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) June 22, 2026

TSCAN THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware	**001-40603**	**82-5282075**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

830 Winter Street, Waltham, Massachusetts	**02451**
(Address of principal executive offices)	**(Zip Code)**

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

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:

☐ 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	Trade Symbol(s)	Name of each exchange on which registered
Voting Common Stock, $0.0001 par value 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 June 22, 2026, TScan Therapeutics, Inc. (the "Company") issued a press release announcing positive initial data from Cohort C of the ongoing ALLOHA™ Phase 1 study evaluating TSC-101, generated with the commercial-ready manufacturing process, in patients with heme malignancies undergoing allogeneic hematopoietic cell transplantation. The Company also released an updated company presentation, which includes additional details of its heme malignancies clinical programs, including Cohort C data from the ALLOHA™ Phase 1 trial. Copies of the press release and the updated company presentation are attached as Exhibits 99.1 and 99.2 to this Current Report on Form 8-K. The updated company presentation will also be available in 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 Exhibits 99.1 and 99.2 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 Exhibits 99.1 and 99.2.

Item 8.01 Other Events.

On June 22, 2026, the Company provided an update on its heme malignancies clinical program, including initial data from Cohort C of the ongoing ALLOHA™ Phase 1 study evaluating TSC-101, generated with the commercial-ready manufacturing process, in patients with heme malignancies undergoing allogeneic hematopoietic cell transplantation. Key data highlights are set forth below.

- 19 patients were enrolled in Cohort C:
    - ~90% manufacturing success rate (17/19) with commercial-ready process
    - 14/19 patients went to transplant and received their first infusion of TSC-101
        - 10/14 patients have received their planned second infusion, and 1/14 patients received a third infusion
    - 3/19 patients did not proceed to transplant due to clinical reasons
- Chimerism data as observed by high sensitivity NGS assay (Alloheme) with assay cut-off of 0.2%:
    - 11 of 14 patients achieved complete donor chimerism within ~3 weeks of receiving their first infusion of TSC-101 and 2 of the remaining 3 patients are approaching complete donor chimerism
        - One patient with TP53 mutated AML remained in complete donor chimerism 6 months post-HCT

- TSC-101 infusions were generally well-tolerated, safety was consistent with Cohort A, and observed adverse events were consistent with post-HCT adverse events.

Forward-Looking Statements

This Current Report on Form 8-K contains forward-looking statements that are based on the Company's beliefs and assumptions and on information currently available to the Company on the date of this Current Report. These forward-looking statements involve substantial risks and uncertainties. Any statements in this Current Report on Form 8-K other than statements of historical fact, including statements about the Company's future expectations, plans and prospects, constitute forward-looking statements for purposes of the safe harbor provisions under the Private Securities Litigation Reform Act of 1995. Forward-looking statements include any statements about the Company's strategy, operations and future expectations and plans and prospects for the Company, and any other statements containing the words "anticipate," "believe," "estimate," "expect," "intend", "goal," "may", "might," "plan," "predict," "project," "seek," "target," "potential," "will," "would," "could," "should," "continue," and similar expressions. Such forward-looking statements involve substantial risks and uncertainties that could cause the Company's financial and operating results, performance or achievements to differ significantly from those expressed or implied by the forward-looking statements, including the factors discussed in the "Risk Factors" section contained in the quarterly and annual reports that the Company files with the Securities and Exchange Commission. Any forward-looking statements represent the Company's views only as of the date of this Current Report on Form 8-K. The Company anticipates that subsequent events and developments may cause its views to change. While the Company may elect to update these forward-looking statements at some point in the future, the Company specifically disclaims any obligation to do so except as required by law even if new information becomes available in the future.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits:

Exhibit No.	Description
99.1	Press release, dated June 22, 2026
99.2	Company Presentation, dated June 22, 2026
104	Cover Page Interactive Data File (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: June 22, 2026

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

TScan Therapeutics Announces Positive Initial Data from Cohort C of Ongoing ALLOHA™ Phase 1 Study Evaluating TSC-101 in Patients with Heme Malignancies Undergoing Allogeneic Hematopoietic Cell Transplantation

11 of 14 patients dosed had complete donor chimerism within ~three weeks of receiving first infusion of TSC-101; an additional two had improving chimerism following TSC-101

TSC-101 continues to be well-tolerated

Company remains on track to enroll their first patient in the Phase 3 ALLOHA-2™ study of TSC-101 this month

Company to host virtual KOL event featuring Ran Reshef, M.D., M.Sc., today, June 22, at 8:30 a.m. ET

WALTHAM, Mass., JUNE 22, 2026 — TScan Therapeutics, Inc. (Nasdaq: TCRX), a clinical-stage biotechnology company focused on the development of T cell receptor (TCR)-engineered T cell (TCR-T) therapies for the treatment of patients with cancer, today presented data from Cohort C of the ongoing ALLOHA™ Phase 1 study, evaluating TSC-101 generated with the commercial-ready manufacturing process, in patients with heme malignancies undergoing allogeneic hematopoietic cell transplantation (allo-HCT).

“These data provide important support for our commercial-ready manufacturing process and reinforce our confidence in the consistency and quality of the product candidate being delivered to patients,” said Gavin MacBeath, Ph.D., Chief Executive Officer. “We are very encouraged by the 11 of 14 patients who showed complete donor chimerism approximately three weeks after their first infusion as well as the complete chimerism seen in all 5 patients who were assessed after their second infusion of TSC-101. Furthermore, even in a higher-risk patient population when compared to patients in Cohort A and our control arm, 93% of patients responded to TSC-101 with decreasing recipient chimerism. Taken together, these findings support our planned transition into the pivotal Phase 3 study of TSC-101 this month. We look forward to advancing further development of TSC-101 with the goal of preventing relapse following allo-HCT and improving outcomes for these patients.”

“The initial results from Cohort C continue to exhibit strong clinical efficacy while maintaining a positive safety profile in patients receiving TSC-101 after their standard of care allo-HCT,” said Chrystal U. Louis, M.D., Chief Medical Officer. “This cohort enrolled ahead of schedule and highlights the strong investigator engagement and growing interest in the TSC-101 clinical development program. As relapse remains a leading cause of death following allo-HCT, we are encouraged by the potential of TSC-101 to address residual disease and thereby improve long-term outcomes for patients with heme disorders.”

Key Data Highlights

- 19 patients were enrolled in Cohort C:
  - ~90% manufacturing success rate (17/19) with commercial-ready process

- 14/19 patients went to transplant and received their first infusion of TSC-101
    - 10/14 patients have received their planned second infusion, and 1/14 patients received a third infusion
- 3/19 patients did not proceed to transplant due to clinical reasons

- Chimerism data as observed by high sensitivity NGS assay (Alloheme) with assay cut-off of 0.2%:
    - 11 of 14 patients achieved complete donor chimerism within ~3 weeks of receiving their first infusion of TSC-101 and 2 of the remaining 3 patients are approaching complete donor chimerism
        - One patient with TP53 mutated AML remained in complete donor chimerism 6 months post-HCT
- TSC-101 infusions were generally well-tolerated, safety was consistent with Cohort A, and observed adverse events were consistent with post-HCT adverse events.

Virtual Key Opinion Leader (KOL) Event

The Company will host a virtual KOL event featuring Ran Reshef, M.D., M.Sc., today, June 22, 2026, at 8:30 a.m. ET to discuss initial data from Cohort C of the ALLOHA™ Phase 1 study using its commercial-ready manufacturing process, as well as plans and expectations for initiating a pivotal Phase 3 study for TSC-101. The Company will also discuss follow-on product candidates and the market opportunity for the heme program. A replay of the webcast will be available following the call.

Dr. Reshef is the Professor of Medicine and Director of Translational Research, Blood and Marrow Transplantation Program, Director of the Cell Therapy Program at Columbia University Irving Medical Center. Details about attending the event can be found here.

About TScan Therapeutics, Inc.

TScan is a clinical-stage biotechnology company focused on the development of T cell receptor (TCR)-engineered T cell (TCR-T) therapies for the treatment of patients with cancer. The Company's lead TCR-T therapy candidate is in development for the treatment of patients with hematologic malignancies to prevent relapse following allogeneic hematopoietic cell transplantation (the ALLOHA™ Phase 1 heme trial). The Company is also in early stages of developing methods for in vivo engineering to treat solid tumors. In addition, the Company is applying its target discovery platform to discover novel targets in various T cell-mediated autoimmune disorders.

Forward-Looking Statements

This release contains 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, expectations, and timing relating to the Company's hematologic malignancies program, including clinical updates of the ALLOHA™ Phase 1 heme trial, data from Cohort C and the implications of such results, presentation of data, enrollment and dosing of patients, clinical trial design and initiation of a pivotal Phase 3 trial for TSC-101; the potential benefits of any of the Company's proprietary platforms or current or future product candidates in treating patients; 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 release 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 product candidates; TScan's expectations regarding its preclinical studies or clinical trials being predictive of future clinical trial results; TScan's approved INDs being indicative or predictive of bringing TScan closer to its goal of providing customized TCR-T therapies to treat patients with cancer; the timing of the launch, initiation, progress, expected results and announcements of TScan's preclinical studies, clinical trials and its research and development programs; TScan's ability to enroll patients for its clinical trials within its expected timeline; TScan's plans relating to developing and commercializing its TCR-T therapy product candidates, if approved, including sales strategy; estimates of the size of the addressable market for TScan's TCR-T therapy product 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 release 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.

Investor and Media Contact

Caileigh Dougherty
AVP, Head of Corporate Communications & Investor Relations
857-399-9890
cdougherty@tscan.com

Exhibit 99.2

Data from Cohort C of the Phase 1 ALLOHA™ Study

June 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 TScan Therapeutics, Inc.'s ("TScan or the "Company") 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, manufacturing, and clinical trials, the potential benefits of any of the Company's proprietary platforms or current or future product candidates in treating patients, the potential commercial opportunities of any of the Company's proprietary platforms or current or future product candidates, 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 its 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, subsequent Quarterly Reports on Form 10-Q 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 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

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(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

Agenda

Overview of Heme Program and Manufacturing Update
Gavin MacBeath, Ph.D.

Updated Data from Cohort C of Phase 1 ALLOHA™ Trial
Gavin MacBeath, Ph.D., Ran Reshef, M.D., M.Sc.

Phase 3 Trial Design (ALLOHA-2)
Chrystal Louis, M.D., M.P.H.

Market Opportunity for TSC-101 and Follow-on Product Candidates
Gavin MacBeath, Ph.D., Ran Reshef, M.D., M.Sc.

Q&A Session
Gavin MacBeath, Dr. Reshef, Chrystal Louis, and Shrikanta Chattopadhyay, M.D.

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Heme Malignancies:

Targeting residual disease to prevent relapse in patients undergoing allogeneic HCT

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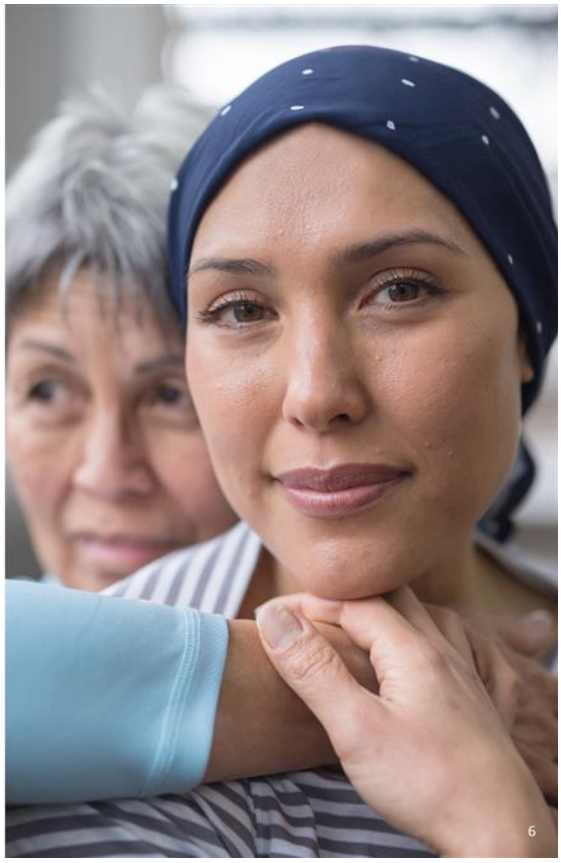
TScan is working to treat residual disease and prevent relapse in heme malignancies

