CRISPR Corporate Update

Q4 Corporate Update

November 2026

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Broad Portfolio with Paradigm-Changing Approaches

Hemoglobinopathies

casgevy® (exagamglogene autotemcel) suspension for IV infusion

- **CASGEVY®** with multi-billion peak revenue potential
- Gentler conditioning to expand the addressable patient population
- *In Vivo* HSC editing for even broader reach

'One and Done' gene editing in Cardiovascular Disease

- **CTX310** (ANGPTL3) to reduce triglycerides and LDL-C; Phase 1b data shared at AHA 2026
- **CTX340** (AGT) for refractory hypertension; Phase 1 ongoing

Novel anti-coagulation pathway with siRNA

- **CTX611** siRNA targeting Factor XI for anti-coagulation without increased bleeding risk; Phase 2 TKA top-line data in 2H 2026
- **>14M potentially addressable patients** across several indications

"Immune reset" using CAR-T

- **Zugo-cel** (allogeneic CD19 CAR-T) for autoimmune disease and B-cell malignancies; clinical updates shared at ACR 2026
- ***In Vivo* CAR-T** platform in IND-enabling studies

Potentially curative therapies for rare diseases

- **CTX460** for AATD; best-in-class SyNTase editing; data in 2027
- **CTX213** for type 1 diabetes; progressing towards the clinic

Vertex and CRISPR Therapeutics share profits and program costs for Casgevy on a 60/40 basis
HSC: Hematopoietic Stem Cells; Zugo-cel: Zugocabtagene geleucel; ANGPTL3: Angiopoietin-like protein 3; AGT: angiotensinogen; TKA: Total Knee Arthroplasty; AATD: Alpha-1 antitrypsin deficiency

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Recent Data Highlights Across the Portfolio

Hemoglobinopathies

- **$99M** CASGEVY revenue in 3Q 2026, **+30% QoQ** and **~6x 3Q 2025**
- **>750 patients** have initiated treatment worldwide

'One and Done' gene editing in Cardiovascular

- **CTX310: ~63% reduction in TG and 65% reduction in ANGPTL3** in Phase 1b sHTG study
- Ph1a data showed **durability up to 12 months** for reductions in ANGPTL3, TG, and LDL-C

Novel anti-coagulation pathway in Cardiovascular

- **CTX611: >93% reduction in FXI activity** and **>2x increase in aPTT** in Phase 1
- **Enrollment completed in the Phase 2 study** in Total Knee Arthroplasty patients; update expected in 2H 2026

'Immune reset' using CAR-T

- Rheumatology basket trial: **5/6 SSc patients achieved rCRISS-25 response** by month 3; **2/2 SLE patients achieved DORIS remission**
- Oncology trial: **90% ORR / 70% CRR** in LBCL at 600M cell dose

Potentially curative therapies for rare diseases

- **>95% conversion of Z-AAT to M-AAT** in serum with CTX460 in PiZ rats; Phase 1 clinical trial ongoing
- **Sustained C-peptide production at 12 months** post-implantation in CTX211 Phase 1 (n=5)

sHTG: severe hypertriglyceridemia; aPTT: activated partial thromboplastin time; TKA: total knee arthroplasty
SSc: systemic sclerosis; LBCL: large B-cell lymphoma; AATD: alpha-1 antitrypsin deficiency

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Broad & Diversified Pipeline

Program	Description	Disease(s)	Phase of Development	Partner
CASGEVY[1]	*Ex vivo* CRISPR/Cas9-edited autologous HSCs	**SCD and TDT**	Commercial	VERTEX
CTX611: FXI[2]	Long-acting siRNA	**Thromboembolic conditions**	Mid-stage Clinical	Sirius Therapeutics
CTX310: ANGPTL3	*In vivo* CRISPR/Cas9 editing	**sHTG, HeFH, HoFH, mixed dyslipidemias**	Mid-stage Clinical	
Zugocabtagene geleucel[3] Anti-CD19 allogeneic CAR-T	Allogeneic CD19 CAR-T	**AID: SLE, SSc, IIM, Other** **Oncology: B-cell malignancies**	Mid-stage Clinical	
CTX460: SERPINA1	*In vivo* SyNTase editing	**Alpha-1 antitrypsin deficiency**	Early Clinical	
CTX340: AGT	*In vivo* CRISPR/Cas9 editing	**Refractory hypertension**	Early Clinical	
CTX321: LPA	*In vivo* CRISPR/Cas9 editing	ASCVD with elevated Lp(a)	Research	
CTX213	Hypo-immune iPSC-derived islet cells	Type I diabetes mellitus	Research	
In Vivo CAR-T	*In vivo* mRNA-LNP CAR-T	Autoimmune and oncology indications	Research	
In Vivo HSC editing[4]	*In vivo* editing	SCD, TDT, Other	Research	

