ASCO 2023
Cell Therapy Update
May 31, 2023
Forward-Looking Statements

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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

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
• 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

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
  - 58% ORR
  - 41% CR

- 23 B-ALL Patients
  - All Doses / All LD Regimens
  - 61% ORR
  - 61% CR/CRi

★ 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

Across All Subjects
All Doses / All LD Regimens

61
NHL Patients

CAR T Relapse Pts2,3
DL3, DL4b / All LD Regimens

18
Patients

83% ORR
61% CR Rate
55% DoR ≥ 6-months1

*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
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

4. T cell quantity and function impaired by prior therapy precluding generation of high-quality Auto CAR T product
5. 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

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

<table>
<thead>
<tr>
<th>Overall Response Rate (ORR)</th>
<th>~20-30%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progression Free Survival (mPFS)</td>
<td>~1.8 months</td>
</tr>
<tr>
<td>Overall Survival (mOS)</td>
<td>Drug tx: 4-6 months</td>
</tr>
<tr>
<td>Safety</td>
<td>Manageable safety profile in this fragile patient population</td>
</tr>
<tr>
<td>Potential Regulatory Path</td>
<td>No therapy currently indicated/approved</td>
</tr>
</tbody>
</table>

**Proposed TPP For CAR T Relapse Patients**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>&gt; 50%</td>
</tr>
<tr>
<td></td>
<td>&gt; 3 months</td>
</tr>
<tr>
<td></td>
<td>&gt; 6 months</td>
</tr>
<tr>
<td></td>
<td>★ No treatment related Grade 5 events</td>
</tr>
<tr>
<td></td>
<td>Single-arm study with historical control (e.g., U.S. Consortium Data)</td>
</tr>
</tbody>
</table>

Notes: TPP = Target Product Profile
1. Barriers to enrollment in clinical trials of patients with aggressive..., Bezzera, E. Mayo Clinic, 2021
   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

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\(^2\)

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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
Azer-cel: Allogeneic CAR T
For CD19+ CAR T Relapsed Patients
One Year Ago, Precision Showed Compelling Data in the CAR T Relapse Setting

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Outcome</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORR ≥ Day 28</td>
<td>Resolution</td>
<td></td>
</tr>
<tr>
<td>CR ≥ Day 28</td>
<td>Resolution</td>
<td></td>
</tr>
<tr>
<td>≥ 6 mo. Duration of Response</td>
<td>Resolution</td>
<td></td>
</tr>
<tr>
<td>PFS &gt; 2 months</td>
<td>Resolution</td>
<td></td>
</tr>
</tbody>
</table>

Despite compelling response and durability data, the 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
   - Fludarabine dose of 30 mg/m² per day
   - 4 days
   - 3 days

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-)

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

Transitioned To FluCy750

FluCy750 vs. sLD:
- Increased homeostatic cytokines to drive expansion: 58x Peak and 51x AUC
- Similar inflammatory cytokine profile to maintain safety

Outcome: Increased Expansion

Reduced to sLD to Improve Safety
Outcome: Modest Expansion

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

Mean CAR T Peak

Days

44K CART T cells
(DL4b/FluCy750)

~1K CART T cells
(DL4b/sLD)

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
Optimized Product Attributes and Reduced Fludarabine Exposure Significantly Improves Safety Profile

<table>
<thead>
<tr>
<th>Number (%) of subjects experiencing events with max grade</th>
<th>DL3a/eLD Cohort (n=6)</th>
<th>DL4b/mLD Cohort (n=6)</th>
<th>Latest Cohort (DL4b FluCy750 or sLD) (n=7)</th>
<th>Latest Cohort (DL4b FluCy750) (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AE of special interest(^1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRS</td>
<td>Grade 1 or Grade 2</td>
<td>5 (83%)</td>
<td>4 (67%)</td>
<td>4 (57%)</td>
</tr>
<tr>
<td></td>
<td>Grade 3 or higher</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ICANS</td>
<td>Grade 1 or Grade 2</td>
<td>2 (33%)</td>
<td>1 (17%)</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Grade 3 or higher(^2)</td>
<td>1 (17%)</td>
<td>2 (33%)</td>
<td>0</td>
</tr>
<tr>
<td>GvHD</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other notable AEs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection</td>
<td>Grade 1 or Grade 2</td>
<td>0</td>
<td>1 (17%)</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Grade 3 or higher</td>
<td>4 (67%)</td>
<td>2 (33%)</td>
<td>0</td>
</tr>
<tr>
<td>Grade 5 events(^3)</td>
<td>2 (33%)(^3)</td>
<td>3 (50%)(^4)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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 were infections and suspected fludarabine associated neurotoxicity
4. Three deaths in DL4b/ mLD Cohort were suspected fludarabine associated neurotoxicity
In Latest Cohort, n = 5, Azer-cel CAR T Specific AE Profile is Comparable to Approved Autologous CAR T