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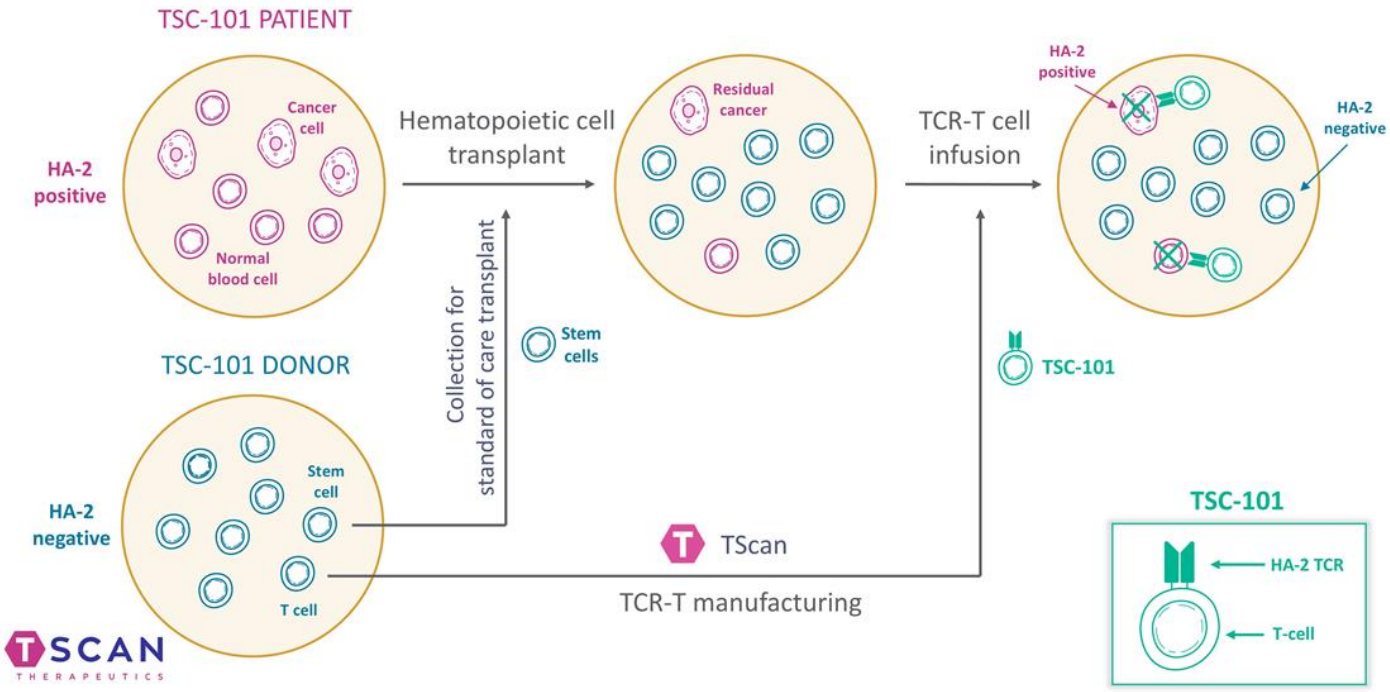
* CIBMTR analysis of AML, ALL, MDS allogeneic transplants with reduced intensity conditioning (RIC) between 2017-2019 with 2-year follow-up

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

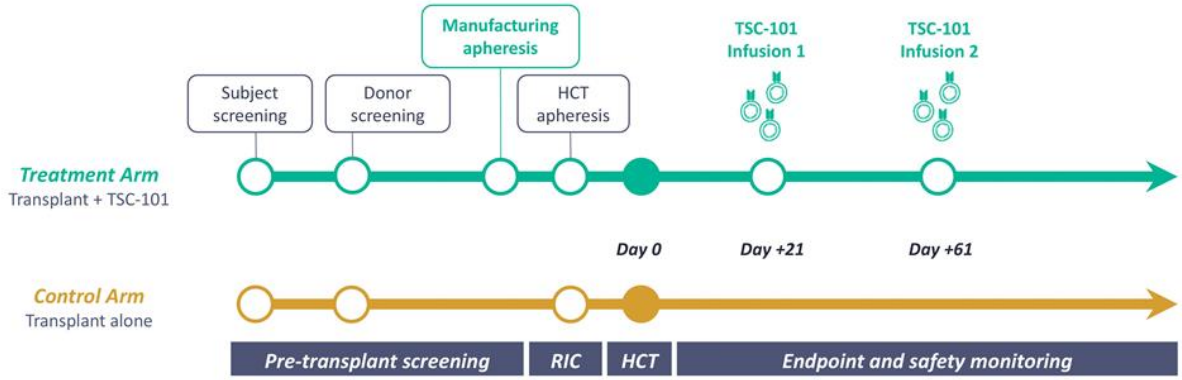


Heme Program: TSC-101

Recap of ASH data

TSCAN

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



Key eligibility criteria

- Age ≥18 years
- Undergoing first allo-HCT for ALL, AML, MDS
- Subject positive for HA-2 with a haploidentical HA-2 negative donor
- Eligible for RIC-HCT followed by PTCy for GvHD prophylaxis

Key endpoints

- Safety: Dose limiting toxicities, adverse events
- Efficacy
- Exploratory endpoints: Donor chimerism, minimal residual disease

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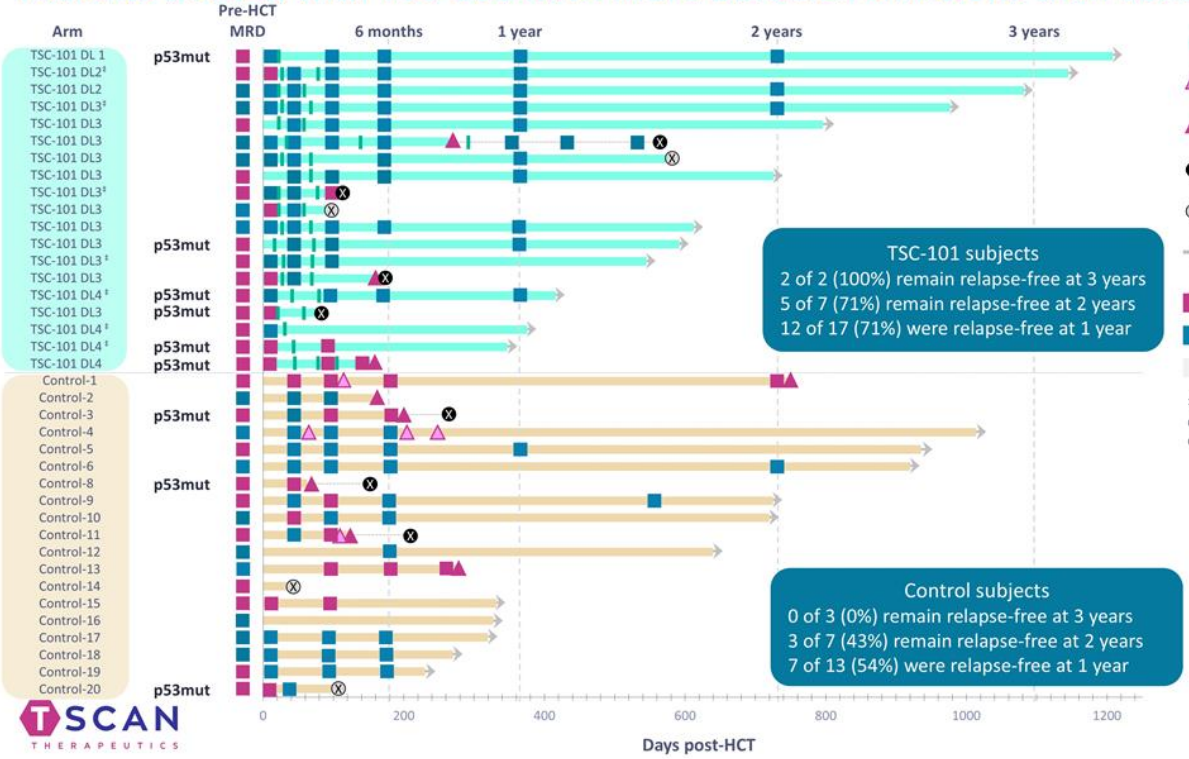
ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; GvHD, graft vs host disease; RIC-HCT, reduced intensity conditioning hematopoietic cell transplantation

Patients 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**

Long-term persistence

TSC-101 identified in all treated patients, including those **3-years post HCT**

Reached agreement with FDA on pivotal trial design

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*Al-Malki et al, 2025 ASH Annual Meeting; DLT, dose limiting toxicity; RFS: relapse-free survival; OS: overall survival; HCT, hematopoietic cell transplantation; #Data as of June 8, 2026

Heme Program Update:

Patients infused with TSC-101 manufactured with commercial ready process (Cohort C)

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Optimized manufacturing process results in robust production with shorter time and lower COGs

Phase 1 Process: 17 Days

DAY 1		DAY 2	DAY 6	DAY 9	DAY 14	DAY 17
Isolate PBMCs	Electro-porate	Activate T-cells	Expand T-cells	Enrich TCR-T cells	Expand TCR-T cells	Harvest & Freeze

Magnetic bead selection

Inefficient step: >90% loss of TCR-T cells

Commercial-ready Process: 12 Days

DAY 1		DAY 2	DAY 6	DAY 9	DAY 12
Isolate PBMCs	Electro-porate	Activate T-cells	Expand & Enrich TCR-T cells	Expand TCR-T cells	Harvest & Freeze

Drug selection

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Highly efficient step: minimal loss of TCR-T cells

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

		TSC-101 Cohort A	TSC-101 Cohort C	Control
Evaluable Subjects*		19	14	19
Age, Median years (Range)		65 (52-74)	68 (28-79)	66 (23-77)
Sex, Male		13 (68%)	9 (64%)	9 (47%)
Underlying Disease	ALL	2 (11%)	1 (7%)	1 (5%)
	AML	13 (68%)	8 (57%)	10 (53%)
	MDS	4 (21%)	5 (36%)	8 (42%)
TP53 mutated		6 (32%)	3 (21%)	4 (21%)
MRD-positive pre-HCT		12 (63%)	9 of 12 (75%)	10 (53%)
Donor type	Haplo	19 (100%)	9 (64%)	18 (95%)
	MMUD	--	5 (36%)	1 (5%)
Mixed chimerism post-HCT (~D21)		11 of 18 (61%)	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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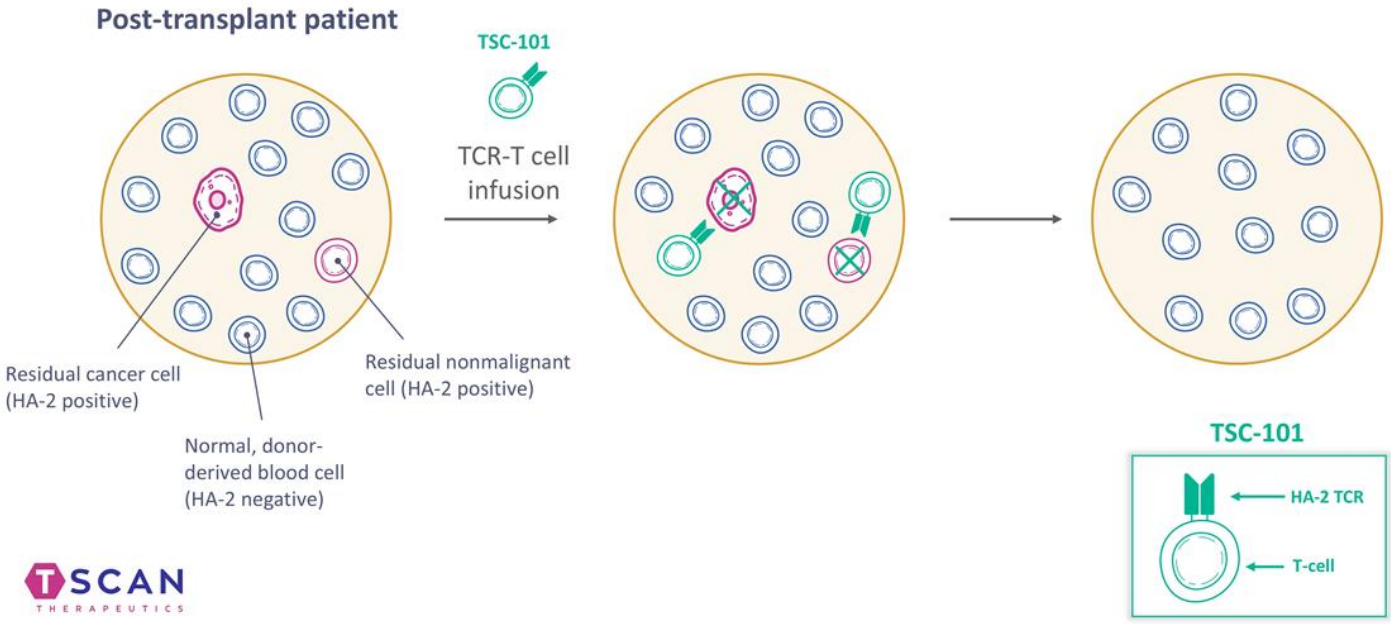
* Control-arm patients enrolled concurrently with Cohort A and therefore with longer duration on study vs Cohort C