AID: Autoimmune diseases; SCD: Sickle cell disease; TDT: Transfusion-dependent β-thalassemia; sHTG: Severe hypertriglyceridemia; HeFH: Heterozygous familial hypercholesterolemia; HoFH: Homozygous familial hypercholesterolemia; SLE: Systemic lupus erythematosus; SSc: Systemic sclerosis; IIM: Idiopathic inflammatory myopathies; ASCVD: Atherosclerotic cardiovascular disease

1. Currently approved in some countries for certain eligible patients with SCD or TDT (40-60 cost / profit split); 2. Collaboration and co-development program with Sirius Therapeutics 3. In autoimmune disease, Zugo-cel is being evaluated in three ongoing Phase 1 trials: 4. Collaboration with Vertex for applications in SCD and TDT (50-50 cost / profit split). Other licensed programs with Vertex include DMD, DM1, and CF.

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Hemoglobinopathies

casgevy®
(exagamglogene autotemcel)
suspension for IV infusion

***In Vivo* HSC**

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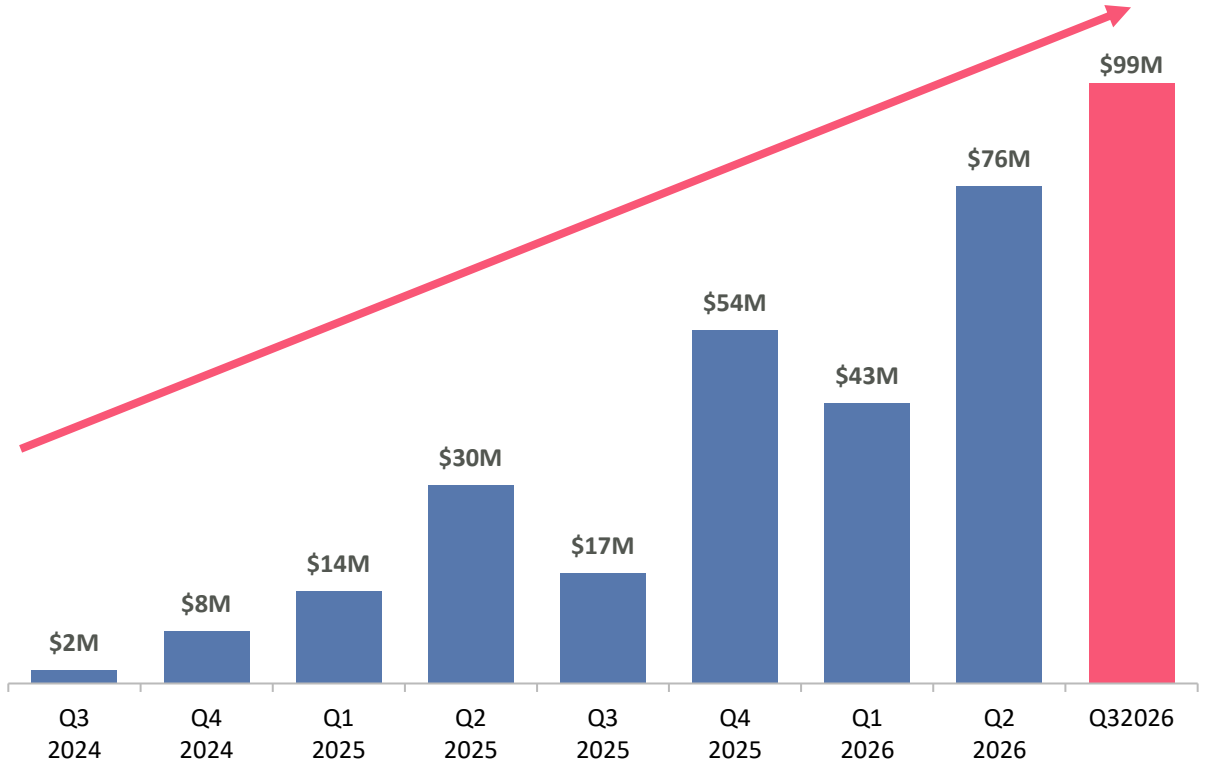
CASGEVY: Continued Acceleration Towards Multi-$B Potential

Quarterly CASGEVY revenue since launch ($M)[1]



$10M
FY 2024

$116M
FY 2025 (>10x FY 2024)

