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ASCO 2023
Cell Therapy Update

May 31, 2023

Forward-Looking Statements

This presentation contains forward-looking statements, as may any related presentations, within the meaning of the Private Securities Litigation Reform Act of 1995. The Company intends such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act and Section 21E of the Exchange Act. All statements contained in this herein and in any related presentation that do not relate to matters of historical fact should be considered forward-looking statements, including, without limitation, statements regarding research advancement, expected efficacy and benefit of our allogenic CAR T programs. In some cases, you can identify forward-looking statements by terms such as "aim," "anticipate," "approach," "believe," "contemplate," "could," "estimate," "expect," "goal," "intend," "look," "may," "mission," "plan," "possible," "potential," "predict," "project," "should," "target," "will," "would," or the negative thereof and similar words and expressions.

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All forward-looking statements speak only as of the date of this presentation and, except as required by applicable law, we have no obligation to update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

Agenda

- Executive Summary
- Totality of Azer-cel Experience

- CAR T Relapse Setting Is Growing Area of High Unmet Need
- Potential First-In-Class: Azer-cel Clinical Update
- Potential Best-In-Class: 19B Stealth Cell Clinical Update
- Building On Precision's Cell Therapy Foundation

- Summary

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Note: Azer- cel = Precision's lead clinical candidate, Azercabtagene zapreleucel

Executive Summary

Azer-cel: Potential First-In-Class Opportunity for CAR T Relapsed CD19+ DLBCL

Azer-cel is Precision's Lead CAR T Program Demonstrating Efficacy and Improved Safety Across Hematologic Malignancies

- Precision has amassed a robust data package (n = 84) for Azer-cel in NHL and ALL, with clinically meaningful efficacy and an acceptable safety profile
- Azer-cel data is most compelling in the Diffuse Large B Cell Lymphoma (DLBCL) CAR T relapse setting (n=18) with 83% ORR, 61% CR rates and 55% DoR ≥6 months[1]
- In latest cohort (n=7), Azer-cel safety profile ameliorated with 0% ≥ Grade 3 Allogeneic CAR T related AEs in fragile, relapse patient population

Next Step is Regulatory Guidance for Azer-cel Clinical Development Plan

- FDA meeting expected in June
- 500M Cells + FluCy750 established as viable Phase 2 dose for safety and efficacy
- Upcoming meeting objective to guide potential Phase 2 study; focus on trial design, size and endpoints

19B Stealth Cell: Potential Best-In-Class Opportunity for Earlier Line CAR T Naïve CD19+ DLBCL

19B Stealth Manufacturing Optimization Resulted in Phase I Efficacy and Safety on Par With Autologous CAR T in R/R NHL Setting

- Achieved 71% ORR with no Grade ≥3 Allogeneic CAR T related adverse events; Most compelling signal achieved in DLBCL patients with 80% ORR, and 60% CR (MRD-)
- 540M Cells + FluCy750 established as ongoing investigational dose based on Phase I therapeutic index
- 19B Stealth construct proof of concept achieved; enabling expansion and persistence by delaying host rejection through immune cloaking

Building On Strong Cell Therapy Foundation

- Optimization of manufacturing platform using ARCUS for CAR T insertion now clinically validated across two clinical candidates
- Precision CAR T platform has broad applicability beyond hematologic malignancies, including solid tumors and autoimmune diseases

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Note: Azer- cel = Precision's lead clinical candidate, Azercabtagene zapreleucel; NHL = Non-Hodgkin's Lymphoma (NHL) & ALL= Acute Lymphoblastic Leukemia

1. N=11 patients evaluable for ≥ 6 months duration on response, 6 durable responders past 6 months or longer with 431 (> 1 year) median days on response; DoR measured from D0

Total Body of Evidence:
Azer-cel Has Meaningful Clinical Activity Across B Cell Malignancies

84

Patients Treated With Azer-cel

61 NHL Patients	**23** B-ALL Patients
58% ORR	**61% ORR**
41% CR	61% CR/CRi

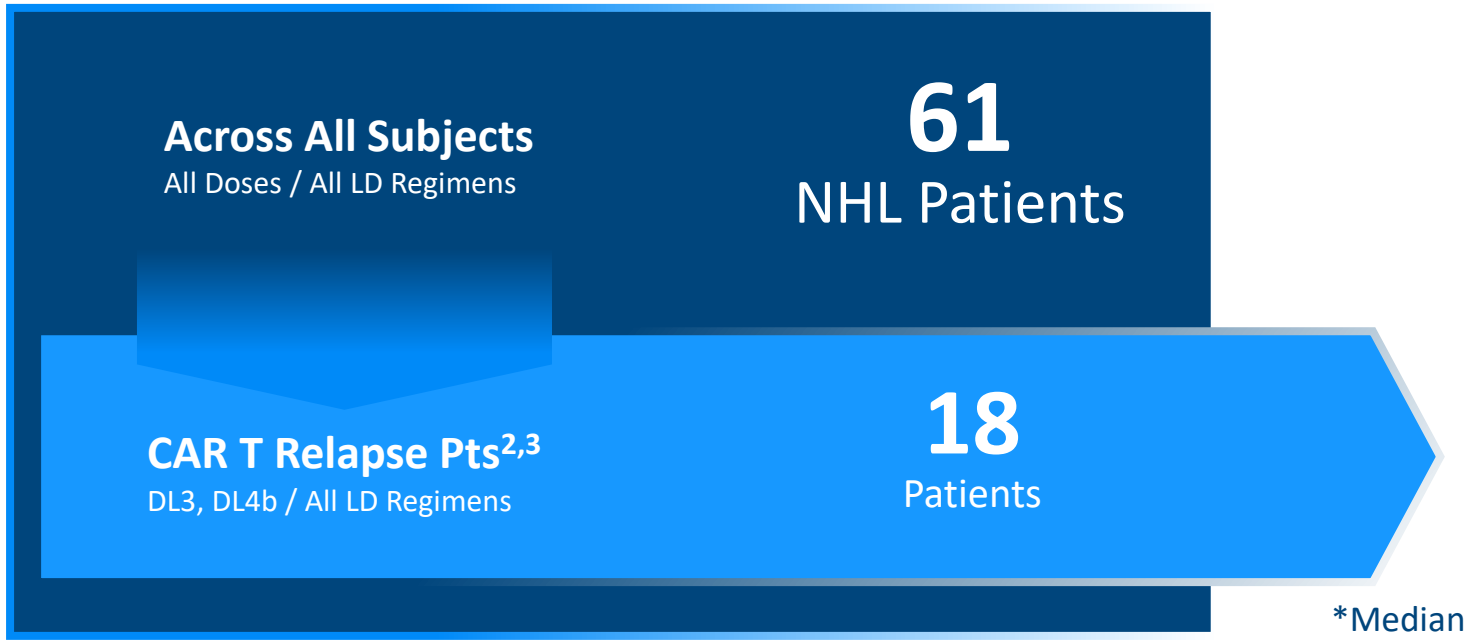
All Doses / All LD Regimens

★ **Tailoring Azer-cel for the right patient, with right dose, right product attributes and right lymphodepletion**

Note: Based on Patients Evaluable for Efficacy

Azer-cel is Active in CAR T Relapsed Patients:

Demonstrated High Response Rates and Durability



83% ORR

61% CR Rate

55% DoR ≥ 6-months[1]

*Median duration in ≥ 6-month responders is 431 days

★ **Azer-cel has the potential to provide new standard of care for this high-risk population with unmet need**

Note: Based on Patients Evaluable for Efficacy

1. N=11 patients evaluable for ≥ 6 months duration on response, 6 durable responders past 6 months or longer with 431 (> 1 year) median days on response; DoR measured from D0
2. N = 2 CAR T Relapse Patients patients were also treated at sLD and observed a 50% ORR
3. CAR T relapse Includes 17 NHL and 1 ALL patient from ASH Cohort; only sLD patients receiving optimized product attributes included