GvHD, graft-versus-host disease; ICANS, Immune effector cell associated neurotoxicity syndrome; CRS, Cytokine release syndrome

Data as of May 20, 2026

TSC-101 is designed to eliminate residual cancer and prevent relapse following Allo-HCT



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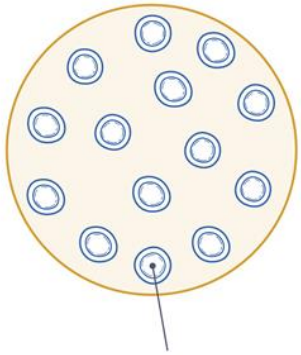
Donor chimerism serves as an early surrogate of efficacy

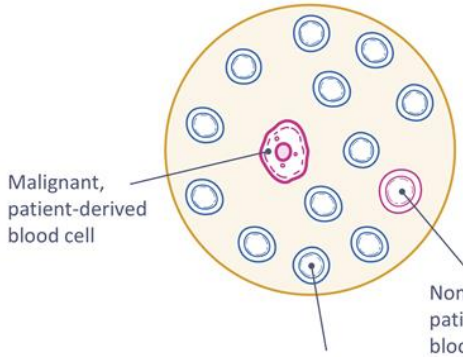
Post-transplant patient

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



Normal, donor-derived blood cell

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



Malignant, patient-derived blood cell

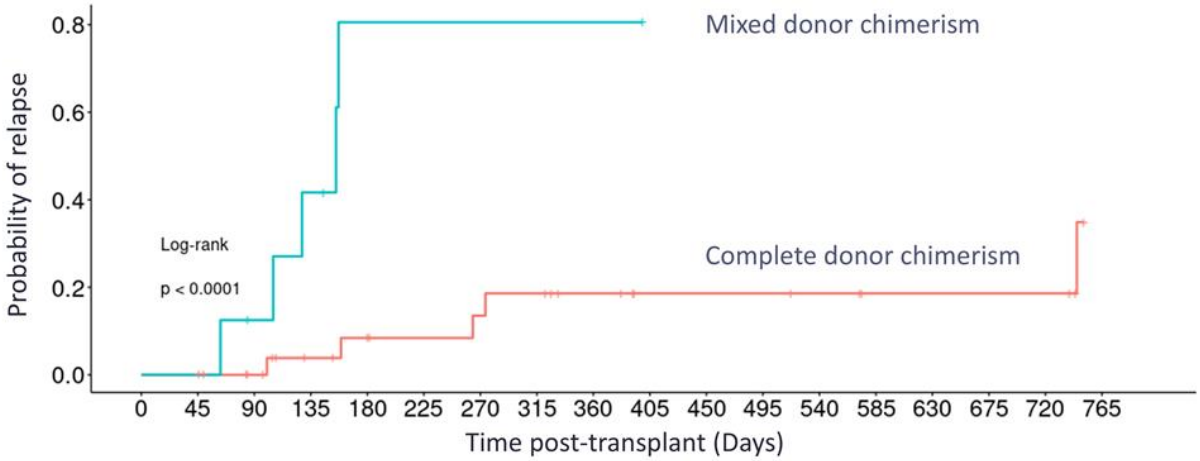
Nonmalignant, patient-derived blood cell

Normal, donor-derived blood cell

TSCAN THERAPEUTICS

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

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

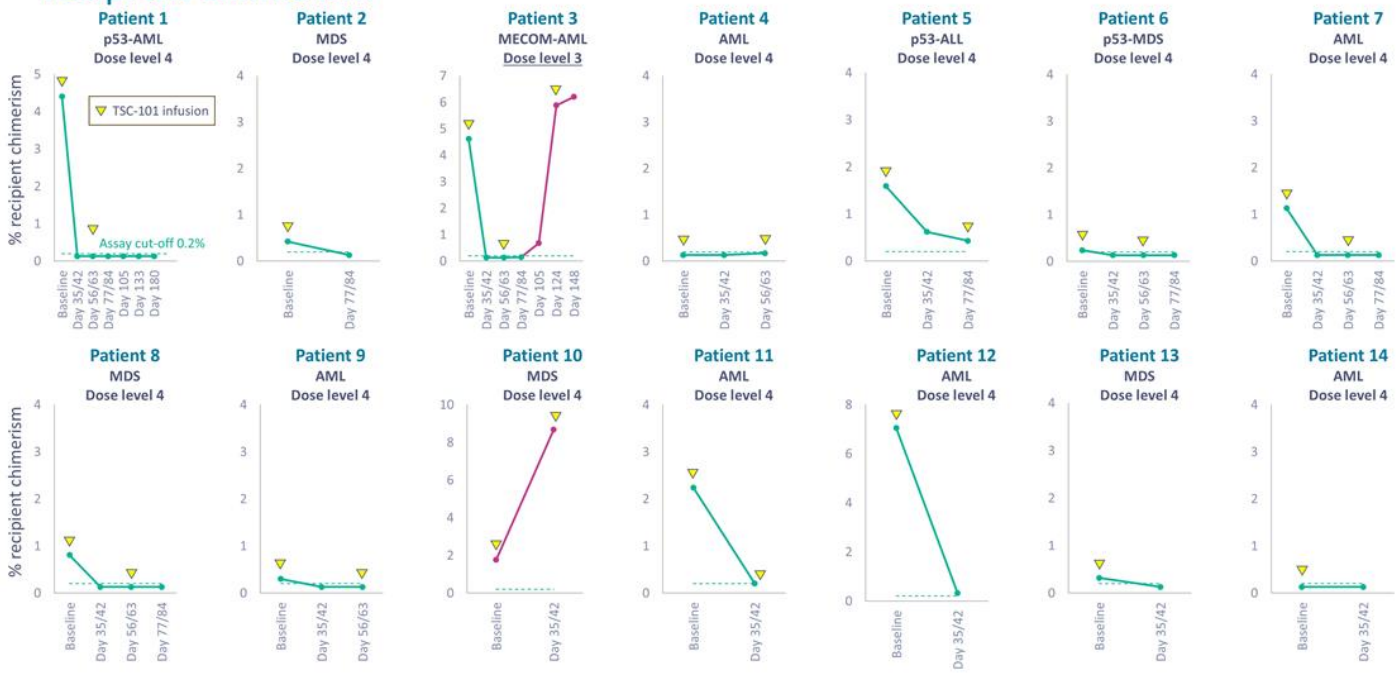


Chimerism status of initial ALLOHA patients at 2 months post-transplant predicts probability of relapse (HR 10.2)

NGS, investigational next-generation sequencing assay (Alloheme)

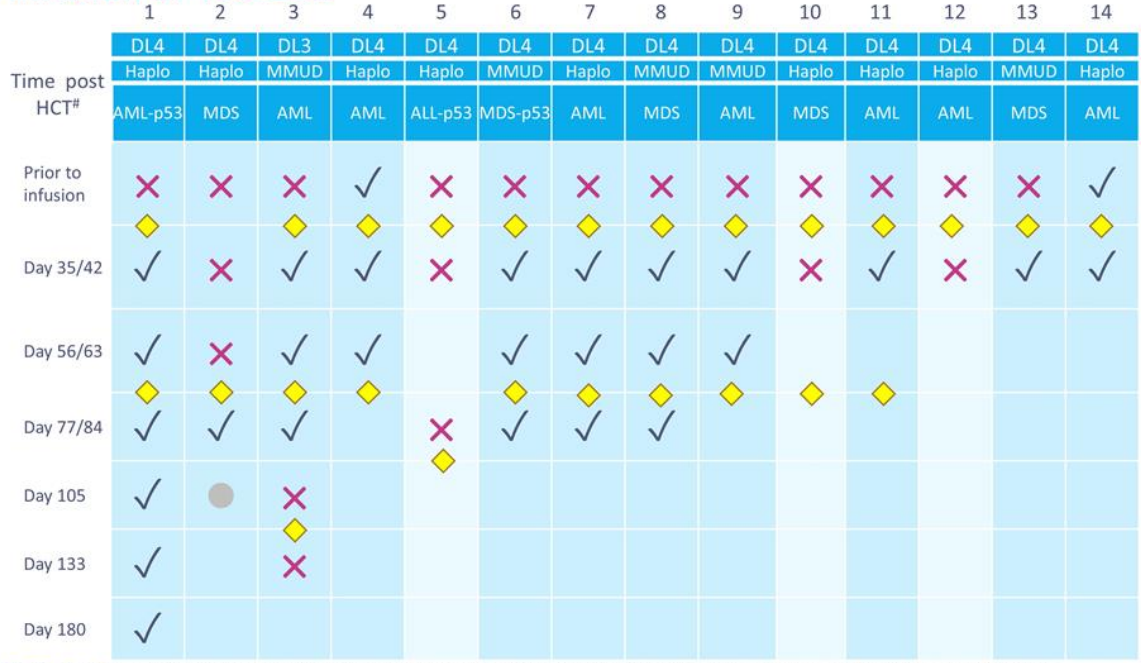
Data on file; Data as of May 19, 2026

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)

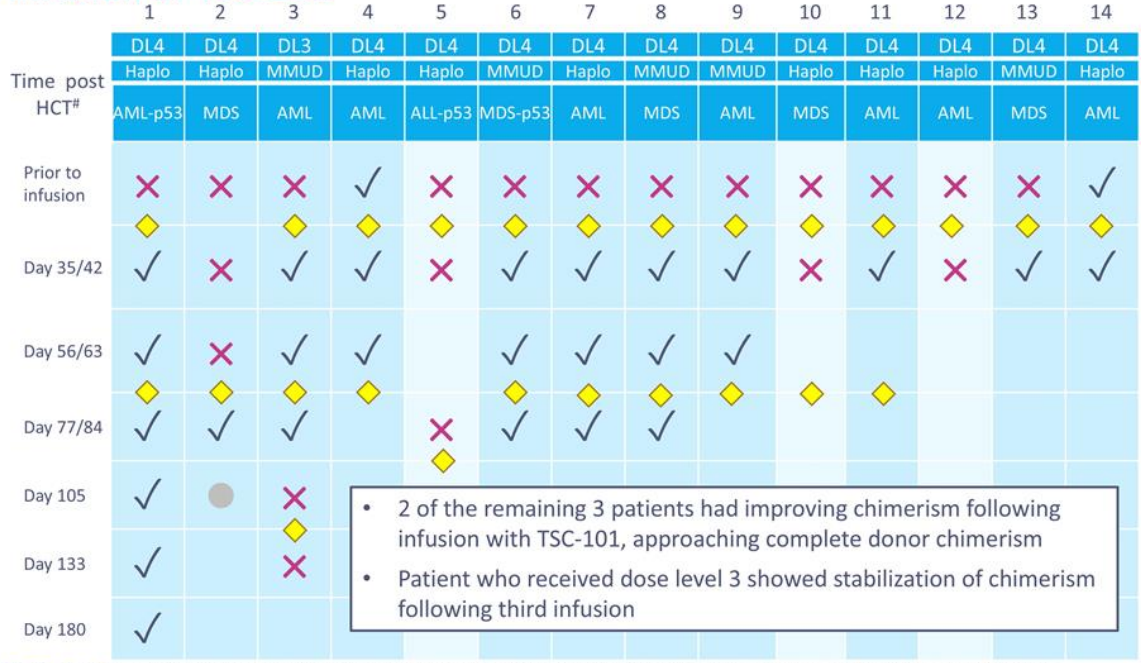
11 of 14 patients achieved complete donor chimerism within ~3 weeks of receiving first infusion of TSC-101



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

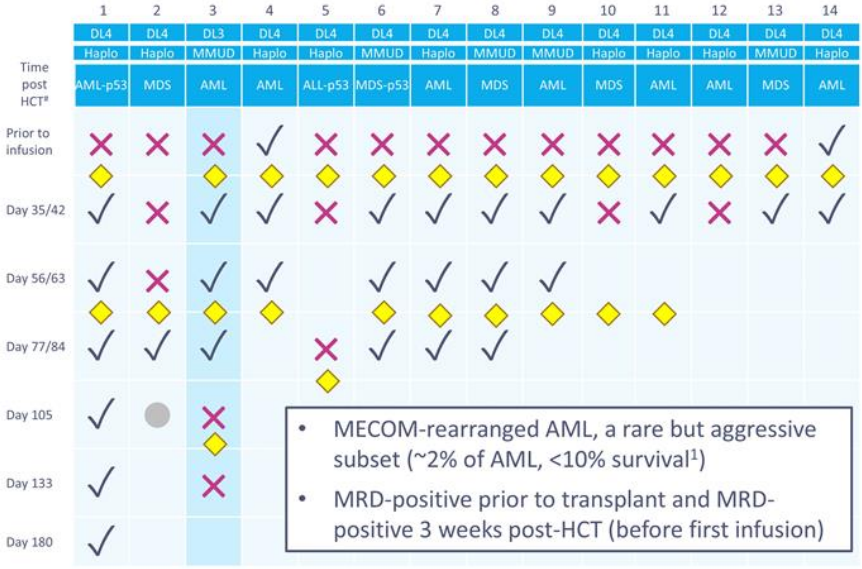
11 of 14 patients achieved complete donor chimerism within ~3 weeks of receiving first infusion of TSC-101