$218M
YTD 3Q 2026 (> all of FY 2025)

CASGEVY in the news

TIME BEST INVENTIONS 2024

CASGEVY included in Best Inventions by Time Magazine in 2024

FDA

FDA NEWS RELEASE

FDA Approves First Gene Therapy for Young Children with Sickle Cell Disease

Consistent, strong year-over-year growth

- **$99M** revenue in 3Q 2026, **+30% QoQ** and **~6x 3Q 2025**; YTD 2026 revenue of $218M exceeds full-year 2025
- More than **twice as many infusions** in the first nine months of 2026 as in all of 2025
- Four consecutive quarters of **>100 initiations**
- **>750 patients** have initiated treatment worldwide

1. Vertex-reported CASGEVY product revenue; CRISPR Therapeutics holds 40% share of net profits and losses

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CASGEVY: Tailwinds Support Continued Growth

Commercial Infrastructure and Access

Established infrastructure and payor agreements providing access to advanced SCD / β-thal therapies in key regions

- >75 authorized treatment centers activated across the U.S., Europe, and the Middle East
- ~90% of U.S. severe SCD/TDT patients have reimbursement access; CMMI pilot covers 84% of Medicaid SCD beneficiaries
- Ex-US: Reimbursement secured in multiple European countries and four Gulf states

Expanded Patient Population

Expansion into pediatric population along with continued increases in physician and patient awareness

- Availability for younger patients continues to expand across geographies
- Pediatric approvals for ages 2 to 12 years in the U.S., KSA, Bahrain, and UAE
- Approval for children aged 5+ in the U.K.
- >10 initiations in US in the newly approved pediatric age group

Investments in Manufacturing

Diversification of long-term commercial supply across key regions with established global CDMOs

- Investments in manufacturing capacity to support growing demand
- Global manufacturing network

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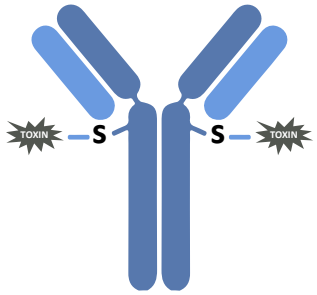
Serial Innovation in Enabling Technologies To Broaden Reach

Potential to Expand the Addressable Patient Population within SCD and TDT

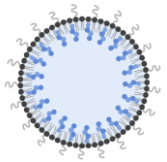


Targeted Conditioning

Antibody-drug conjugate (ADC) for specific depletion of hematopoietic stem cells (HSCs) with limited off-target or bystander toxicity

- Proprietary **GMP monoclonal antibody** with **short half-life** to enable rapid infusion of edited cells
- Validated **GMP toxin** with HSC activity and **reduced hydrophobicity** to limit non-target cell toxicity

150k+
addressable patients ww



Delivery

Editing

In Vivo Editing of HSCs

Creating an optimized system for *in vivo* HSC editing with ideal characteristics

- **Tolerable doses** with no off-target toxicities
- **Editing of LT-HSCs** for durable effect vs. HSPCs only
- **Potential for redosing** for enhanced editing