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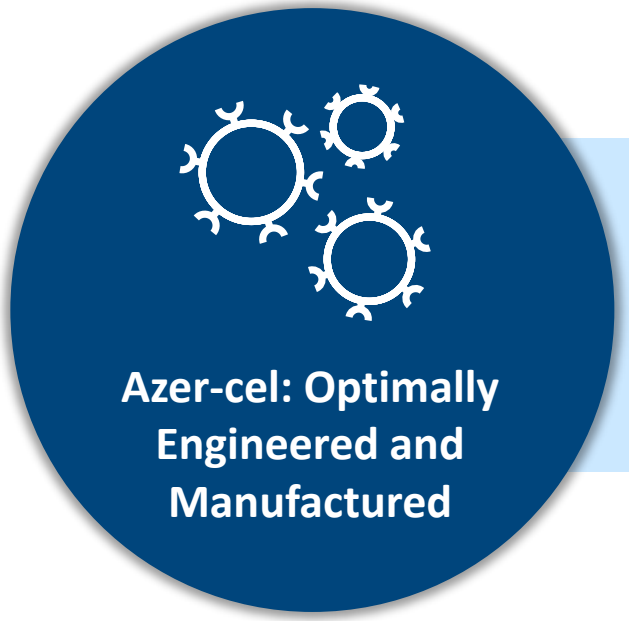
Azer-cel Approach is Biologically Rational for CAR T Relapse Population



- Azer-cel from healthy donor may be more effective than an autologous product
- Autologous products made from cancer patients with impaired immune system may result in suboptimal product attributes[1-4]

1. Jacobson CA, et. al. J Clin Oncol 2020; 38:3095., Nastoupil LJ, et. al. J Clin Oncol 2020; 38:3119.
2. Das RK, et. al. Blood Adv 2020; 4: 4653.
3. T cell quantity and function impaired by prior therapy precluding generation of high-quality Auto CAR T product
4. Prior Chemotherapy adversely impacts surviving T cells and reduces early-lineage T cells necessary for CAR T cell expansion

Majority of CAR T Relapse Patients Continue to Have CD19+ Disease

~85% **of patients[1]**
continue to have CD19+ disease

In our prospective data, patients continue to have antigen positive disease

Note: Retrospective Literature states that 12-28% of patients have antigen negative relapse (CD19-)
1. Precision Internal Clinical Data
2. Precision data; Spiegel US Consortium data

CAR T Relapse Setting Has No Approved Standard of Care and Poor Prognosis

	CAR T Relapse Outcomes U.S. Consortium Actual Data / RWD[1,2,3]	Proposed TPP For CAR T Relapse Patients
Overall Response Rate (ORR)	~20-30%	> 50%
Progression Free Survival (mPFS)	~1.8 months	> 3 months
Overall Survival (mOS)	Drug tx: 4-6 months Palliative Care: <1 month	> 6 months
Safety	Manageable safety profile in this fragile patient population	★ No treatment related Grade 5 events
Potential Regulatory Path	No therapy currently indicated/approved	Single-arm study with historical control *(e.g., U.S. Consortium Data)*

Notes: TPP = Target Product Profile

1. Barriers to enrollment in clinical trials of patients with aggressive.., Bezzera, E. Mayo Clinic, 2021
2. US CAR T Consortium Study - https://pubmed.ncbi.nlm.nih.gov/33156925/
   Note: Other therapies included targeted treatments such as venetoclax, brentuximab vedotin or ibrutinib, novel therapies, steroids, second CAR-T on clinical trial, and allogeneic stem cell transplant. In total, 8 patients proceeded to allogeneic stem cell transplant after axi-cel PD, 3 of whom remain in CR.
3. University of Washington study shows CAR T early relapsers only have mOS of 3.8 months; https://onlinelibrary.wiley.com/doi/10.1002/ajh.25505

CAR T Relapse Market is Large and Growing

YESCARTA

Breyanzi

KYMRIAH® (tisagenlecleucel) Dispersion for IV infusion

60-65%

of patients currently treated with Auto CAR T will relapse[1]

★ By 2025, Global CAR T Relapse Patient Pool Is Expected To Grow ~4x as Auto CAR T Drugs become the SoC in 2L+

→ Estimate total Global G8 markets to be ~18k patients per year[2]

1. Estimated from ZUMA 1 and ZUMA 7 EFS rates
2. G8 includes US, Japan, Canada and EU5 assuming equal access to CAR T therapies; market research, CancerMPact

First-In-Class Opportunity

Azer-cel: Allogeneic CAR T

For CD19+ CAR T Relapsed Patients

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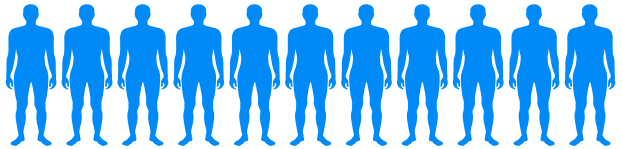
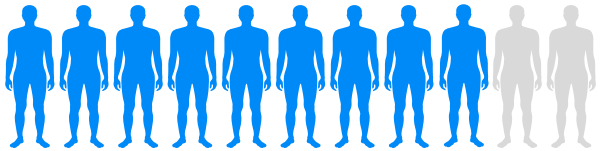
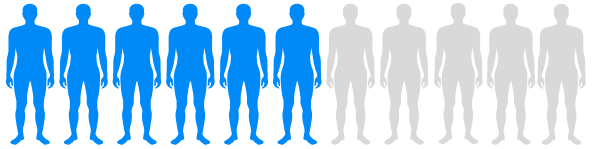
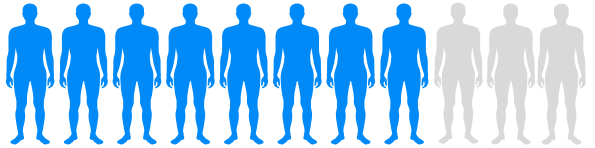
One Year Ago, Precision Showed Compelling Data in the CAR T Relapse Setting

CAR T relapsed
Median 5 lines
(n = 11)

		n (%)
ORR ≥ Day 28		**11 (100%)**
CR ≥ Day 28		**9 (82%)**
≥ 6 mo. Duration of Response		**6 (55%)** *of evaluable*
PFS > 2 months U.S. Consortium/RWD Threshold		**8 (73%)**

ClinicalTrials.gov identifier: NCT03666000;
11 of 12 patients were evaluable

Data cutoff 01May2023

Despite compelling response and durability data → **Safety profile needed to be ameliorated** given treatment related events

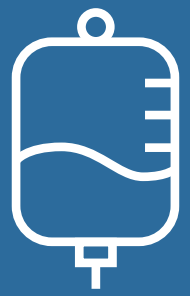
Note: ORR = Overall Response Rate, CR = Complete Remission, PFS = Progression Free Survival, LD = Lymphodepletion, DoR is calculated from Day 0

Significant Progress Made to Improve Azer-cel Therapeutic Index

- Optimized manufacturing process using ARCUS leading to improved product attributes resulting in improved potency and control
- Received favorable CMC feedback from the FDA for ongoing development path
- Reduced lymphodepletion dose intensity with goal to improve safety

Two Levers Designed to Improve Therapeutic Index

1 Reduced LD Dose Intensity:
Reducing the Fludarabine Dose in Lymphodepletion



Reduce total fludarabine exposure during lymphodepletion

4 days

3 days

Fludarabine dose of **30 mg/m^2 per day**

2 Potency with Control:
Improving Product Attributes

Process improvement led to improved fitness measured by non apoptotic cell fraction

In optimized manufacturing process, reduced CD4+/CD8+ ratio to minimize inflammatory toxicities

