on file

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

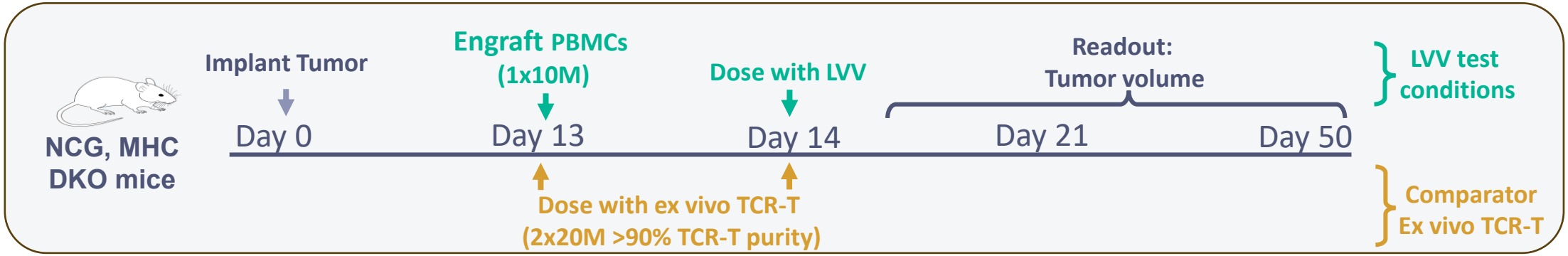


In vivo lentiviral approach offers potential for long-term response

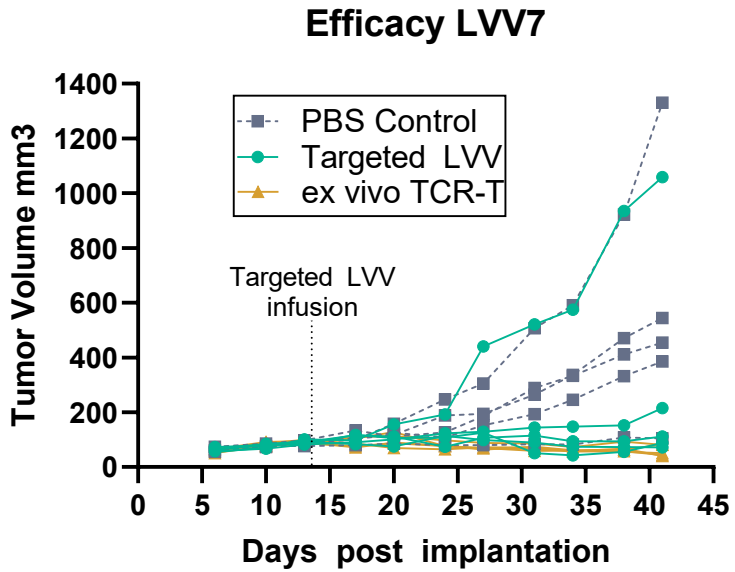
- Modified lentiviruses specifically target T-cells *in vivo* and enable permanent integration of genetic cargo
- Engineered T-cells express a cancer-specific TCR and form memory cells, driving long term anti-cancer activity

COGS, cost of goods

MAGE-A4 TCR delivered in vivo with targeted LVVs illustrate tumor clearance in PBMC engrafted mice implanted with NSCLC solid tumor cell line



- MAGE-A4-expressing NSCLC tumor model was adapted for human PBMC co-engraftment
- In vivo engineered TCR-T cells illustrate tumor clearance in NSCLC tumor model



LVV, lentiviral vector; NSCLC, non-small cell lung cancer; PBS, phosphate buffered saline; PBMC, peripheral blood mononuclear cells

Data on file

Autoimmunity

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

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

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

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

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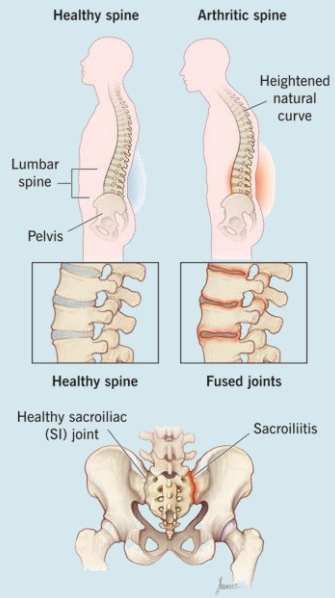
Multi-year collaboration using TargetScan to identify targets for T cells in patients with Crohn's disease