400k+
addressable patients ww

WW: Worldwide

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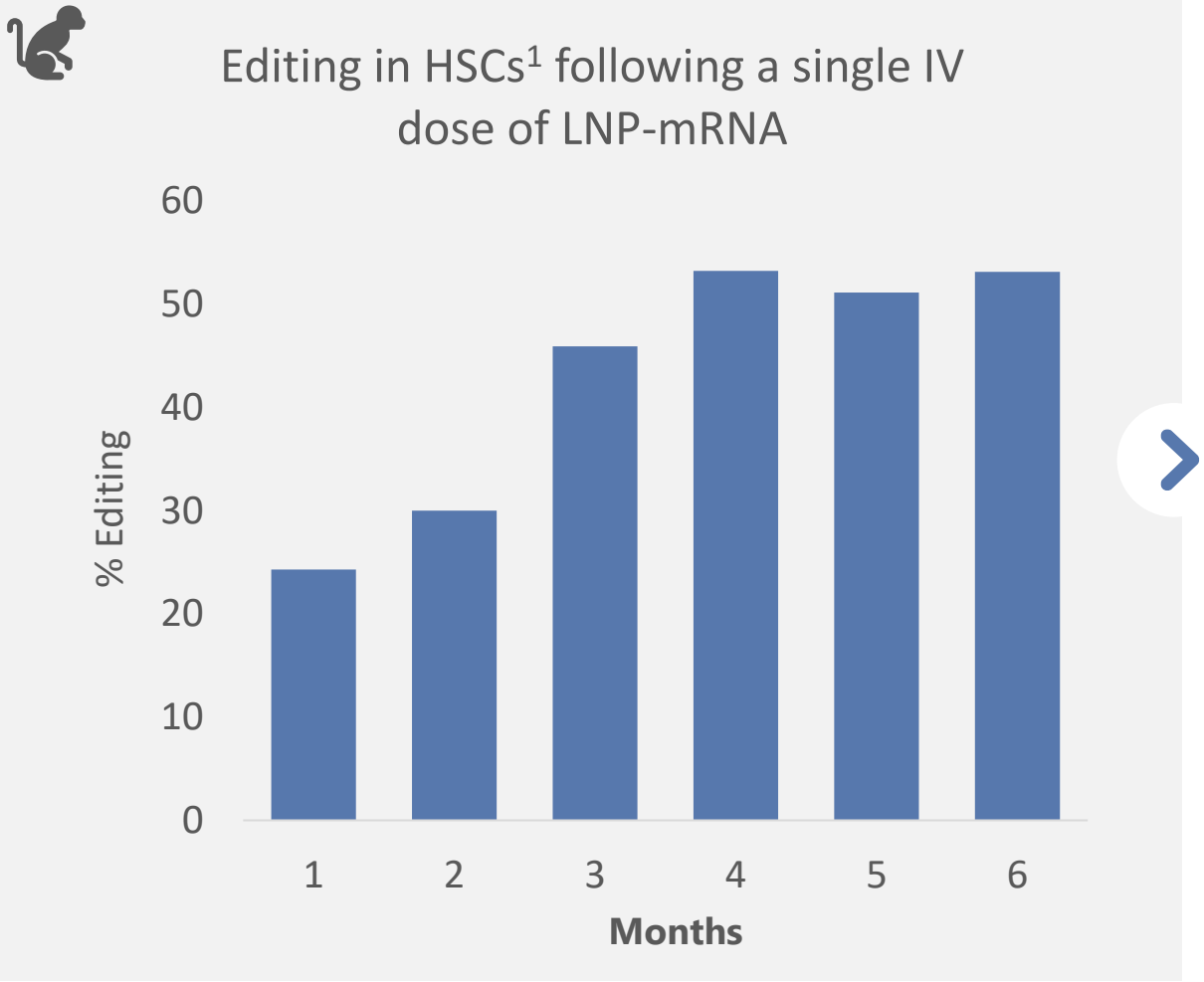
Durable >50% HSC Editing in NHPs After a Single Dose Validates CRISPR's Differentiated *In Vivo* HSC Platform



In Vivo HSC Platform is Poised for Differentiation

Proprietary antibody-conjugated LNP delivery systems	Precise HSC delivery enabling high-efficiency editing with limited off-target editing
In-house manufacturing capability	CMC efficiencies and cost reduction
Proprietary editors	Enables pursuit of several heme disorders that require different editing approaches

HSCs: Hematopoietic Stem Cells; IV: Intravenous
1. Sorted as Lineage negative, CD34+ CD90+ HSPCs

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‘One and Done’ in Cardiovascular Diseases

CTX310

CTX340

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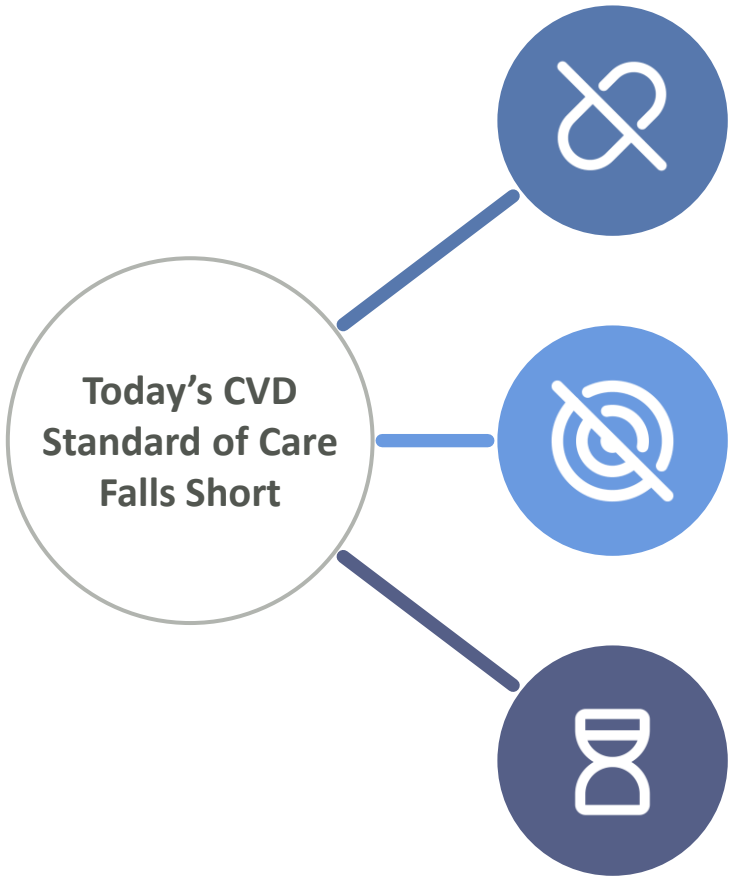
The Promise of ‘One-and-Done’ Therapies in Cardiovascular Diseases