- Total CD4+ CAR T effective cell dose is a key contributor of CD8+ CAR T cell peak expansion, inflammatory cytokines and inflammatory toxicities such as ICANS

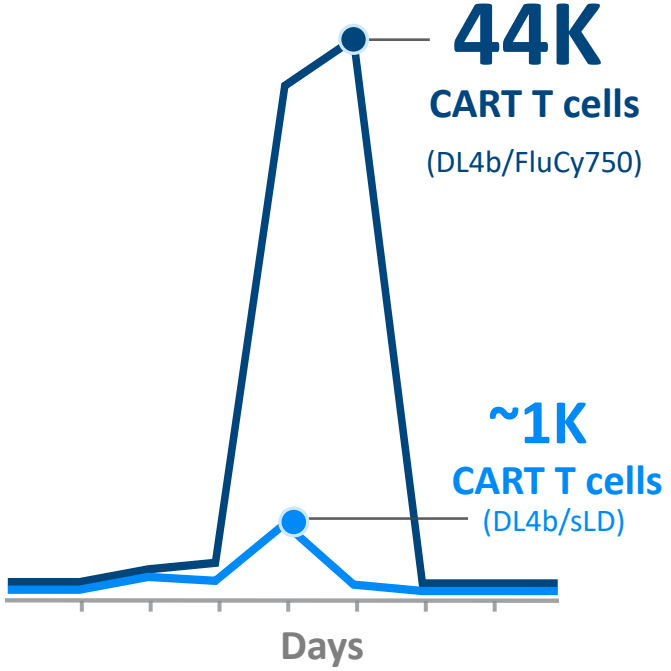
Optimizing Lymphodepletion Regimen to Drive CAR T Expansion:

An Important Factor to Drive Molecular Remission (MRD-)

Reduced to sLD to Improve Safety

Outcome: Modest Expansion[1]

Mean CAR T Peak



Durable responders for Yescarta - ZUMA 1 had CAR T levels in range 21k to 92k CAR T Cells per mL

Transitioned To

FluCy750

Outcome: Increased Expansion

FluCy750 vs. sLD:

- Increased homeostatic cytokines to drive expansion: 58x Peak and 51x AUC
- Similar inflammatory cytokine profile to maintain safety

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Note: 2 patients treated with azer-cel 500M cells with sLD achieved lower peak and 50% ORR/CR

1. DL4b/sLD showed 0.8k CAR T cells

First-In-Class Opportunity

Azer-cel Safety Update

CD19+ CAR T Relapsed Patients

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Optimized Product Attributes and Reduced Fludarabine Exposure Significantly Improves Safety Profile

Azer-cel

Data Update

Number (%) of subjects experiencing events with max grade			DL3a/eLD Cohort (n=6)	DL4b/mLDCohort (n=6)	Latest Cohort (DL4b FluCy750 or sLD) (n=7)	Latest Cohort (DL4b FluCy750) (n=5)
AE of special interest[1]	CRS	*Grade 1 or Grade 2*	5 (83%)	4 (67%)	**4 (57%)**	**3 (60%)**
		Grade 3 or higher	0	0	**0**	**0**
	ICANS	*Grade 1 or Grade 2*	2 (33%)	1 (17%)	**0**	**0**
		Grade 3 or higher[2]	1 (17%)	2 (33%)	**0**	**0**
	GvHD		0	0	**0**	**0**
Other notable AEs	Infection	*Grade 1 or Grade 2*	0	1 (17%)	**0**	**0**
		Grade 3 or higher	4 (67%)	2 (33%)	**0**	**0**
	Grade 5 events[3]		2 (33%)[3]	3(50%)[4]	**0**	**0**

Note: In Latest cohort, 500M cells is DL4b

1. AESI-Adverse Events of Special Interest
2. Median duration of Grade 3 ICANS was 4 days (2-24days)
3. Two deaths in the DL3a/ eLD Cohort related to infections and suspected fludarabine associated neurotoxicity
4. Three deaths in DL4b/ mLD Cohort were suspected fludarabine associated neurotoxicity

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In Latest Cohort, n = 5, Azer-cel CAR T Specific AE Profile is Comparable to Approved Autologous CAR T

Number (%) of subjects experiencing events with max grade			Autologous CAR T			Allogeneic CAR T
			Yescarta[1] (r/r LBCL)	Kymriah[2] (r/r DLBCL)	Breyanzi[3] (r/r LBCL)	**Azer-cel** (n=5) **(CAR T Relapse DLBCL) (500M Cells + FluCy750)**
AE of special interest	**CRS**	*Grade 1 or Grade 2*	84%	51%	43%	**60%**
		Grade 3 or higher	9%	23%	3%	**0**
	Neurologic toxicities (including ICANS)	*Grade 1 or Grade 2*	56%	41%	23%	**0**
		Grade 3 or higher	31%	19%	10%	**0**

FOR ILLUSTRATIVE PURPOSES ONLY: no head-to-head clinical trial has been conducted evaluating Azer-cel or other products. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data across studies.

Note: In Latest cohort, 500M cells is DL4b

1. https://www.yescartatecartusrems.com/
2. https://www.hcp.novartis.com/products/kymriah/diffuse-large-b-cell-lymphoma-adults/safety-profile/
3. https://www.breyanzi.com/receiving-breyanzi
4. Allogene 2023 10K

First-In-Class Opportunity

Azer-cel Efficacy Update

Durability and Molecular Response

Update from ASCO ’22, n = 11 patients

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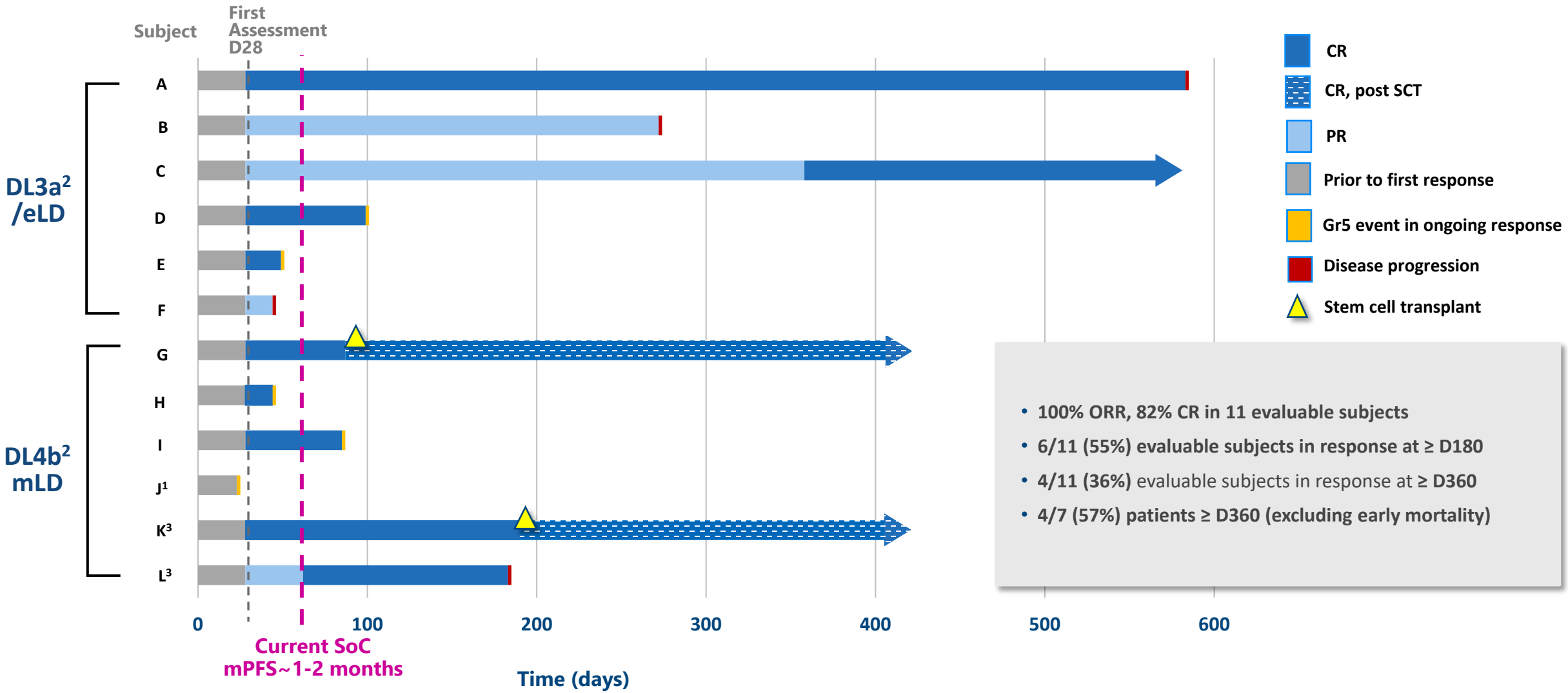
Update Since ASCO 2022 Data: Durability Favorable vs. Current Treatment