<table>
<thead>
<tr>
<th>Number (%) of subjects experiencing events with max grade</th>
<th>Autologous CAR T</th>
<th>Allogeneic CAR T</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yescarta¹ (r/r LBCL)</td>
<td>Kymriah² (r/r DLBCL)</td>
</tr>
<tr>
<td>AE of special interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRS</td>
<td>Grade 1 or Grade 2</td>
<td>Grade 3 or higher</td>
</tr>
<tr>
<td></td>
<td>84%</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>51%</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>43%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic toxicities (including ICANS)</td>
<td>Grade 1 or Grade 2</td>
<td>Grade 3 or higher</td>
</tr>
<tr>
<td></td>
<td>56%</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>41%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10%</td>
</tr>
</tbody>
</table>

Note: In Latest cohort, 500M cells is DL4b
1. https://www.yescartatecartusrems.com/
4. Allogene 2023 10K

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.
Azer-cel Efficacy Update

Durability and Molecular Response

Update from ASCO ’22, n = 11 patients
Update Since ASCO 2022 Data: Durability Favorable vs. Current Treatment
Current Treatment Defined in U.S. Consortium Data/RWD

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 10⁶ CAR T cells/kg; DL4b dose – 500 x 10⁶ 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.

Current SoC mPFS ~1-2 months

• 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)

Data Update

*Data cutoff 01May2023
Molecular Remission (MRD-) Key Predictor of Durability

1. MRD was evaluated via NGS-MRD assay to assess for ctDNA in plasma. Any detectable ctDNA was considered MRD-positive.


- Early Clearance of Circulating Tumor DNA (MRD-) measured by ClonoSEQ is Predictive for Relapse Free Interval After CAR T Treatment (per ZUMA-1)

- PFS is Strongly Correlated with MRD Negative Status

- Molecular Remission (MRD-) is Predictive of Durable Response

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1. MRD was evaluated via NGS-MRD assay to assess for ctDNA in plasma. Any detectable ctDNA was considered MRD-positive.

cDNA - circulating tumor DNA; MRD – measurable (minimal) residual disease; NGS – next-generation sequencing; PET-CT – positron emission tomography-computed tomography; PFS – progression-free survival

Update Since ASCO 2022: MRD Negativity Correlated With Durability

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/flattened 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.

- 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)

Data Update 01 May 2023
Latest Azer-cel Cohort

Additional Safety and Efficacy Data Supports Potential Phase 2 Recommended Dose

500M CAR T Cells (DL4b) + FluCy750

FluCy750 = 30 mg/m² Flu × 3 days + 750 mg/m² Cy × 3 days
Azer-cel + FluCy750 Preliminary Evidence of Efficacy:
Overall Response Rate with Molecular Remissions in CAR T Relapse Setting

1. DL4b dose – 500 x 10⁶ CAR T cells/flat dose (500M Cells). FluCy750= 30 mg/m² Flu × 3 days + 750 mg/m² 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