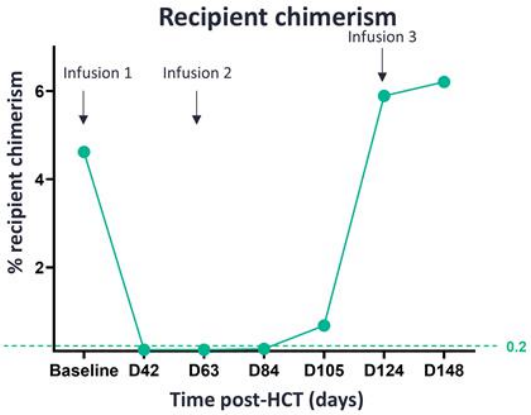
Donor chimerism results using investigational NGS assay (Alloheme) with data cut-off of 0.2% at indicated times post-HCT (#± 3 days); ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; Haplo, haploidentical donor; MMUD, mismatched unrelated donor

Data as of June 8, 2026

Patient with incomplete chimerism at day 105 showed stabilization following third infusion



- MECOM-rearranged AML, a rare but aggressive subset (~2% of AML, <10% survival[1])
- MRD-positive prior to transplant and MRD-positive 3 weeks post-HCT (before first infusion)



- Patient received dose level 3 and initially achieved complete donor chimerism
- Following third infusion, increasing chimerism stabilized but did not convert to complete donor chimerism

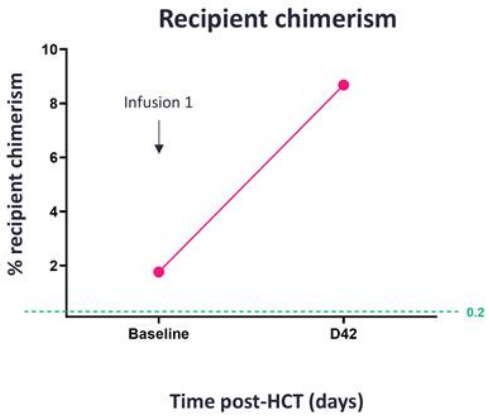
Donor chimerism results using investigational NGS assay (Alloheme) with data cut-off of 0.2% at indicated times post-HCT (# ± 3 days); ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; Haplo, haploidentical donor; MMUD, mismatched unrelated donor; Post-HCT,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

[1]Joshi U, Shallis RM. Hematol Rep. 2025 Oct 31;17(6):59. doi: 10.3390/hematolrep17060059

Data as of June 8, 2026

Patient with increasing recipient chimerism shows no morphologic evidence of disease by bone marrow biopsy

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	DL4	DL4	DL3	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4
	Haplo	Haplo	MMUD	Haplo	Haplo	MMUD	Haplo	MMUD	MMUD	Haplo	Haplo	Haplo	MMUD	Haplo
Time post HCT[a]	AML-p53	MDS	AML	AML	ALL-p53	MDS-p53	AML	MDS	AML	MDS	AML	AML	MDS	AML
Prior to infusion	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓
	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Day 35/42	✓	✗	✓	✓	✗	✓	✓	✓	✓	✗	✓	✗	✓	✓
Day 56/63	✓	✗	✓	✓		✓	✓	✓	✓					
	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆			
Day 77/84	✓	✓	✓		✗	✓	✓	✓						
					◆									
Day 105	✓	●	✗											
			◆											
Day 133	✓		✗											
Day 180	✓													



- Bone marrow biopsy at day 68 showed no morphologic or cytogenetic evidence of disease; NGS pending

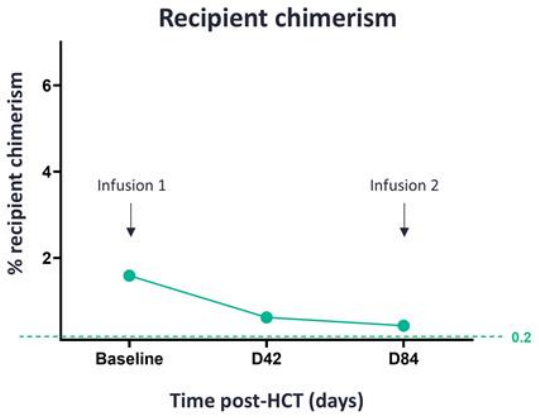
Donor chimerism results using investigational NGS assay (Alloheme) with data cut-off of 0.2% at indicated times post-HCT (# ± 3 days); ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; Haplo, haploidentical donor; MMUD, mismatched unrelated donor; Post-HCT,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

Data as of June 8, 2026

Patient with p53-mutated ALL shows steady decrease in recipient chimerism

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	DL4	DL4	DL3	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4
	Haplo	Haplo	MMUD	Haplo	Haplo	MMUD	Haplo	MMUD	MMUD	Haplo	Haplo	Haplo	MMUD	Haplo
Time post HCT[a]	AML-p53	MDS	AML	AML	ALL-p53	MDS-p53	AML	MDS	AML	MDS	AML	AML	MDS	AML
Prior to infusion	✗ ◆	✗	✗ ◆	✓ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✓ ◆
Day 35/42	✓	✗	✓	✓	✗	✓	✓	✓	✓	✗	✓	✗	✓	✓
Day 56/63	✓ ◆	✗ ◆	✓ ◆	✓ ◆		✓ ◆	✓ ◆	✓ ◆	✓ ◆	◆	◆			
Day 77/84	✓	✓	✓		✗ ◆	✓	✓	✓						
Day 105	✓	●	✗ ◆											
Day 133	✓		✗											
Day 180	✓													

ALL is not included in Phase 3 protocol



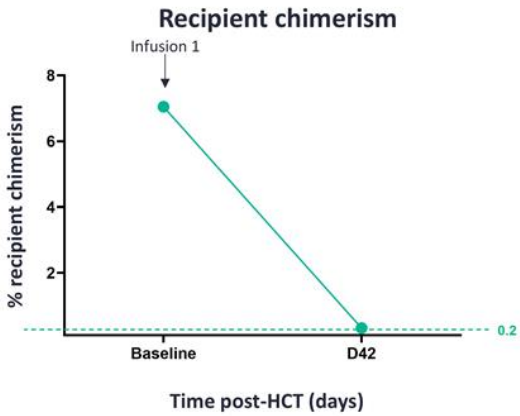
- Progressive decrease in recipient chimerism at each time point prior to second infusion

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; Post-HCT, post-hematopoietic cell transplant; NGS, next-generation sequencing

Data as of June 8, 2026

Patient with high recipient chimerism post-transplant shows dramatic reduction following first infusion of TSC-101

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	DL4	DL4	DL3	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4	DL4
	Haplo	Haplo	MMUD	Haplo	Haplo	MMUD	Haplo	MMUD	MMUD	Haplo	Haplo	Haplo	MMUD	Haplo
Time post HCT[#]	AML-p53	MDS	AML	AML	ALL-p53	MDS-p53	AML	MDS	AML	MDS	AML	AML	MDS	AML
Prior to infusion	✗ ◆	✗	✗ ◆	✓ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✗ ◆	✓ ◆
Day 35/42	✓	✗	✓	✓	✗	✓	✓	✓	✓	✗	✓	✗	✓	✓
Day 56/63	✓ ◆	✗ ◆	✓ ◆	✓ ◆		✓ ◆	✓ ◆	✓ ◆	✓ ◆	◆	◆			
Day 77/84	✓	✓	✓		✗ ◆	✓	✓	✓						
Day 105	✓	●	✗ ◆											
Day 133	✓		✗											
Day 180	✓													



- Dramatic decrease in recipient chimerism three weeks after first infusion
- Chimerism just above assay cutoff of 0.2%

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; Post-HCT, post-hematopoietic cell transplant; NGS, next-generation sequencing

Data as of June 8, 2026

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

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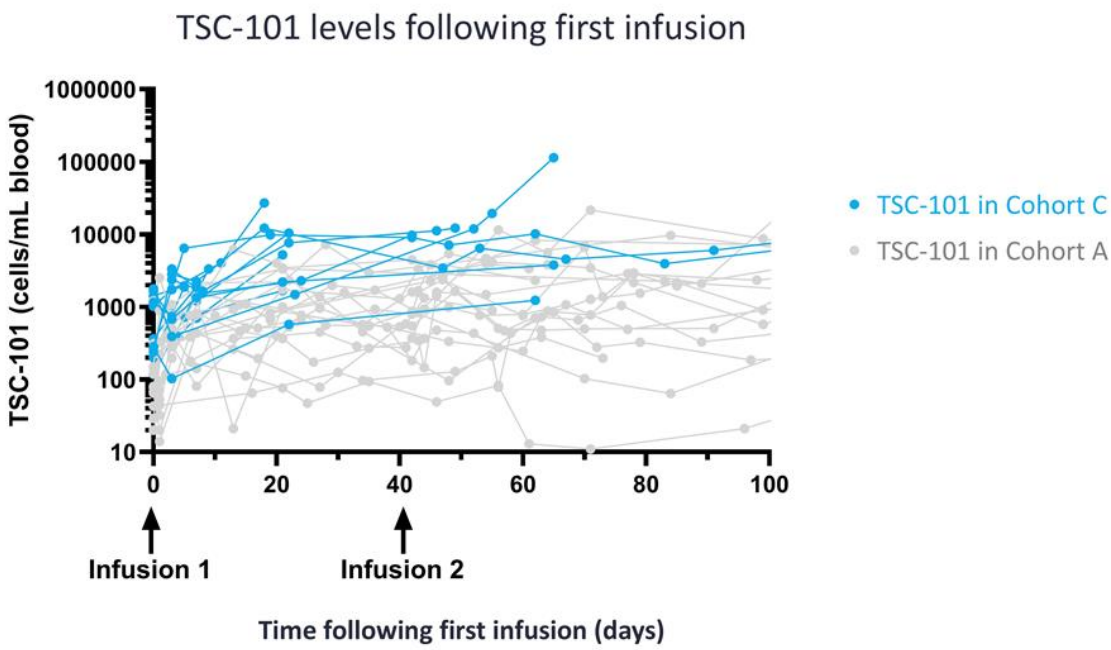
Post-HCT, post-hematopoietic cell transplant

Data as of June 8, 2026

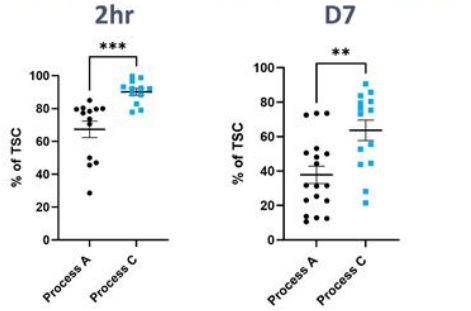
TSC-101 in Cohort C continues to show high levels of circulating TCR-T cells



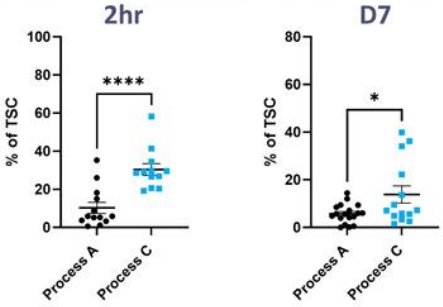
Data on file; Data as of June 8, 2026

TSC-101 in Cohort C shows higher markers of proliferation, activation, and cytotoxicity than in Cohort A

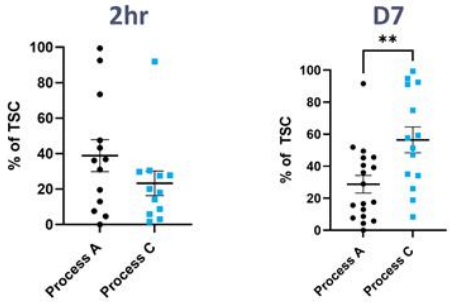
Ki67 (proliferation) is higher in Cohort C