Current Treatment Defined in U.S. Consortium Data/RWD



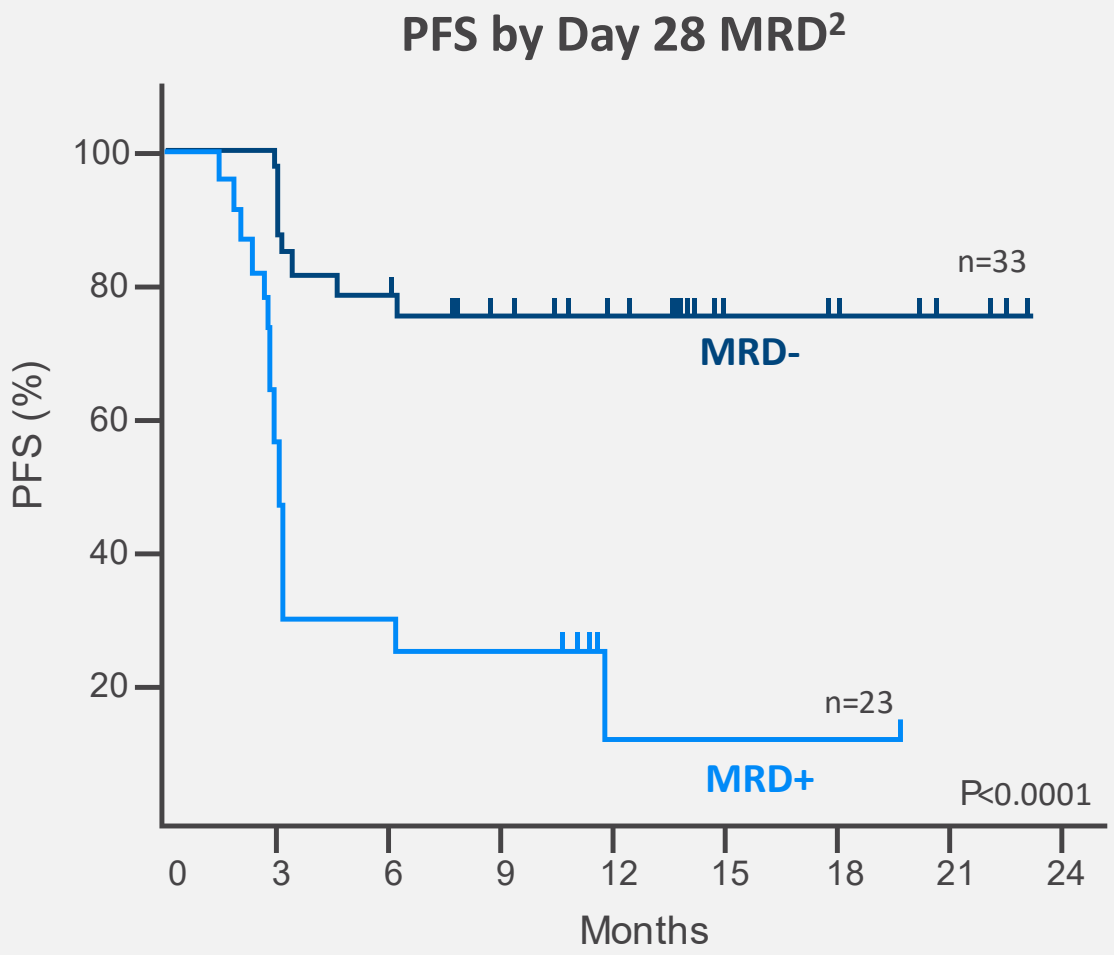
- 100% ORR, 82% CR in 11 evaluable subjects
- 6/11 (55%) evaluable subjects in response at ≥ D180
- 4/11 (36%) evaluable subjects in response at ≥ D360
- 4/7 (57%) patients ≥ D360 (excluding early mortality)

1. Subject J was non-evaluable for efficacy at Day 28 assessment due to death from suspected fludarabine (Flu)-associated neurotoxicity on Day 23.
2. DL3a dose – 3 x 10^6 CAR T cells/kg; DL4b dose – 500 x 10^6 CAR T cells/flat dose.
3. Subject K relapsed after Allo CAR T. Original response: K – CR for 150 days before PD . Subject L relapsed after Allo CAR T. Original response: L- PR for 14 days before PD.

Note: DoR calculated from Day 0 onwards

*Data cutoff 01May2023

Molecular Remission (MRD-) Key Predictor of Durability



- Early Clearance of Circulating Tumor DNA (MRD-) measured by ClonoSEQ is Predictive for Relapse Free Interval After CAR T Treatment (per ZUMA-1)[1]
- PFS is Strongly Correlated with MRD Negative Status
- Molecular Remission (MRD-) is Predictive of Durable Response

1. MRD was evaluated via NGS-MRD assay to assess for ctDNA in plasma. Any detectable ctDNA was considered MRD-positive.
ctDNA - circulating tumor DNA,; MRD – measurable (minimal) residual disease; NGS – next-generation sequencing; PET-CT – positron emission tomography-computed tomography; PFS – progression-free survival
2. Frank MJ et al., *J Clin Oncol.* 2021 Jun 16 ; JCO2100377.