Patients are not adherent

Statin adherence in real-world registries falls below 50% at one year and to ~30% by year two[1,2]

Even on therapy, most miss goal

The majority of US adults with ASCVD remain above guideline-recommended LDL-C despite treatment[3,4]

Damage from elevated lipids is cumulative

LDL-C is causal and cumulative: lifelong exposure to 1 mmol/L lower LDL-C cuts CHD risk by ~55%[5]

CTX310: One-Time ANGPTL3 Editing

- **Single IV infusion**
  Removes daily adherence burden
- **One edit, two lipids**
  ANGPTL3 KO lowers TGs and LDL-C
- **Phase 1 data – safe, efficacious and durable** after a single infusion[6]
- **Human genetic validation**
  ANGPTL3 loss-of-function carriers have low lipids, low CV risk, and increased insulin sensitivity[7]

1. Rodriguez F et al. JAMA Cardiol 2019;4(3):206–213. 2. J Manag Care Spec Pharm 2016;22(6):685–698. 3. Gu J et al. Am J Prev Cardiol 2022;10:100336. 4. Postgrad Med 2022 review of US LDL-C target attainment in secondary prevention. 5. Ference BA et al. J Am Coll Cardiol 2012;60(25):2631–2639. 6. CTX310 Phase 1a, presented at ESC Congress, August 2026. 7. Robciuc et al. Arteriosclerosis, Thrombosis, and Vascular Biology 2013; ASCVD: atherosclerotic cardiovascular disease; LDL-C: low-density lipoprotein cholesterol; TG: triglycerides; CHD: coronary heart disease

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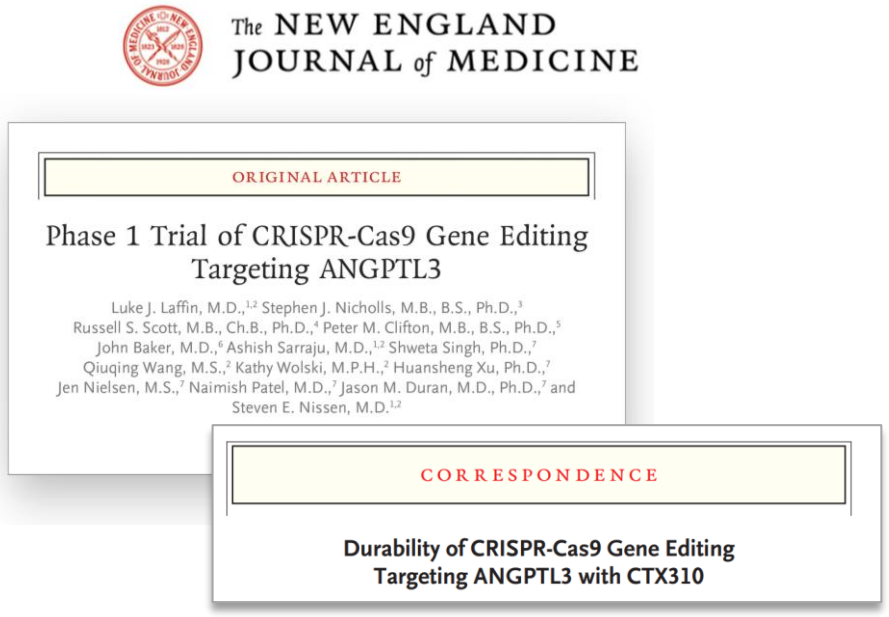
Transformative Data with Our First *In Vivo* Program – CTX310

~63% mean triglyceride reductions and ~65% mean ANGPTL3 reductions with well-tolerated safety profile in Phase 1b study for CTX310 targeting ANGPTL3 in sHTG patients