CD28 (activation) is higher in Cohort C



Granzyme B (cytotoxicity) is higher 7 days post infusion in Cohort C



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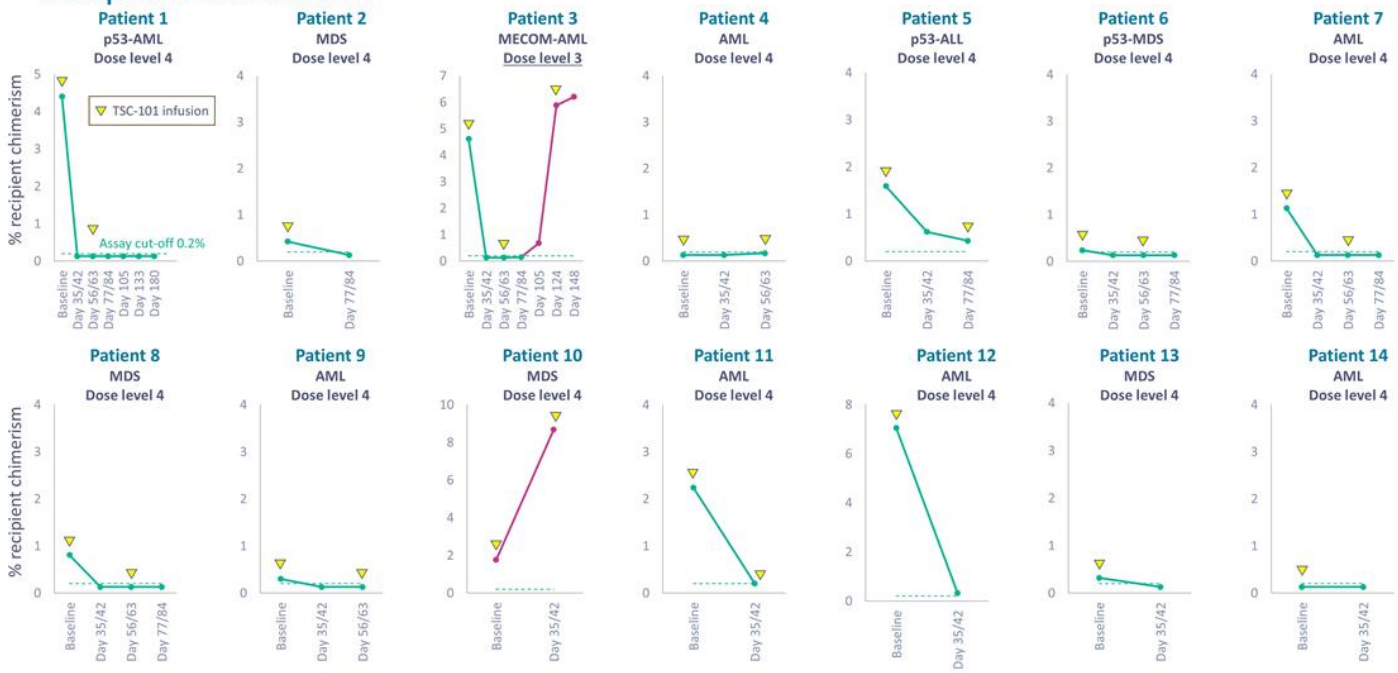
Data on file; Data as of June 8, 2026

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)

Heme Program:
Review of Cohort C Data

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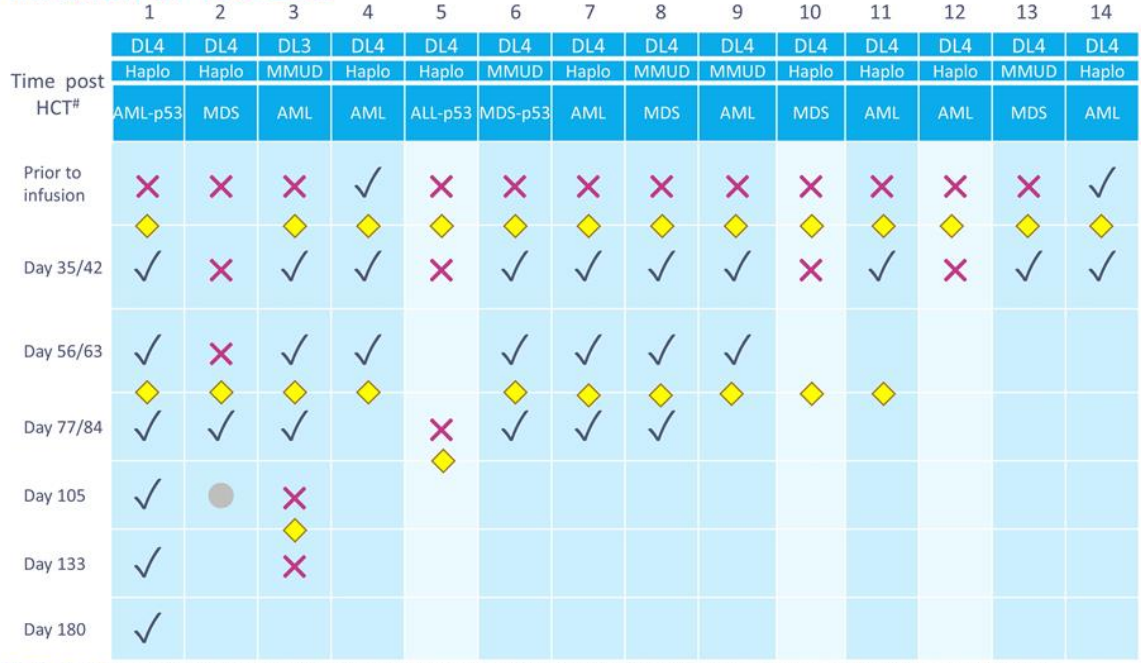
Patients are generally well balanced across arms, although Cohort C included a higher percentage of patients with MRD-positive disease prior to transplant

		TSC-101 Cohort A	TSC-101 Cohort C	Control
Evaluable Subjects*		19	14	19
Age, Median years (Range)		65 (52-74)	68 (28-79)	66 (23-77)
Sex, Male		13 (68%)	9 (64%)	9 (47%)
Underlying Disease	ALL	2 (11%)	1 (7%)	1 (5%)
	AML	13 (68%)	8 (57%)	10 (53%)
	MDS	4 (21%)	5 (36%)	8 (42%)
TP53 mutated		6 (32%)	3 (21%)	4 (21%)
MRD-positive pre-HCT		12 (63%)	9 of 12 (75%)	10 (53%)
Donor type	Haplo	19 (100%)	9 (64%)	18 (95%)
	MMUD	--	5 (36%)	1 (5%)
Mixed chimerism post-HCT (~D21)		11 of 18 (61%)	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

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



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Data as of June 8, 2026

Heme Phase 3 trial design

Targeting residual disease to prevent relapse in patients undergoing allogeneic HCT

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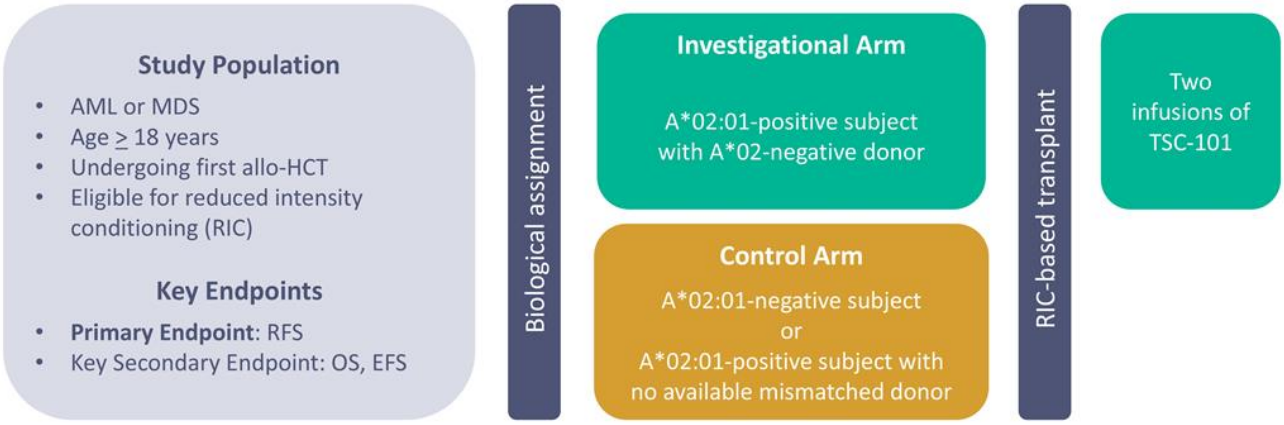
Pivotal trial design for TSC-101 uses a biologically-assigned control arm to support relapse-free survival as the primary endpoint

- Agreement reached with the FDA to use a **pivotal trial design that mirrors the ALLOHA™ Phase 1 trial**
- All patients that are eligible for TSC-101 will be assigned to the investigational arm
- Trial **powered at 85% for a Hazard ratio of 0.52** with readout at 25 months (no interim analysis), **n= ~150/arm**



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

Important protocol modifications from Phase 1 to Phase 3 study

	Phase 1	Phase 3
Population	**AML, ALL, MDS**	**AML, MDS**
Donor Type	Haplo in Cohort A; Haplo and MMUD enrolled in Cohort C	Haplo and MMUD
Enrollment Ratio	Treatment:Control ~1:1	Treatment:Control 1:1 with flexibility up to ~1.5:1
Enrollment Stratification	**No balancing**	**Disease type & poor prognostic genotype***
Clinical Eligibility	**Transplant-eligible**	**AML in CR1, CR2 or <5% blasts; MDS <10% blasts**
Maintenance Medications	IDH1/2, FLT3, BCR-ABL TKIs delayed use in both arms; HMAs restricted	IDH1/2 & FLT3-Is at any time; Menin inhibitors and HMA's delayed for tx arm; all prespecified
Relapse Definitions	Physician Specified	ELN 2022 (AML), modified R-IWG 2023 (MDS) or cytogenetic relapse

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*Any TP53, inversion 3, or t(3;3) participant; ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; Haplo, haploidentical donor; MMUD, mismatched unrelated donor; CR, complete response; IDH, isocitrate dehydrogenase; FLT3, FMS-like tyrosine kinase 3; BCR-ABL, breakpoint cluster region-Abelson; TKI, tyrosine kinase inhibitors; HMAs, hypomethylating agents; Is, inhibitors; Tx, treatment arm; ELN, European LeukemiaNet; R-IWG, revised international working group

Strategies developed to achieve balance between treatment and control arms

Goal: Balanced enrollment of high-risk vs. intermediate/low risk subjects between treatment and control arms

Methods to Achieve Balance

Enrollment	Statistical
Stratification by disease type and poor prognostic genotype status*	Separate models per disease type
Regular tracking and review with PIs	Use of non-parametric models (Cox proportional hazard)
Pausing enrollment in a stratum^	Conservatively powered study

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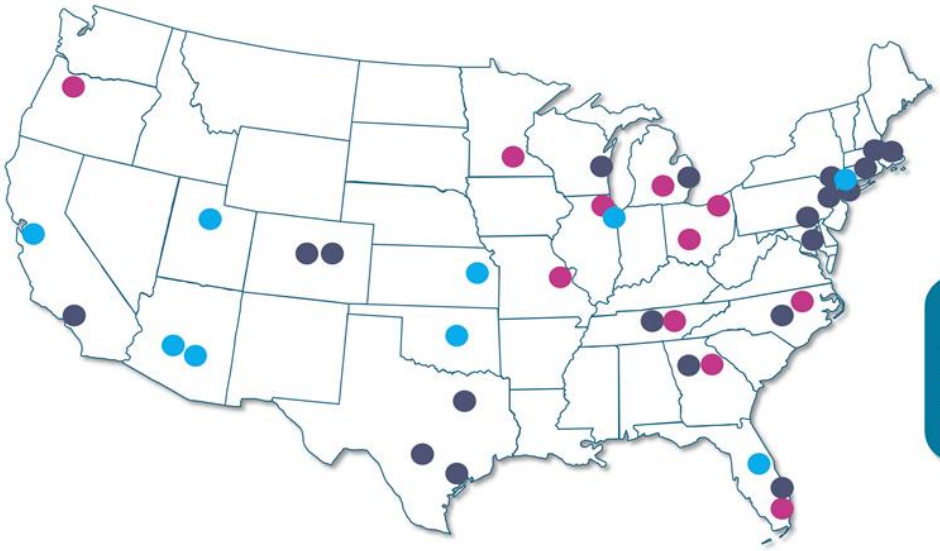
*Any TP53, inversion 3, t(3;3) participant; ^ Strata include disease (AML, MDS) and risk status

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

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ATC, authorized treatment center; Allo-HCT, allogenic hematopoietic cell transplant

Heme program:

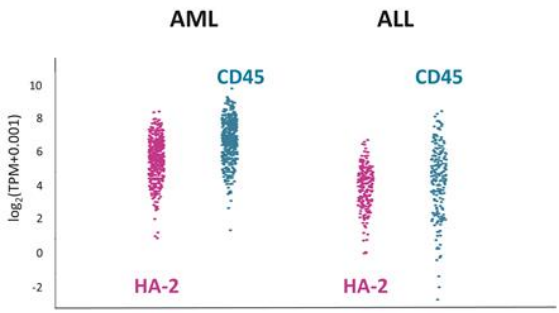
HLA and indication expansion

TSCAN

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

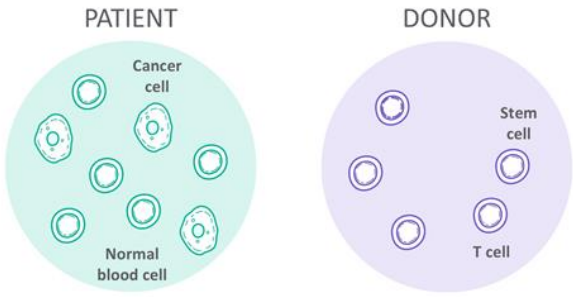
- CD45 is a lineage-specific antigen with expression in all hematopoietic cells, including HSCs
- CD45 is a large protein with many well-known epitopes for high frequency HLAs
- Antigen-negative donors will be selected by mismatching on HLA (using haploidentical and MMUD donors)

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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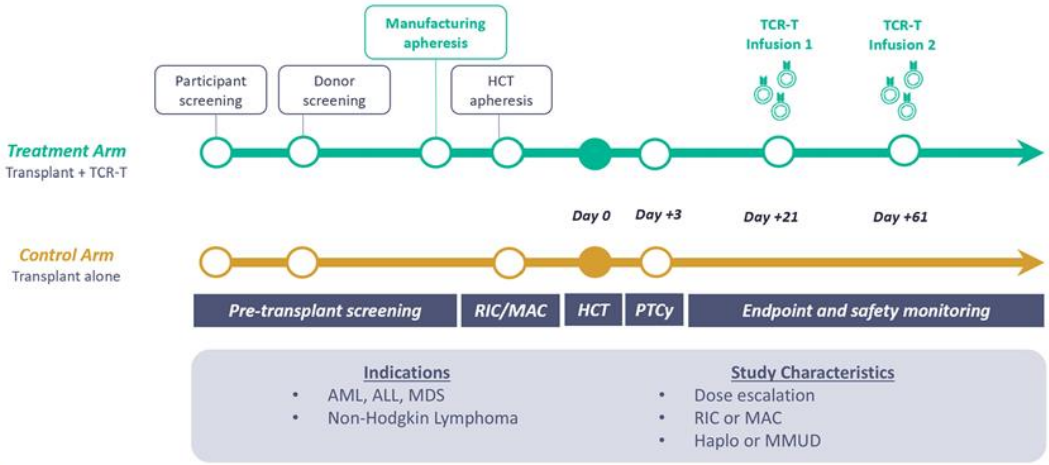
ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; HLA, human leukocyte antigen; HSC, hematopoietic stem cells; MMUD, mismatched unrelated donor

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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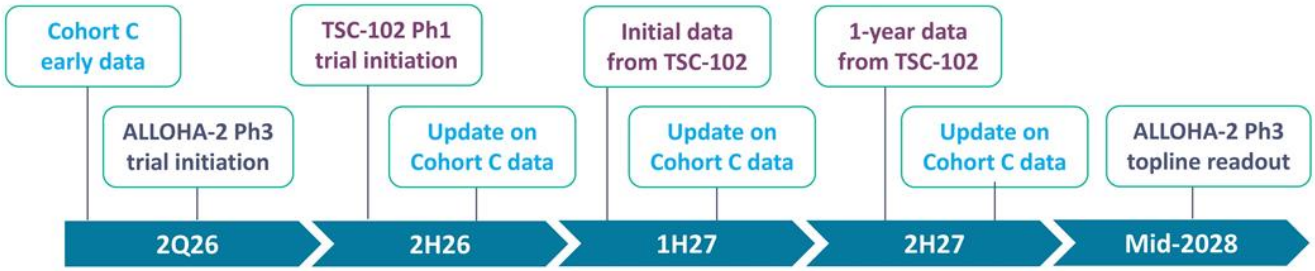
ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; RIC, reduced intensity conditioning; MAC, myeloablative conditioning; HLA, human leukocyte antigen; Haplo, haploidentical donor; MMUD, mismatched unrelated donor; HCT, hematopoietic cell transplant; PTCy, post-transplant cyclophosphamide

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

- ALLOHA-2 Phase 3 trial will take ~2 years, with a topline readout targeted for mid-2028
- Cohort C uses the same manufacturing process as the ALLOHA-2 Phase 3 trial, and is expected to provide supportive data flow throughout the duration of the pivotal study
- TSC-102 Phase 1 trial is expected to provide insight into market expansion opportunities



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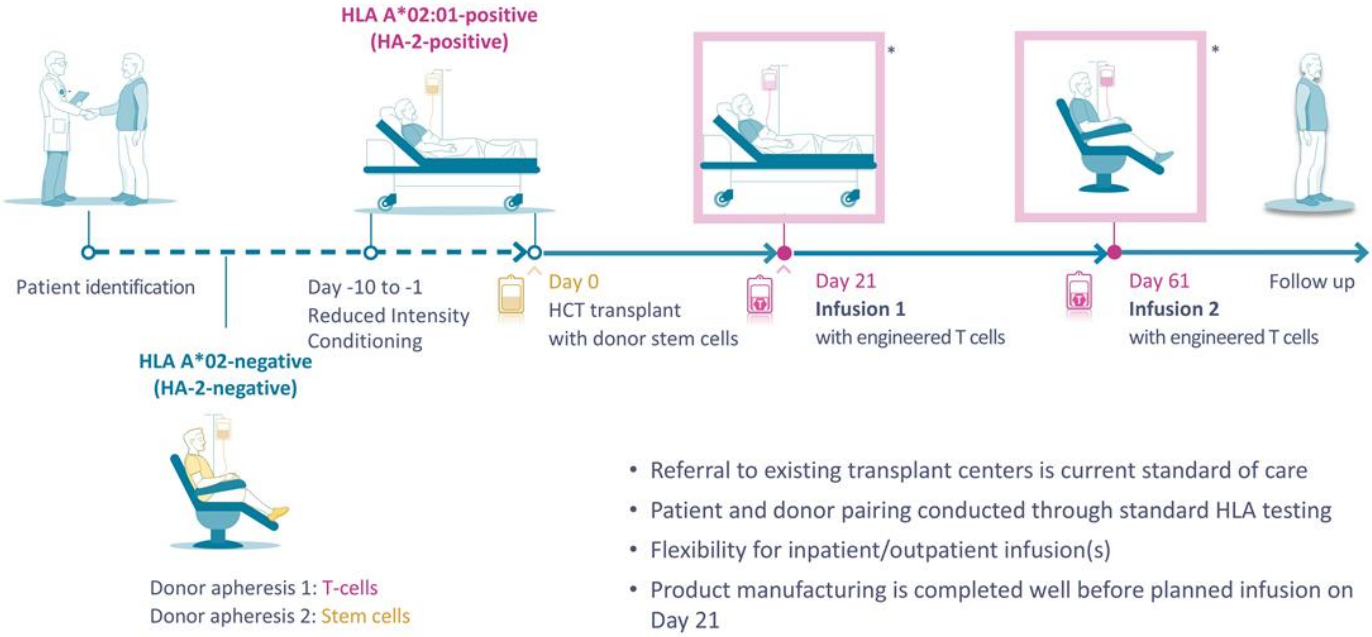
Market opportunity

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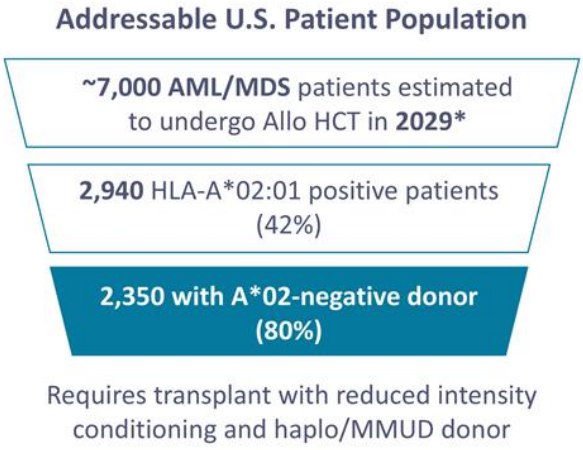
* Infusion 1 & 2 site of care (inpatient vs outpatient) determined by administering physician. Infusion 1 may be given upon engraftment and between days 14-35 post transplant, infusion 2 would be administered about 40 days after infusion 1.

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

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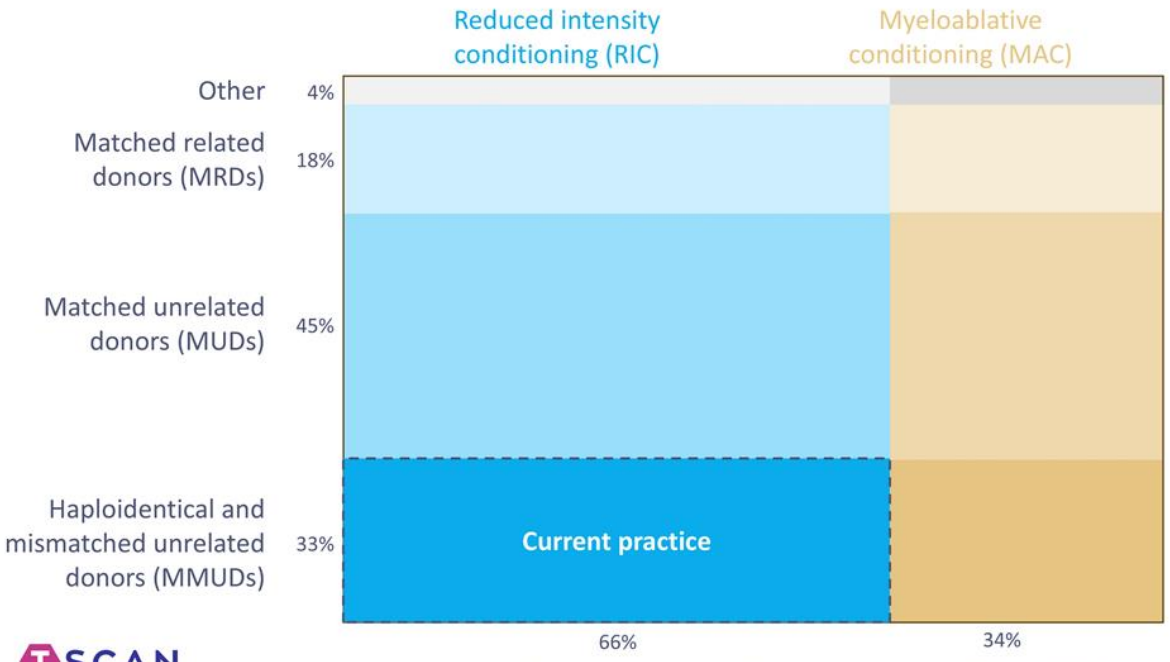
Sources: Spellman SR, Xu K, Oloyede T, Ahn KW, Akhtar O, Bolon YT, Broglie L, Bloomquist J, Bupp C, Chen M, Devine SM, El-Jurdi N, Hamadani M, Hengen M, Huppler AH, Jaglowski S, Kuxhausen M, Lee SJ, Moskop A, Page KM, Pasquini MC, Perez W, Phelan R, Rizzo D, Saber W, Stefanski HE, Steinert P, Tuschl E, Visotcky A, Vogel R, Auletta JJ, Shaw BE, Allbee-Johnson M. Current activity trends and outcomes in hematopoietic cell transplantation and cellular therapy - A report from the CIBMTR. Transplant Cell Ther. 2025 Aug;31(8):505-532. doi:10.1016/j.jtct.2025.05.014. Epub 2025 May 19. PMC12302970. Analyses from NMDP, allelefrequencies.net, ClearView Independent Analysis; Note: Addressable patient estimates based on future preference for RIC over MAC and use of haplo/MMUD transplants over MUD to enable TSC-101 eligibility. Allo HCT: allogeneic hematopoietic cell transplant; Haplo, haploidentical donor; MMUD: mismatched unrelated donor.