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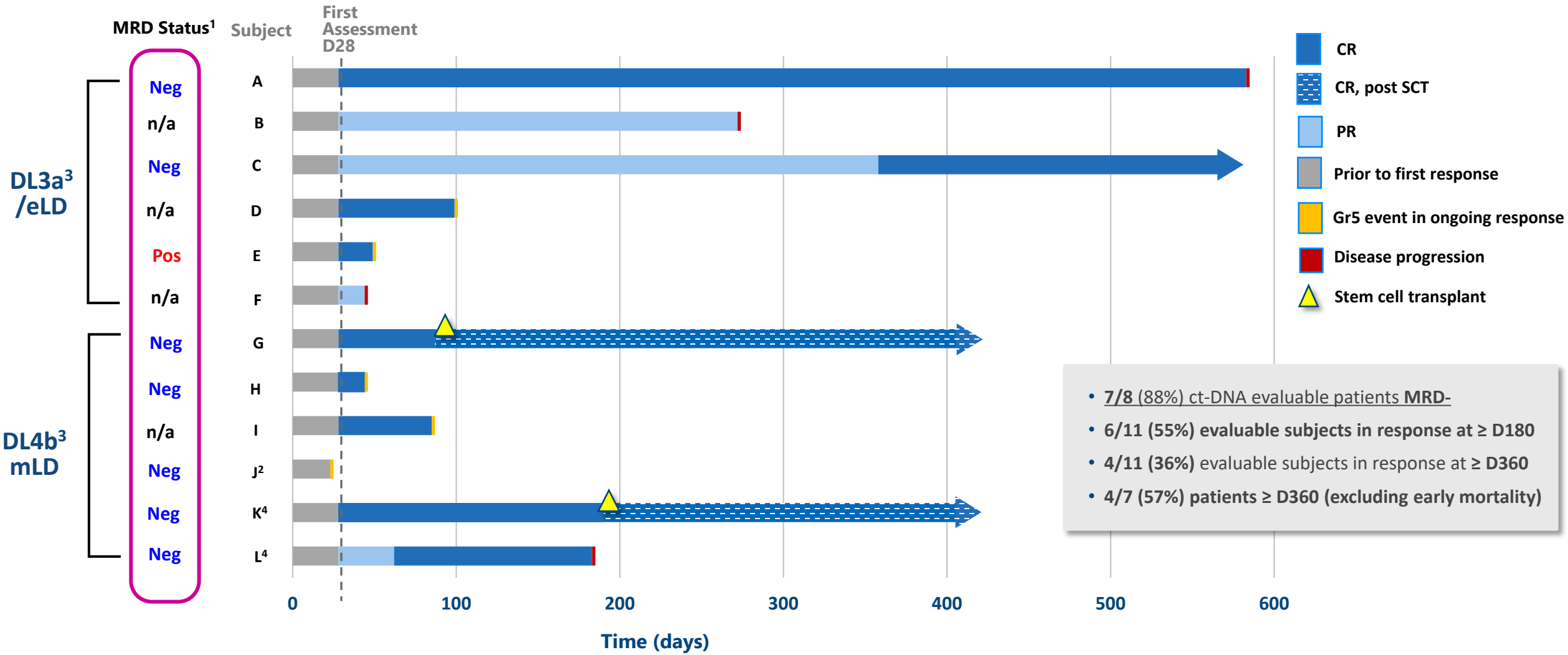
Update Since ASCO 2022: MRD Negativity Correlated With Durability



- 7/8 (88%) ct-DNA evaluable patients **MRD-**
- **6/11 (55%) evaluable subjects in response at ≥ D180**
- **4/11 (36%)** evaluable subjects in response at **≥ D360**
- **4/7 (57%) patients ≥ D360 (excluding early mortality)**

1. MRD determination for subjects C, E, G, H, K, and L using clonoSEQ®MRD Detection Assay (Adaptive Biotechnologies) at D28. Assessment for subject J was on D14. MRD determination for subject A was performed using a flow-based MRD assay.
2. Subject J was non-evaluable for efficacy at Day 28 assessment due to death from suspected fludarabine (Flu)-associated neurotoxicity on Day 23.
3. DL3a dose – 3 x 10^6 CAR T cells/kg; DL4b dose – 500 x 10^6 CAR T cells/flat dose.
4. Subject K relapsed after Allo CAR T. Original response: K – CR for 150 days before PD . Subject L relapsed after Allo CAR T. Original response: L- PR for 14 days before PD.

Note: DoR calculated as response from Day 0 onwards

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*Data cutoff 01May2023

First-In-Class Opportunity

Latest Azer-cel Cohort

Additional Safety and Efficacy Data Supports Potential Phase 2 Recommended Dose

500M CAR T Cells (DL4b) + FluCy750

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FluCy750 = 30 mg/m^2 Flu × 3 days + 750 mg/m^2 Cy × 3 days

Azer-cel + FluCy750 Preliminary Evidence of Efficacy:

Overall Response Rate with Molecular Remissions in CAR T Relapse Setting

Patient ID	Cell Dose[1]	LD Type[1]	MRD Status[2]	D28 Response[3]	Durability
O	500M	FluCy750	**Neg**	**CR**	PD (D90) **Antigen Escape**
P	500M	FluCy750	**Neg**	**PR**	D90+
Q	500M	FluCy750	*Pending*	**PR**	D28+
R	500M	FluCy750	Pos	SD	D28+
S	500M	FluCy750	*n/a*	PD	n/a

60% ORR

66% MRD-
(of evaluable n= 3)

★ Latest cohort maintained efficacy with an ameliorated safety profile

1. DL4b dose – 500 x 10^6 CAR T cells/flat dose (500M Cells). FluCy750= 30 mg/m^2 Flu × 3 days + 750 mg/m^2 Cy × 3 days.
2. MRD determination using clonoSEQ®MRD Detection Assay (Adaptive Biotechnologies) at D28. Neg = negative, Pos = positive
3. N = 2 CAR T Relapse Patients were also treated at sLD and observed a 50% ORR

Established Endpoints of Key Significance for Single Arm Hematologic Oncology Trials

		Proposed Endpoints For CAR T Relapse Patients	Azer-cel (500M cells + FluCy750) Interim Product Profile
Potential Endpoints for FDA approval	1º Overall Response Rate (ORR)	> 50%	✓
	2º Duration of Response (DoR)	> 50% @ 3 months	Not yet fully evaluable 66% MRD-
	2º Safety Profile	★ No Treatment Related Grade 5 Events	✓
	Potential Regulatory Path	Single-arm study with historical control *(e.g., U.S. Consortium Data)*	Next step to be discussed with FDA

Notes: 1º = Primary endpoint, 2º = secondary endpoint

Azer-cel Potential First-In-Class Allogeneic Therapy for CAR T Relapsed Patients

- ☑ **In latest cohort, Azer-cel safety profile ameliorated with 0% ≥ Grade 3 Allogeneic CAR T related AEs in fragile CAR T relapse patient population**
- ☑ **Azer-cel highly active across CAR T relapsed patients (N=18), demonstrating 83% ORR, 61% CR rates with 55% DoR ≥ 6 months[1]**
- ☑ 〉 **Efficacy maintained at potential Phase 2 dose, 500M Cells + FluCy750 with 60% ORR and 66% MRD-**
- ☑ 〉 **Favorable CMC feedback from FDA on chemistry, manufacturing, and controls strategies support ongoing late-stage development for Azer-cel**
- ☑ 〉 **Clinical trial material ready from optimized manufacturing process**
- ☐ 〉 **Upcoming FDA clinical meeting to guide potential Phase 2 study; focus on trial design, size and endpoints**

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Note: DoR measured as response from Day 0

1. N=11 patients evaluable for 6-month DoR, 6 durable responders past Month 6 with 431 (> 1 year) median days on response

Best-In-Class Opportunity

PBCAR19B Stealth Cell: Anti-CD19 Allogeneic CAR T

Cloaked Design to Evade Immune Rejection and Potentially Displace 2nd Line Auto CAR T in CD19+ CAR T Naïve Patients

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PBCAR19B Stealth Cell: Anti-CD19 Allogeneic CAR T Cloaked to Evade Immune Rejection