AMGEN

Ankylosing spondylitis (AS) is a debilitating autoimmune disorder strongly driven by T-cells but with a poorly characterized autoantigen target landscape

- Primarily affects **young males** (Male-to-Female ratio: 2:1); ~6 million cases globally (2018), including ~550,000 in North America
- Common symptoms include **low back pain, stiffness, and loss of spinal mobility**
- **No cure is available**, current AS treatments rely on TNF, IL-17, and JAK inhibitors
- AS etiology is unclear, but the presence **of HLA-B*27:05 in more than 90% of patients** suggests involvement of **common antigenic targets**



- After four decades of research, concrete **CD8⁺ T cell targets remained elusive**
- **TargetScan enabled us to discover multiple biologically relevant targets capable of inducing AS-like disease in mice**

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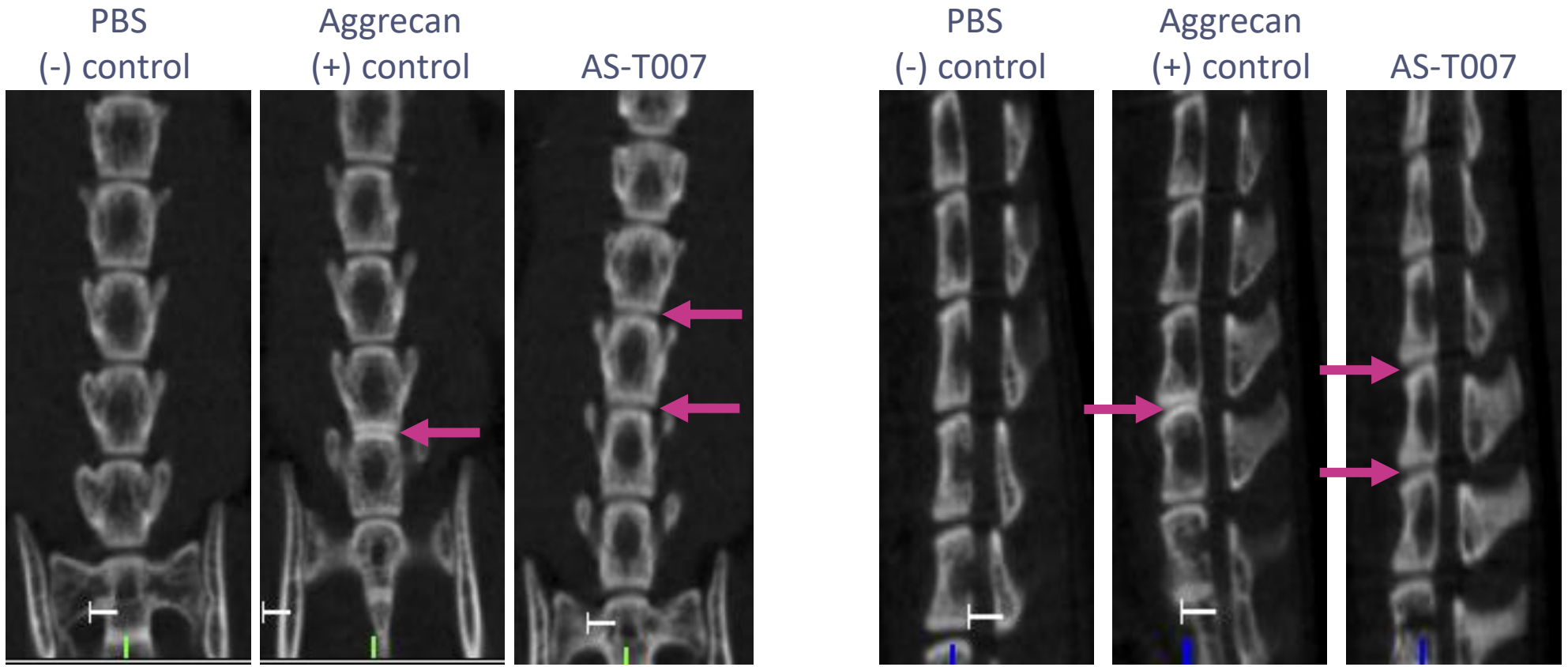
JAMA 2025; 333(5):408-420. doi:10.1001/jama.2024.20917; *Bone Research* 2019; 7:22. doi:10.1038/s41413-019-0057-8; *Curr Opin Rheumatol* 2018; 30:137–143. doi:10.1097; AS, ankylosing spondylitis; TNF, tumor necrosis factor; JAK, Janus kinase