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Cell Dose</th>
<th>LD Type</th>
<th>MRD Status</th>
<th>D28 Response</th>
<th>Durability</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>500M</td>
<td>FluCy750</td>
<td>Neg</td>
<td>CR</td>
<td>PD (D90) Antigen Escape</td>
</tr>
<tr>
<td>P</td>
<td>500M</td>
<td>FluCy750</td>
<td>Neg</td>
<td>PR</td>
<td>D90+</td>
</tr>
<tr>
<td>Q</td>
<td>500M</td>
<td>FluCy750</td>
<td>Pending</td>
<td>PR</td>
<td>D28+</td>
</tr>
<tr>
<td>R</td>
<td>500M</td>
<td>FluCy750</td>
<td>Pos</td>
<td>SD</td>
<td>D28+</td>
</tr>
<tr>
<td>S</td>
<td>500M</td>
<td>FluCy750</td>
<td>n/a</td>
<td>PD</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Latest cohort maintained efficacy with an ameliorated safety profile

60% ORR
66% MRD-
(of evaluable n= 3)

1. DL4b dose – 500 x 10⁶ CAR T cells/flat dose (500M Cells). FluCy750= 30 mg/m² Flu × 3 days + 750 mg/m² 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

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

**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

- 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

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

**Key Feature**

1. **Anti-CD19 CAR**
   - TCR is knocked-out to prevent GvHD

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

3. **HLA-E transgene**
   - Prevents rejection by NK cells

**Tx Goal/ Patient Population**

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

**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

<table>
<thead>
<tr>
<th>AE of special interest</th>
<th>CRS</th>
<th>ICANS</th>
<th>GvHD</th>
<th>Infection</th>
<th>Grade 5 events</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>540M Cells + sLD Cohort (n=3)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 1 or Grade 2</td>
<td>1 (33%)</td>
<td>1 (33%)</td>
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<td>Grade 3 or higher</td>
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</tr>
<tr>
<td><strong>540M Cells + FluCy750 Cohort (n=4)</strong></td>
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<tr>
<td>Grade 1 or Grade 2</td>
<td>1 (25%)</td>
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<tr>
<td>Grade 3 or higher</td>
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</tbody>
</table>

Notes: FluCy750 = 30 mg/m² Flu × 3 days + 750 mg/m² Cy × 3 days, Standard LD (sLD) = 30 mg/m² Flu × 3 days + 500 mg/m² Cy × 3 days; 540M Cells = DL2

*Data cutoff 01May2023*
**PBCAR19B Stealth Cell Dosed at 540M Cells Achieved 71% ORR with No Grade ≥3 Allogeneic CAR T Related Adverse Events**

Note: In DL1, 270M Cells, 1 PR out of 3 subjects treated

1. DL2 dose – 540 x 10⁶ CAR T cells/flat dose, sLD = 30 mg/m² Flu × 3 days + 500 mg/m² Cy × 3 days, FluCy750 = 30 mg/m² Flu × 3 days + 750 mg/m² Cy × 3 days

2. MRD determination using clonoSEQ®MRD Detection Assay (Adaptive Biotechnologies) at D28

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Disease</th>
<th>LD Type¹</th>
<th>MRD Status²</th>
<th>D28 Response</th>
<th>Durability</th>
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<tbody>
<tr>
<td>1</td>
<td>DLBCL</td>
<td>sLD</td>
<td>Pos</td>
<td>PR</td>
<td>PD (D60)</td>
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<tr>
<td>2</td>
<td>DLBCL</td>
<td>sLD</td>
<td>Neg</td>
<td>CR</td>
<td>D150+</td>
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<tr>
<td>3</td>
<td>DLBCL</td>
<td>sLD</td>
<td>Pos</td>
<td>PD</td>
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<tr>
<td>4</td>
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<td>FluCy750</td>
<td>Neg</td>
<td>CR</td>
<td>D60+</td>
</tr>
<tr>
<td>5</td>
<td>DLBCL</td>
<td>FluCy750</td>
<td>Neg</td>
<td>CR</td>
<td>D28+</td>
</tr>
<tr>
<td>6</td>
<td>MCL</td>
<td>FluCy750</td>
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<td>PR</td>
<td>D28+</td>
</tr>
<tr>
<td>7</td>
<td>MCL</td>
<td>FluCy750</td>
<td>Pos</td>
<td>PD</td>
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</table>

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

*Data cutoff 01May2023*
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 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

1. Tumor heterogeneity & antigen escape

2. T-cell trafficking and infiltration

3. Immunosuppressive tumor microenvironment

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
End of Presentation- THANK YOU
Question and Answer Session...