Market opportunity based on current transplant practice

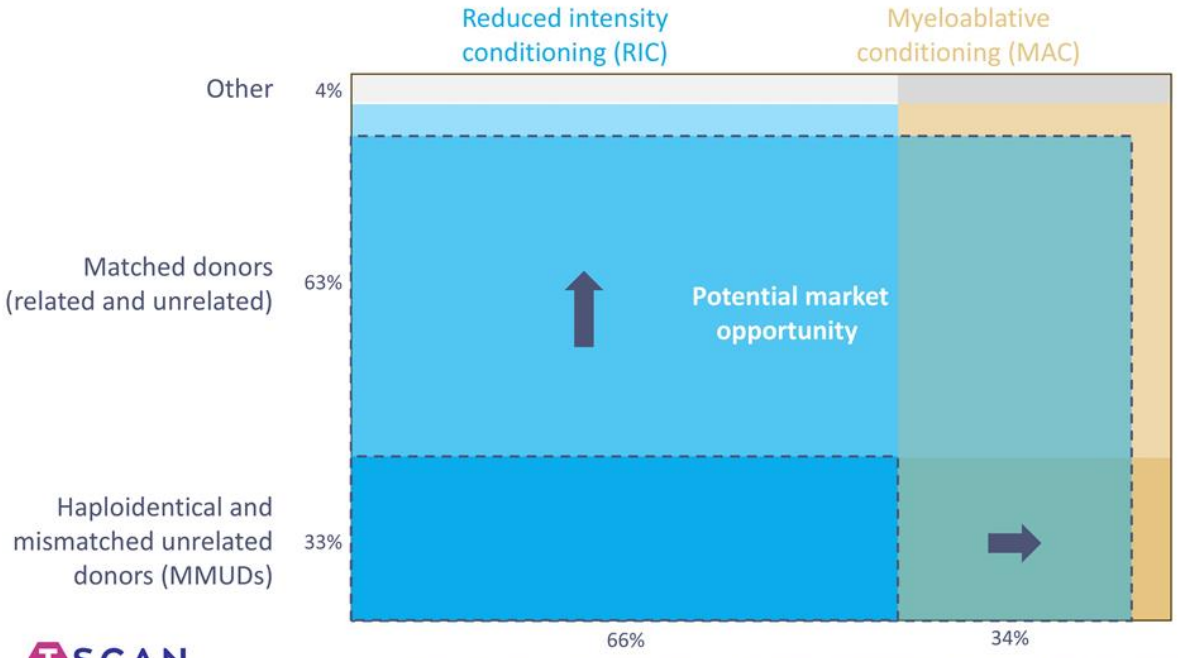


Total transplants: ~2,350 per year

Source: CIBMTR 2023

Assumes no change in clinical practice between 2023 and 2029

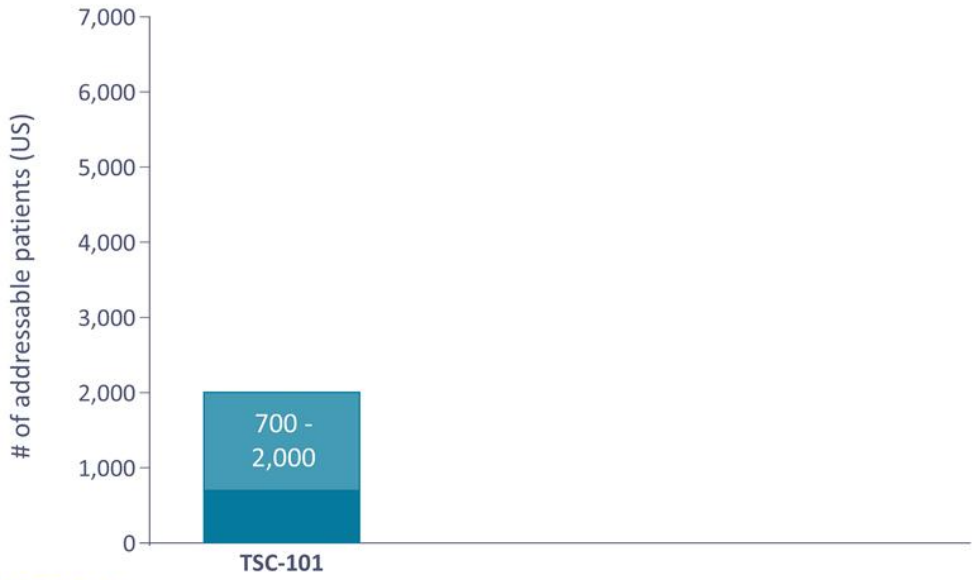
Expansion opportunity 1: Positive data expected to induce changes in clinical practice over time that increase the on-label use of TSC-101



Source: CIBMTR 2023

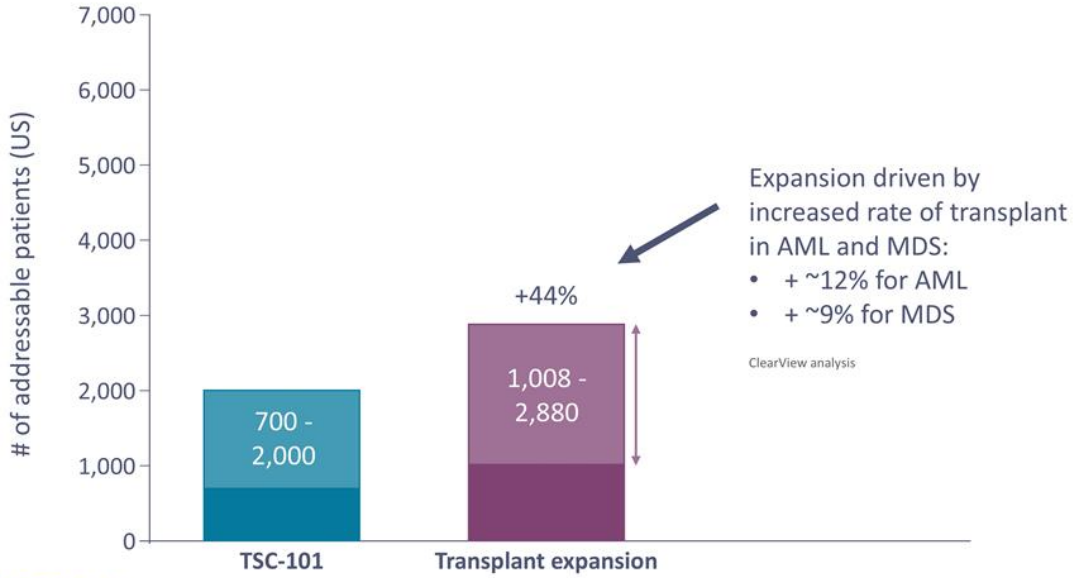
Use of haplo/MMUD donors and RIC is naturally increasing; TSC-101 should further catalyze this trend

Positive data expected to increase use of RIC and haplo/MMUD donors



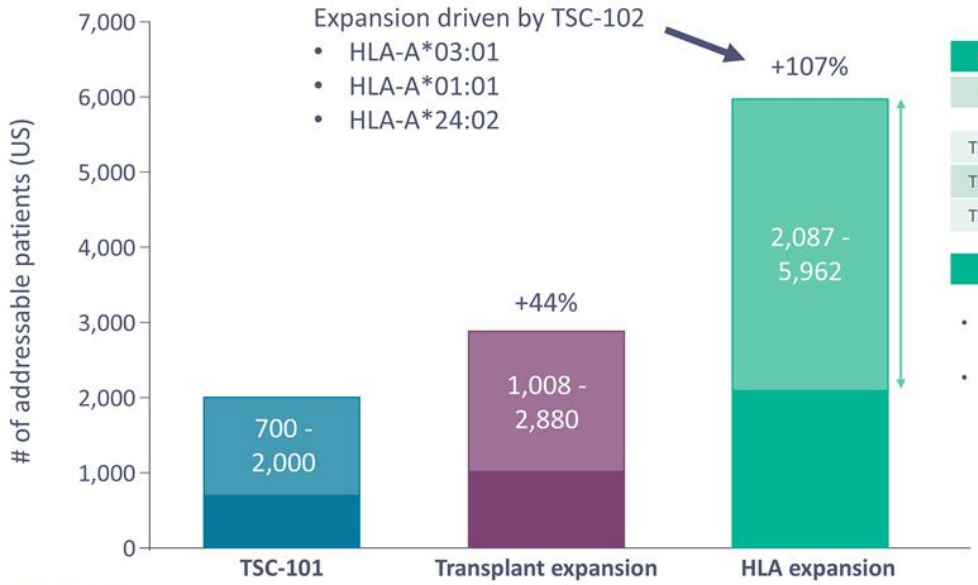
Source: SEER, CIBMTR, EBMT, APBMT; RIC, reduced intensity conditioning; Haplo, haploidentical donor; MMUD, mismatched unrelated donor

Expansion opportunity 2: Increased use of transplant provides a way to reach over 2,800 AML and MDS patients per year in the U.S.



Source: SEER, CIBMTR, EBMT, APBMT; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes

Expansion opportunity 3: Products that address additional HLAs more than double the potential patient population



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

Q&A

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Appendix

Heme Program: TSC-101

Cohort A chimerism data

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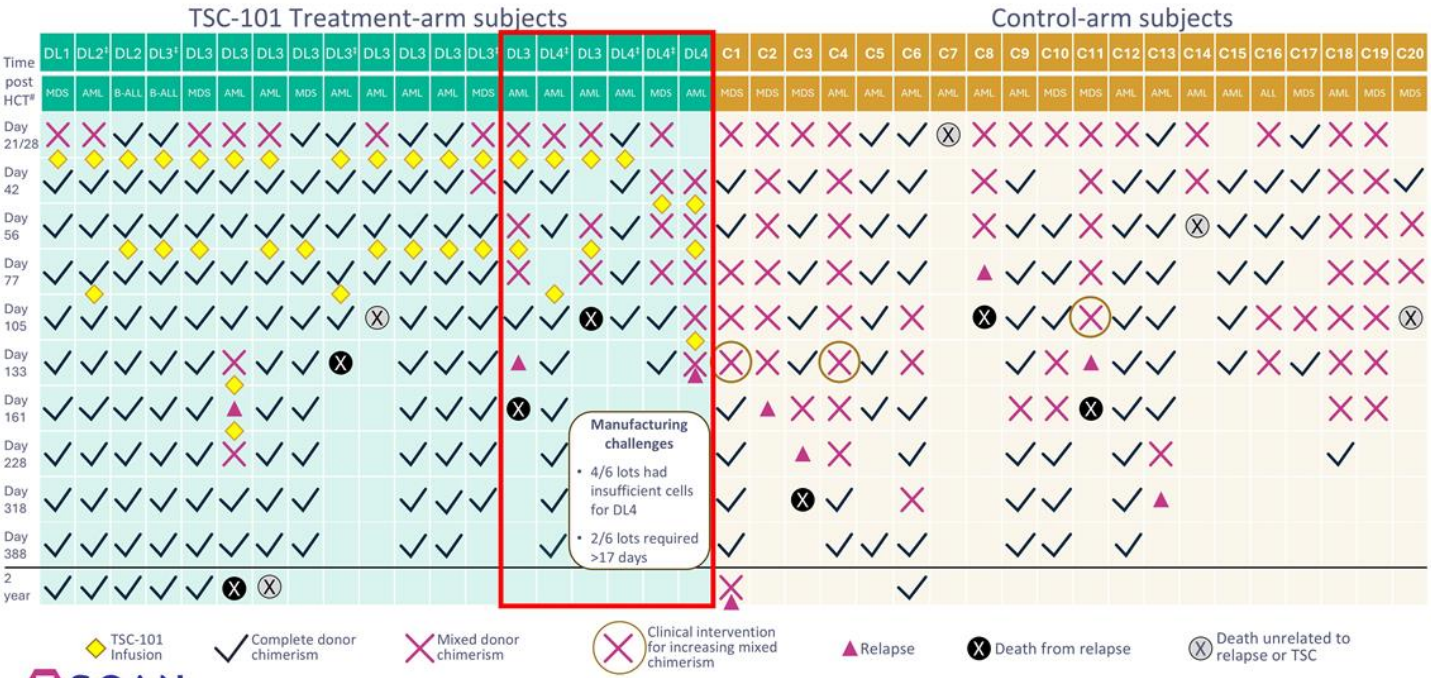
TSC-101 continues to show strong activity by chimerism assays



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Donor chimerism results using investigational NGS assay (Alloheme) with cutoff of 0.2% or the short tandem repeat (STR) with LOD of 1-2% in patients at indicated times post-HCT; # ± 3 days; ‡Dose did not meet target dose criteria; DL, dose level; ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes

Data as of June 5, 2026

Market opportunity

Relapse prevention in heme malignancies: a compelling opportunity

Targeted Patient Population

- Clear unmet need
- Able to target transplant centers where AML/MDS patients are treated

First-Mover Advantage

- TSC-101 is the first and only current product candidate designed to treat relapse in post-transplant setting entering a pivotal study

Clinical De-risking

- Demonstrated safety and efficacy from Phase 1 study
- Cohort C is expected to provide insight to Phase 3 pivotal trial progress ahead of topline data

Expansion Opportunities

- TSC-101 targets HLA present in over 40% of US patient population
- Addition of TSC-102 more than doubles addressable patient population

Pricing Strength

- Targeting price range similar to commercial cell therapy products
- Validation from preliminary conversations with payers