Micro-CT reveals bone remodeling in the spine of mice immunized with TScan-identified targets



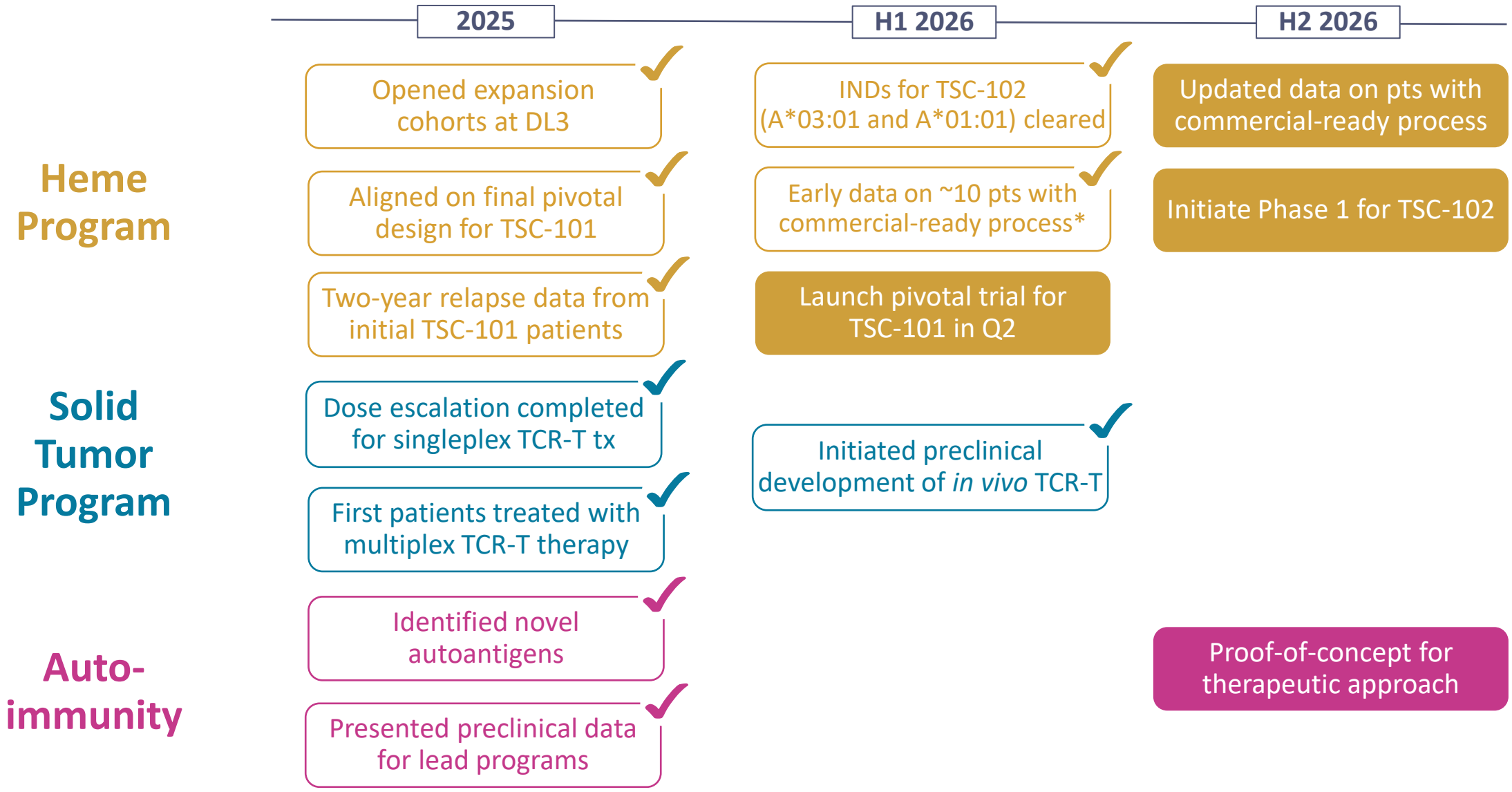
Data presented at the Antigen-Specific Immune Tolerance (ASIT) Summit (March 5, 2026; Boston)

- Screening of additional AS patient PBMCs for reactivity to putative targets in progress

Micro-CT, micro-computed tomography; AS, ankylosing spondylitis; PBMC, peripheral blood mononuclear cells

Data on file

2026 will be a transformational year for TScan



*Expansion Cohort C

THANK YOU