Ph1b data presented at AHA in November 2026

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ANGPTL3 Associated with Low Lipids and Low CV Risk

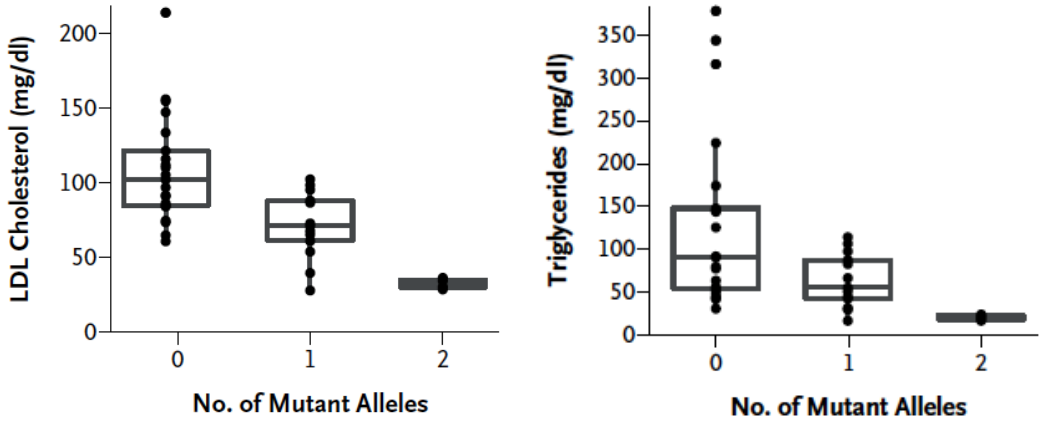
Human Genetic Proof-Of-Concept Demonstrating Protective Effect of ANGPTL3 Loss-of-Function Variants

Study 1: "The Long-Lived Village"

- Residents of Campodimele, Italy are generally known to live past 90 years, prompting exploratory genetic studies
- A significant proportion of people living in Campodimele demonstrated **reduction of serum lipoproteins**, stemming from LoF ANGPTL3 variants[1]

Study 2: Familial Hypolipidemia

- Nonsense mutations in ANGPTL3 gene shown to reduce LDL and TG in separate study[2]
- LoF in both alleles result in greater reduction of LDL and TG compared to mutations in single allele



1 J. Clin. Endocrinol. Metab. 2012;97(7):E1266–E1275
2 N Engl J Med 2010;363:2220-7.

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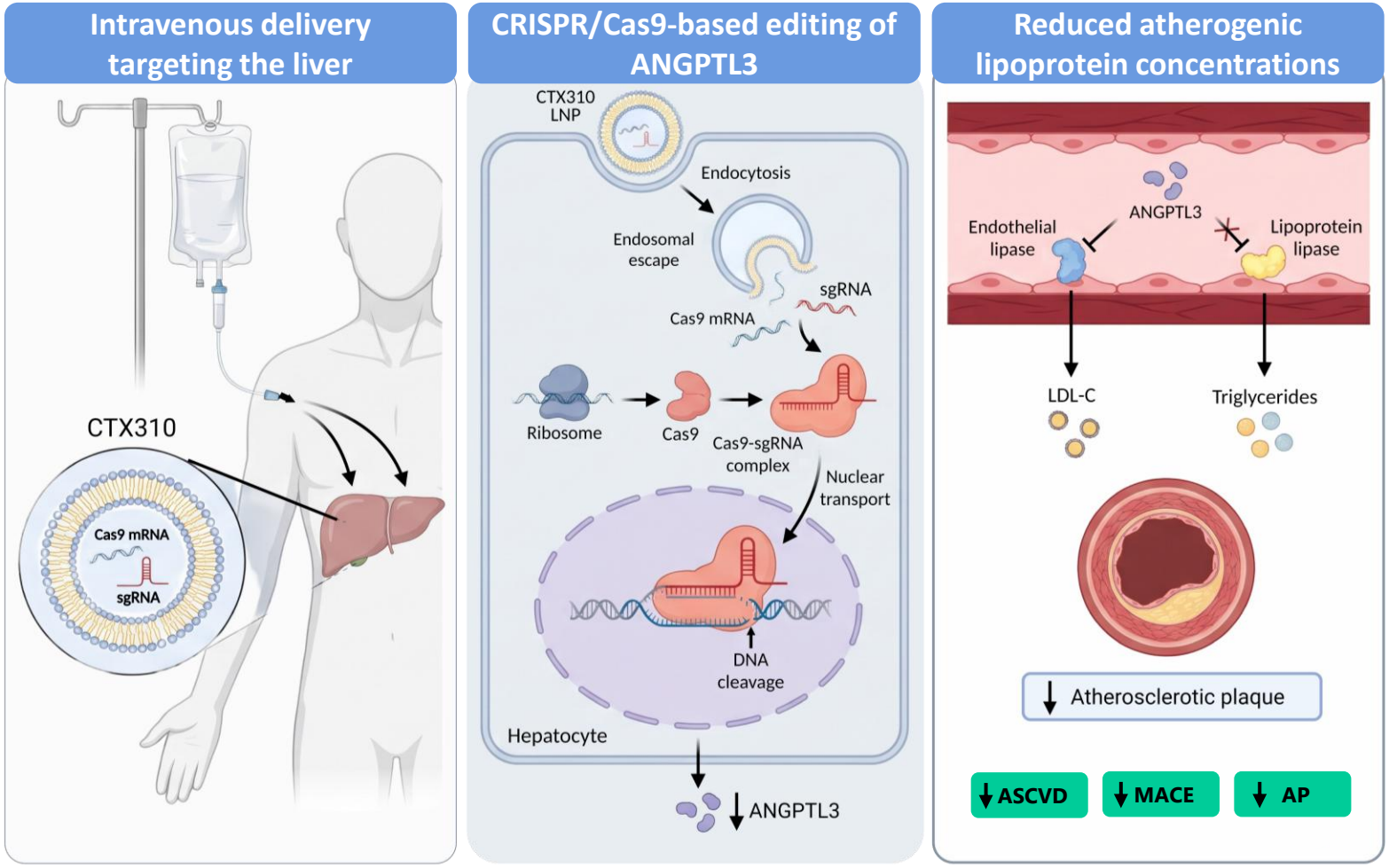
CTX310: CRISPR/Cas9 Editing of ANGPTL3