Anti-CD19 CAR
TCR is knocked-out to prevent GvHD

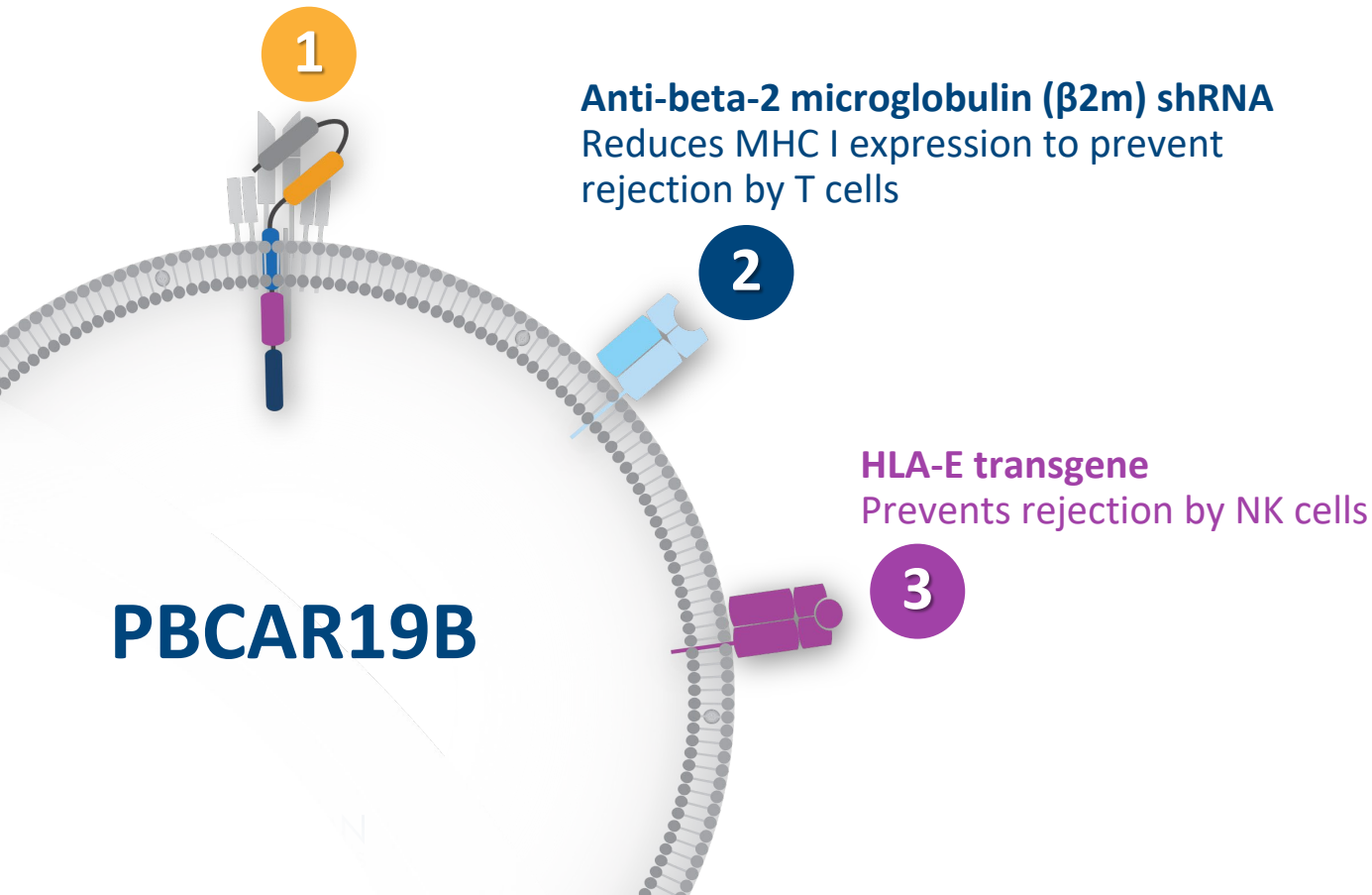
1

Anti-beta-2 microglobulin (β2m) shRNA
Reduces MHC I expression to prevent rejection by T cells

2

HLA-E transgene
Prevents rejection by NK cells

3



PBCAR19B

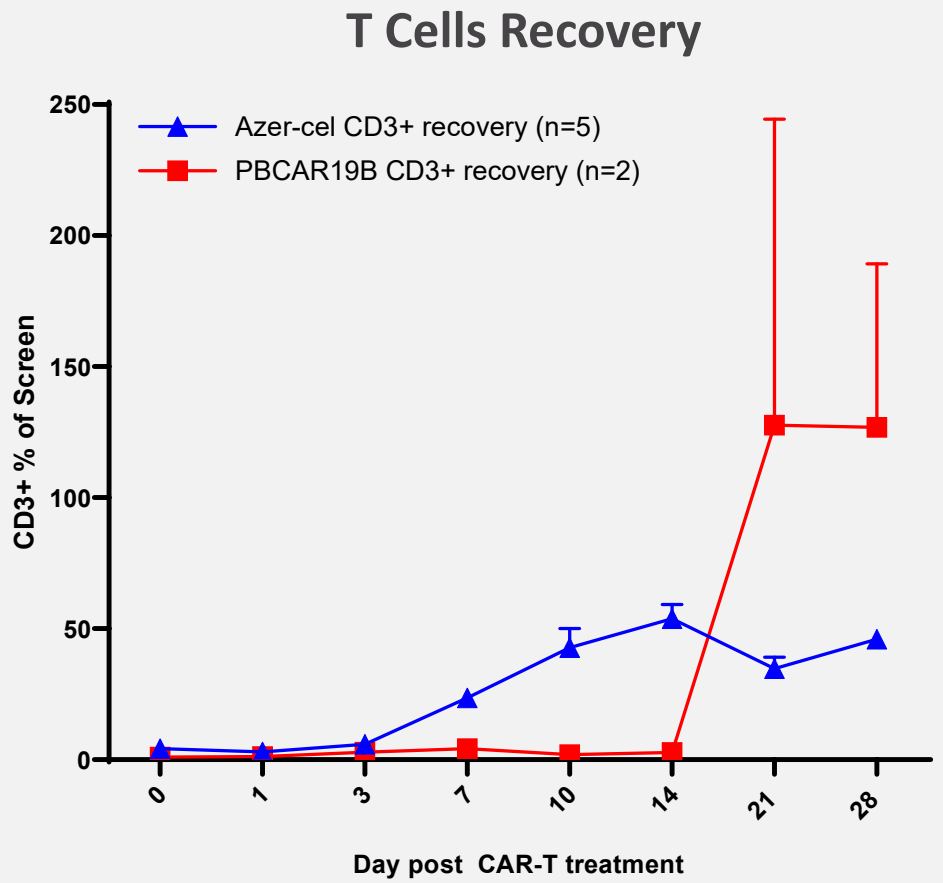
Tx Goal/ Patient Population

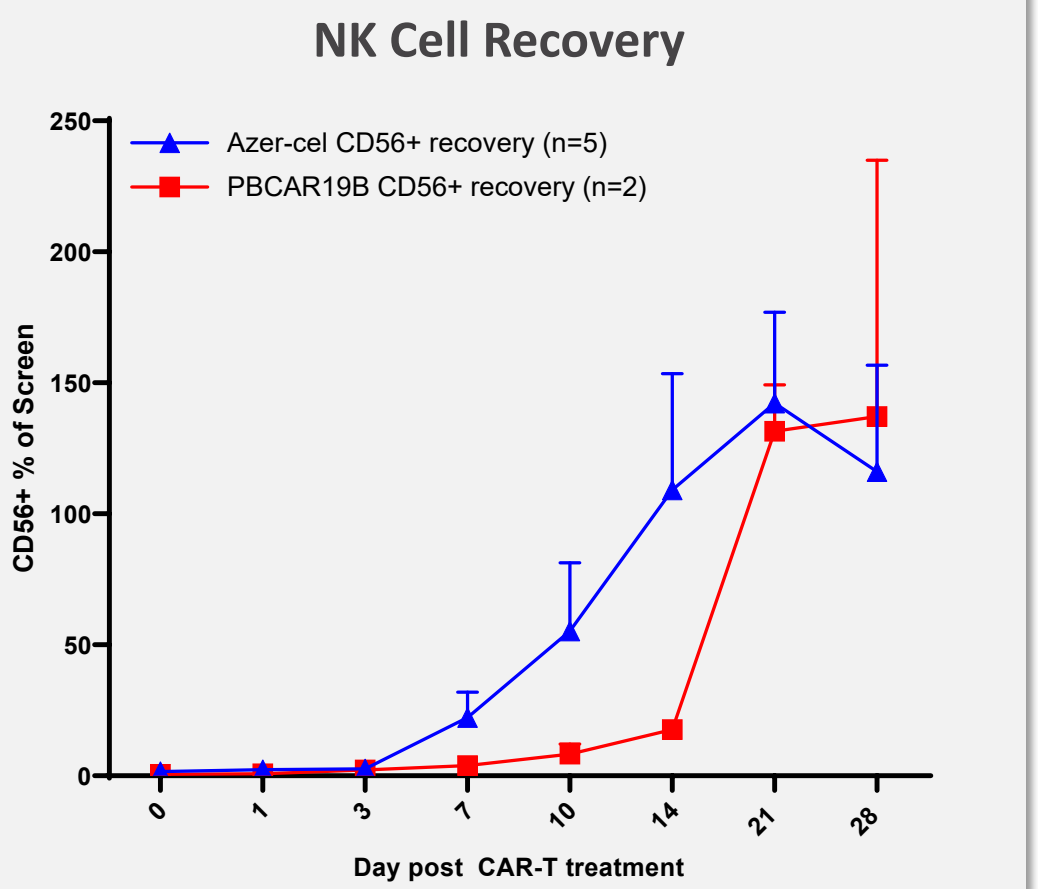
Displace 2nd Line Auto CAR T in CD19+ CAR T Naïve Patients