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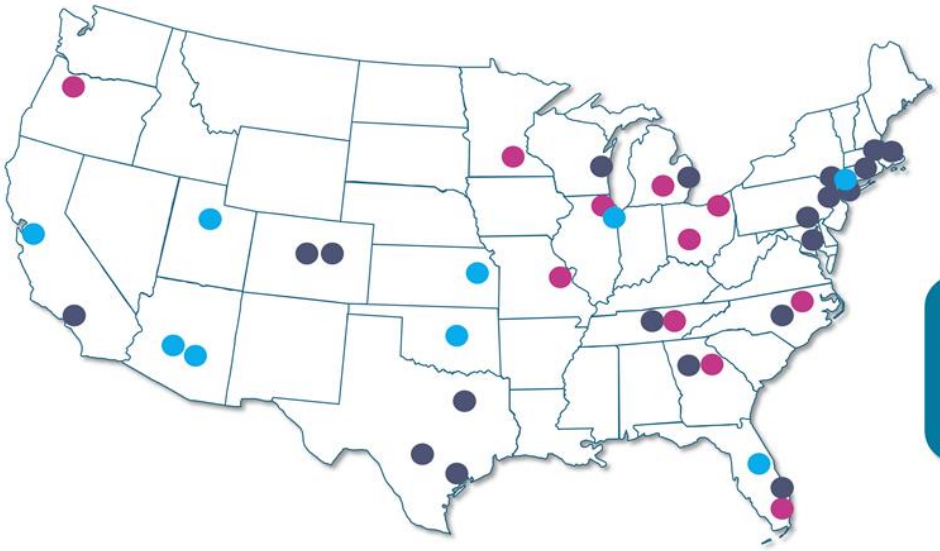
AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; HLA, human leukocyte antigen

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

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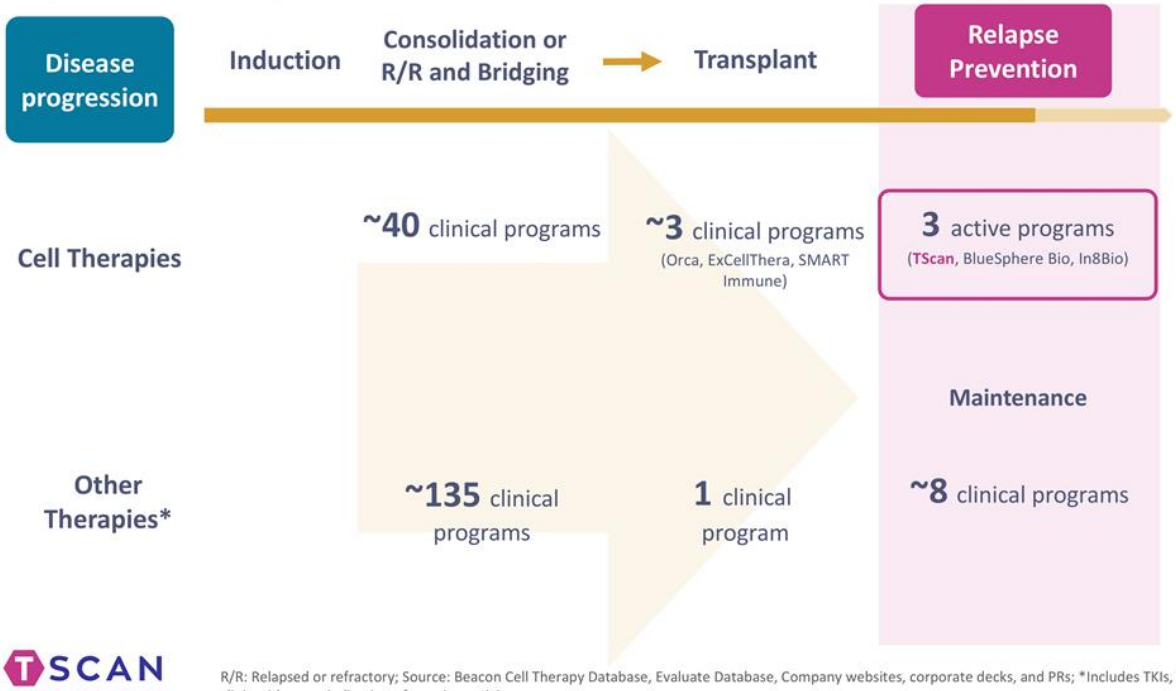
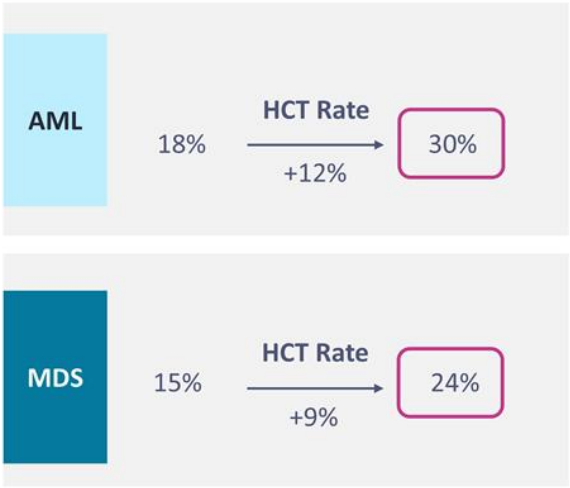
ATC, authorized treatment center; Allo-HCT, allogenic hematopoietic cell transplant

Success of novel therapies increases the number of patients that may become eligible for transplant



R/R: Relapsed or refractory; Source: Beacon Cell Therapy Database, Evaluate Database, Company websites, corporate decks, and PRs; *Includes TKIs, HMAs, ADCs, BiTEs in the clinic with some indication of ongoing activity

More patients can receive TSC-101 based on increased use of transplant



Barrier to HCT	Drivers of change in HCT Rate
Unable to achieve remission	Novel treatments increase the number of patients in remission and eligible for HCT
Patients with high risk of relapse don't go to transplant	Physicians are more likely to perform HCTs in **high-risk patients** as they gain confidence that TSC-101 will resolve residual disease post-transplant

Physician hesitance around RIC is in part driven by data demonstrating higher relapse rates and lower overall survival in MRD+ patients receiving RIC (Hourigan. J Clin Oncol. 2020); Source: Physician Interviews; ClearView Analysis; AML, acute myeloid leukemia; MDS, myelodysplastic syndromes; HCT, hematopoietic cell transplantation; RIC, reduced intensity conditioning; MRD, minimal residual disease

TSC-101 is positioned in the U.S. for expected pricing between $650K and $750K by 2029

Payer insights:

- Payer access remains steady between $650K and $750K
- Commercial payers may apply policy restrictions above $700K, including medical exceptions

Oncologist insights:

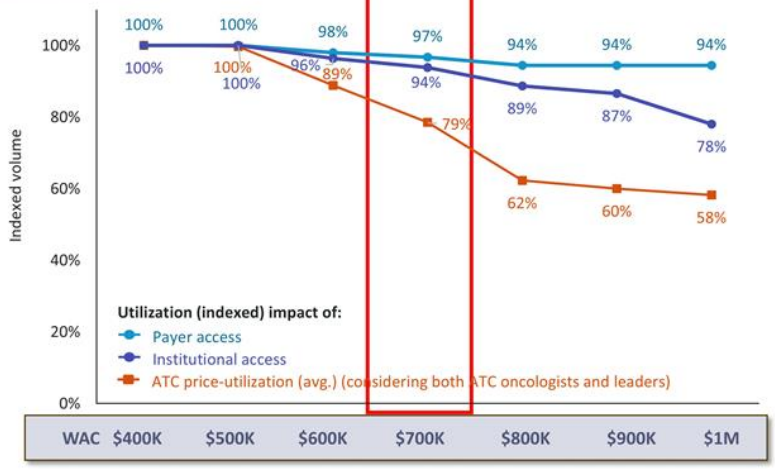
- High unmet need in relapse prevention for AML, MDS patients
- Expect to prescribe TSC-101 to ≥70% of AML, MDS eligible patients

ATC leader insights:

- No ATC policy exclusions expected up to $700K
- ATCs would restrict access by 20% at a price of >$900K

Volume tradeoffs for TSC-101

(Volume indexed to 100%)



Source: Simon-Kucher. Total ATC respondents (N=16), including 6 ATC Leaders and 10 ATC Oncologists. ALL: Acute lymphoblastic leukemia; AML: Acute myeloid leukemia; ATC: Authorized treatment center; CoT: Course of treatment; MDS: Myelodysplastic syndrome; WAC: Wholesale acquisition cost. Simon-Kucher | TScan | Early US P&MA assessment for TSC-101 in AML, MDS, and ALL | Final Report | September 5, 2025

Solid Tumors

Developing in vivo-engineered multiplex TCR-T therapy to overcome tumor heterogeneity

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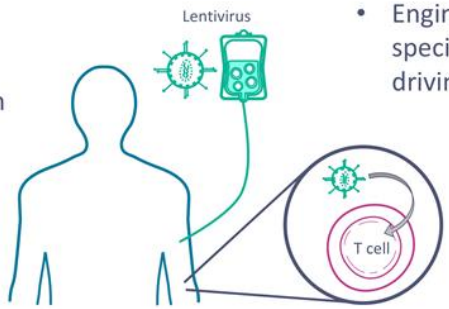
Lentiviral *in vivo* technology addresses the key challenges of autologous TCR-T

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

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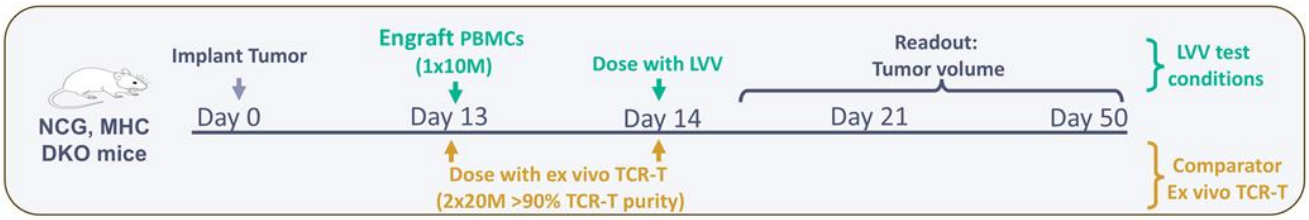
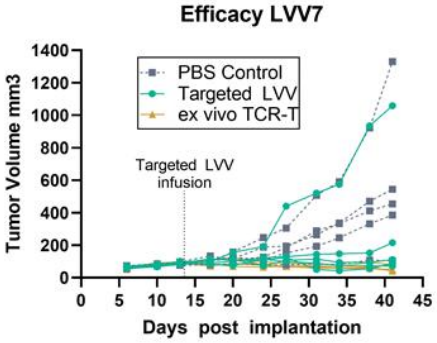
COGS, cost of goods

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

TSCAN

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

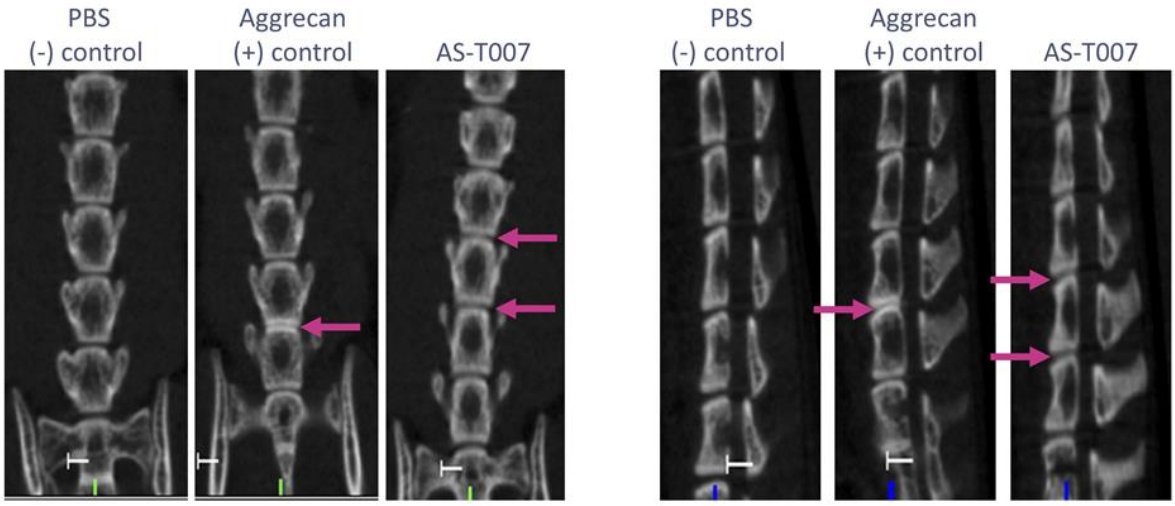
- Primarily affects **young males** (Male-to-Female ratio: 2:1); ~6 million cases globally (2018), including ~550,000 in North America
- Common symptoms include **low back pain, stiffness, and loss of spinal mobility**
- **No cure is available**, current AS treatments rely on TNF, IL-17, and JAK inhibitors
- 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**

TSCAN THERAPEUTICS

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