CTX310 is an intravenously delivered, LNP-packaged gene editor capable of reducing ANGPTL3 expression and reducing several biomarkers associated with cardiovascular disease



ASCVD: Atherosclerotic Cardiovascular Disease; MACE: Major Adverse Cardiovascular Events; AP: Acute Pancreatitis

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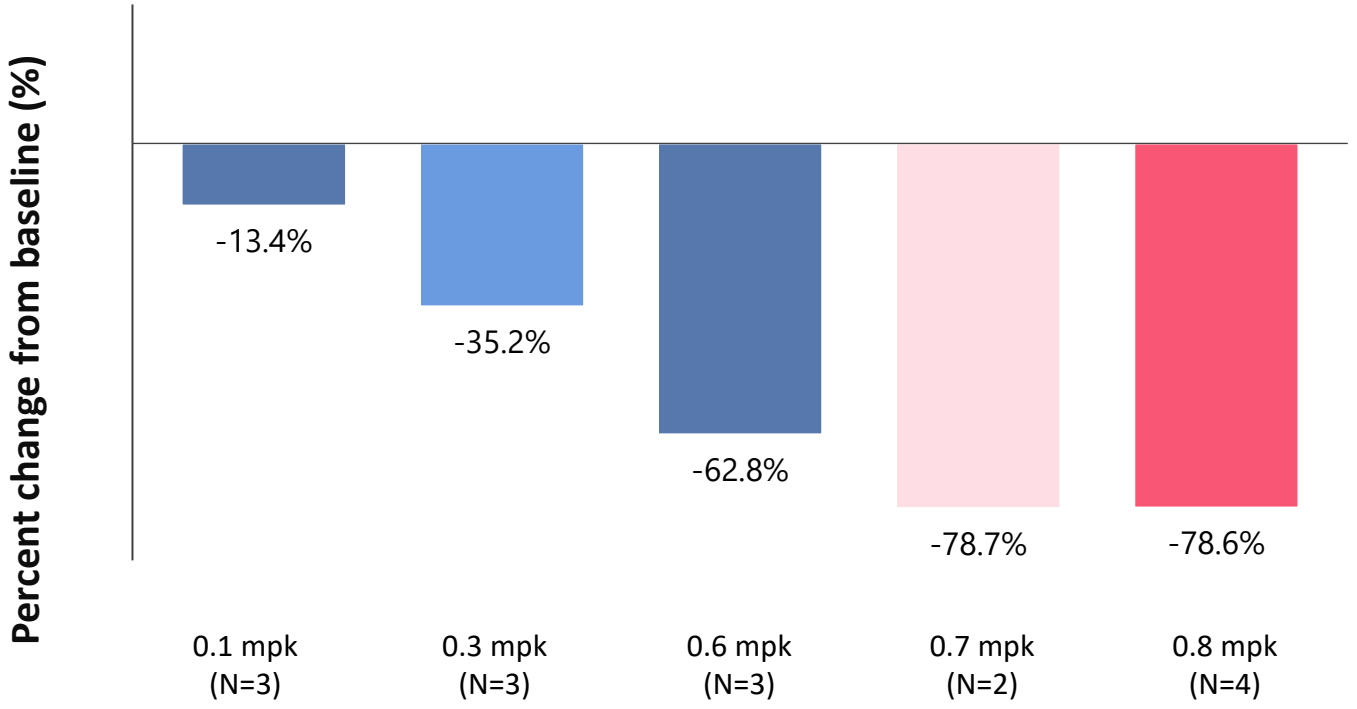
CTX310 Phase 1a: Mean Percent Change from Baseline in ANGPTL3 at 12 Months Highlights Durable Editing