Key Feature

PBCAR19B Stealth Cell
Cloaked To Overcome Rejection by T Cells and NK Cells

Delayed Immune Response By T Cells and NK Cells Demonstrates Proof of Principle For Stealth Construct in DLBCL





★ This strategy may further enhance efficacy profile to displace autologous CAR T in early line DLBCL

Note: Azer-cel DL4b dose – 500 x 10^6 cells/flat dose per subject; 19B DL2 dose – 540 x 10^6 cells/flat dose per subject.

Allogeneic CAR T Related AE Profile in PBCAR19B Stealth Cell Treated Subjects

Number (%) of subjects experiencing events with max grade			540M Cells + sLD Cohort (n=3)	540M Cells + FluCy750 Cohort (n=4)
AE of special interest	CRS	*Grade 1 or Grade 2*	1 (33%)	1 (25%)
		Grade 3 or higher	0	0
	ICANS	*Grade 1 or Grade 2*	1 (33%)	0
		Grade 3 or higher	0	0
	GvHD		0	0
Other notable AEs	Infection	*Grade 1 or Grade 2*	0	0
		Grade 3 or higher	0	0
	Grade 5 events		0	0

**Data cutoff 01May2023*

Notes: FluCy750= 30 mg/m^2 Flu × 3 days + 750 mg/m^2 Cy × 3 days, Standard LD (sLD) = 30 mg/m^2 Flu × 3 days + 500 mg/m^2 Cy × 3 days; 540M Cells = DL2

PBCAR19B Stealth Cell Dosed at 540M Cells Achieved 71% ORR with No Grade ≥3 Allogeneic CAR T Related Adverse Events

Patient ID	Disease	LD Type[1]	MRD Status[2]	D28 Response	Durability
1	**DLBCL**	sLD	Pos	**PR**	PD (D60)
2	**DLBCL**	sLD	**Neg**	**CR**	D150+
3	**DLBCL**	sLD	Pos	PD	n/a
4	**DLBCL**	FluCy750	**Neg**	**CR**	D60+
5	**DLBCL**	FluCy750	**Neg**	**CR**	D28+
6	MCL	FluCy750	n/a	**PR**	D28+
7	MCL	FluCy750	Pos	PD	n/a

★ Most Compelling Signal: In DLBCL patients, 80% ORR with 60% CR (MRD-)

**Data cutoff 01May2023*

Note: In DL1, 270M Cells, 1 PR out of 3 subjects treated
1. DL2 dose – 540 x 10^6 CAR T cells/flat dose, sLD = 30 mg/m^2 Flu × 3 days + 500 mg/m^2 Cy × 3 days, FluCy750 = 30 mg/m^2 Flu × 3 days + 750 mg/m^2 Cy × 3 days
2. MRD determination using clonoSEQ®MRD Detection Assay (Adaptive Biotechnologies) at D28

PRECISION BIOSCIENCES

PBCAR19B Stealth Cell Potential Best-In-Class Allogeneic Therapy For CAR T Naïve Patients

- ☑ **Stealth Cell Proof of Concept Achieved:** Through immune cloaking, preliminary efficacy **in DLBCL patients enabling expansion and persistence** by delayed immune rejection

Total Experience at 540M Cells:

- ☑ Treatment with PBCAR19B 540M Cells showed encouraging safety profile with no ≥ Grade 3 Allogeneic CAR T related AEs
- ☑ PBCAR19B showed high ORR (71%) and CR rate (43%) in subjects with evidence of molecular remission (MRD-) and preliminary durability

Compelling Signal of Interest:

- ☑ Compelling signal in DLBCL patients, 80% ORR with 60% CR (MRD-); Long-term durability to be confirmed once evaluable
- ☐ 540M Cells + FluCy750 established dose for continued investigation in DLBCL patients

★ **Results achieved with new optimized manufacturing process further validate Precision's Cell Therapy Platform**

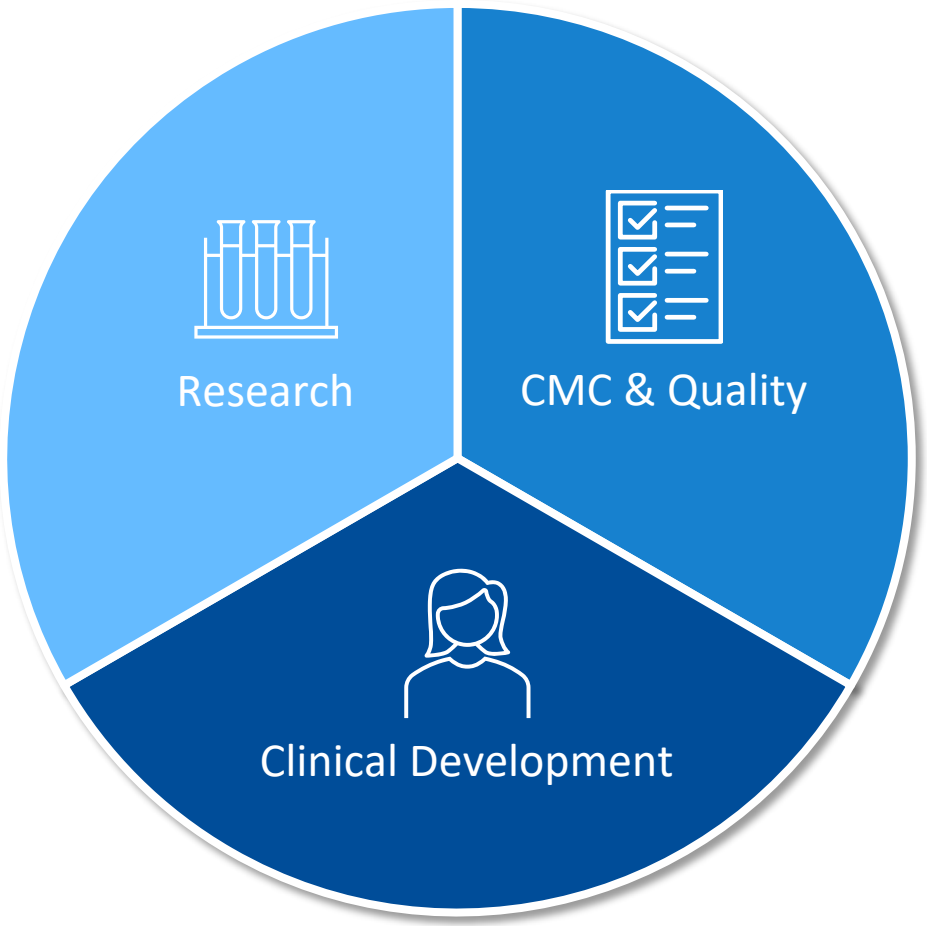
Building On Strong Foundation

Going Beyond Our Leading Clinical CAR T Assets

Next Generation Research Toolkit

PRECISION BIOSCIENCES

Precision BioSciences Cell Therapy End-to-End Capabilities



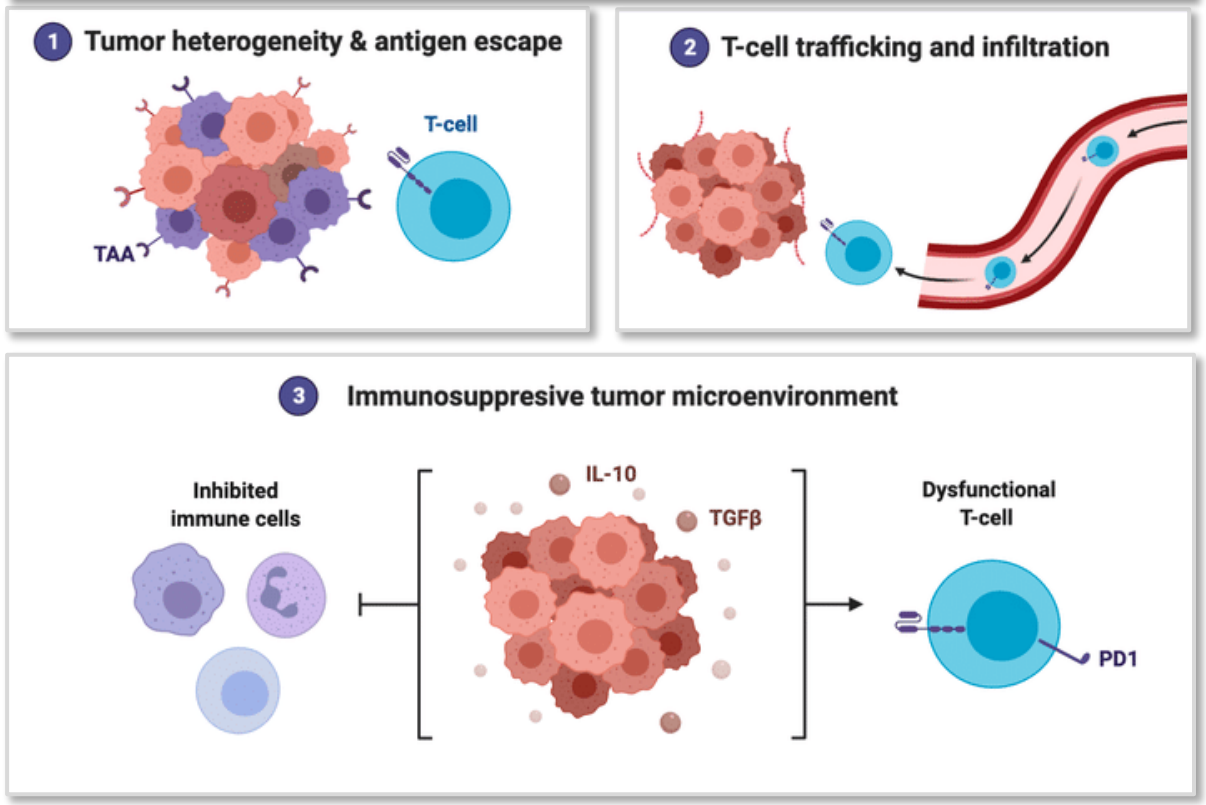
Precision has built an engine for rapid discovery and early-development of donor-derived allogeneic cancer cell therapies

- Process development and CMC team continually iterate on improvements to the platform and next generation products
- Research rapidly designs and tests new constructs in the donor-derived allogeneic cell therapy platform
- Rapid pathway to IND due to platform synergies and regulator familiarity as well as close cross-functional team interactions
- Experienced clinical operations team and infrastructure; currently in the clinic for later stage development

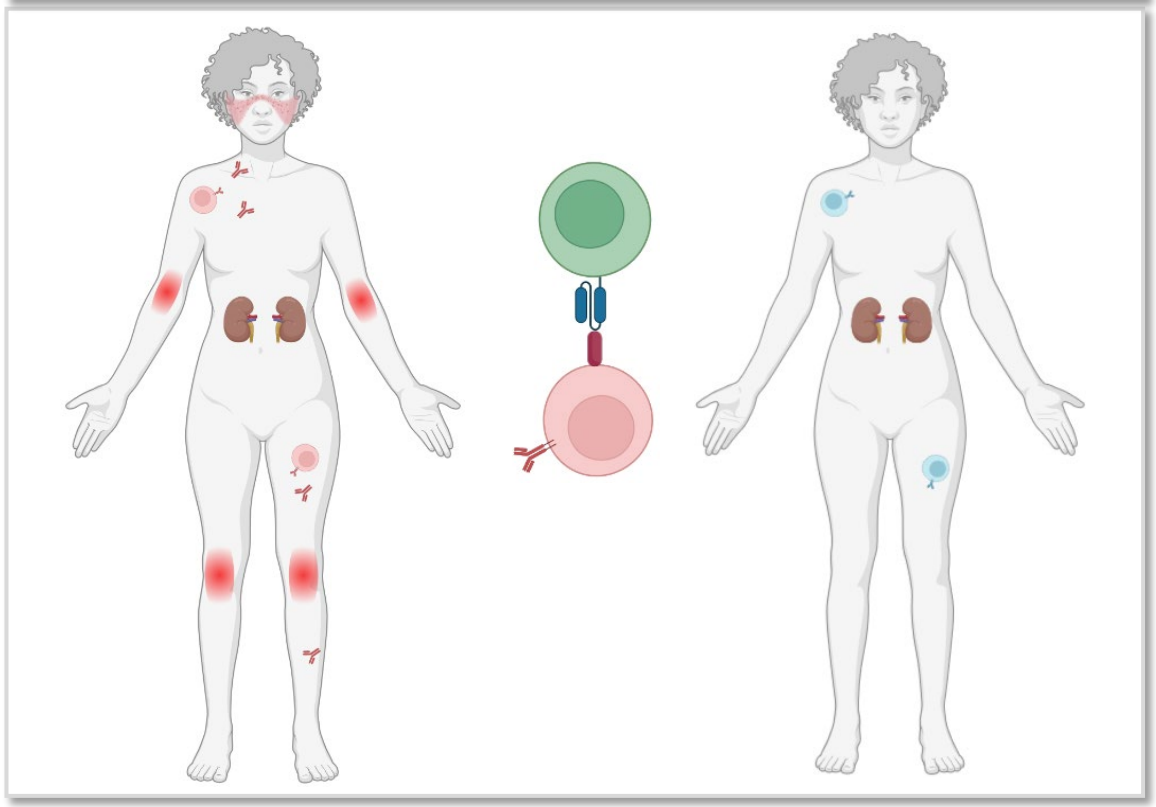
Proven cell therapy research, process development, manufacturing, quality, and clinical teams

Solid Tumor & Autoimmune Opportunities For Precision's CAR T Platform

Precision Scientists Overcoming Challenges For Adoptive Cell Tx In Solid Tumors



Potential to Advance Into Autoimmune Disorders



Precision BioSciences' Leading CAR T Platform

★ Precision has validated its proprietary cell therapy platform using ARCUS

- Azer-cel is active with acceptable safety profile in CAR T relapse setting; Next step for Azer-cel is clinical meeting with FDA
- PBCAR19B Stealth Cell construct demonstrated acceptable safety profile and preliminary efficacy in Phase 1; compelling signal in DLBCL ready for validation in next stage of development; seeking partnership opportunity
- Precision's platform wide manufacturing optimizations and high CAR T insertion efficiency with ARCUS are the foundation for improved product potency and control
- Precision's state of the art cell therapy capabilities support potential collaborations in hematological malignancies, solid tumors and autoimmune disorders

PRECISION
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End of Presentation- THANK YOU
Question and Answer Session…