ANGPTL3 Levels (M12)



Knockdown of ANGPTL3 resulted in a 47.8% reduction in triglycerides and a 52.5% reduction in LDL-C at the 0.8 mg/kg dose (N=4)

- CTX310 **achieved durable ANGPTL3 knock-down out to 12 months**
- Phase 1a dose escalation identified safe and effective fixed dose for future studies
- Phase 1b clinical trial employing fixed dose across three separate cohorts on-going

Data presented at ESC Congress in August 2026
Note: One participant died 179 days following drug administration; thus 2 participants are included in the 12 month mean percent change.

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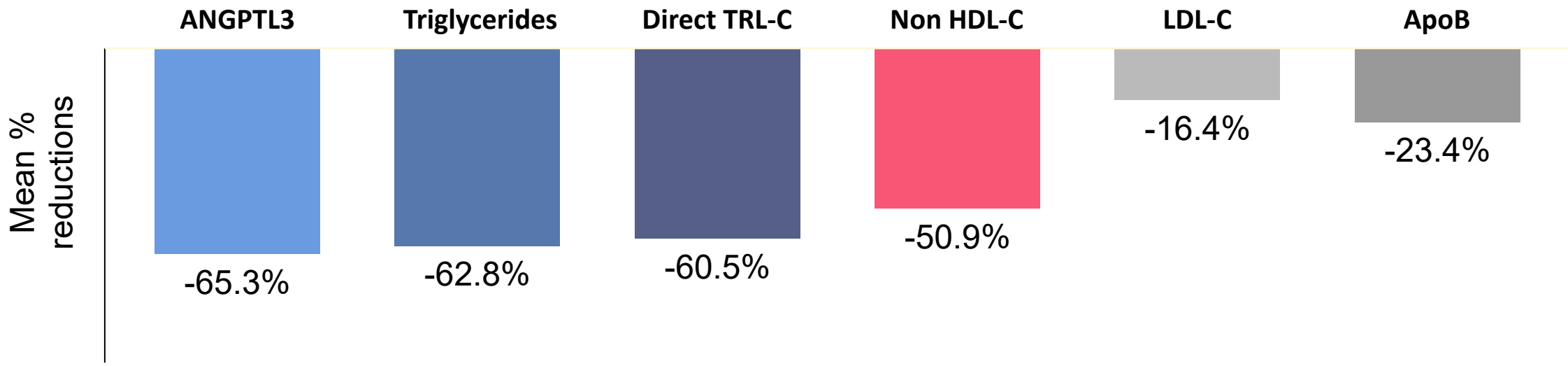
CTX310 Phase 1b: ~65% ANGPTL3, ~63% TG mean reductions by D30

N=10 patients with sHTG (serum TG >500 mg/dL); Participants received a one-time infusion of CTX310 at a fixed dose of 40 mg (weight <85 kg) or 50 mg (weight >85 kg)[1]

Mean Percent Change from Baseline in ANGPTL3 and Lipids at 30 Days (N=10)



Safety and Conclusions

- Single dose of CTX310 was well-tolerated, with no clinically significant elevations in AST and ALT, and no serious AEs related to CTX310 (n=7 followed for 90 days or more)
- Additional Phase 1b cohorts are ongoing for flat dosing regimen targeting 0.8 mg/kg dose exposure and efficacy in separate specific lipid disorder cohorts

1 One participant from Phase 1a who received a dose of 56.5 mg is included in this cohort
Data presented at AHA Conference 2026; Data cutoff date is October 14th, 2026

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CTX340: A One-Time AGT Knockout for Refractory Hypertension

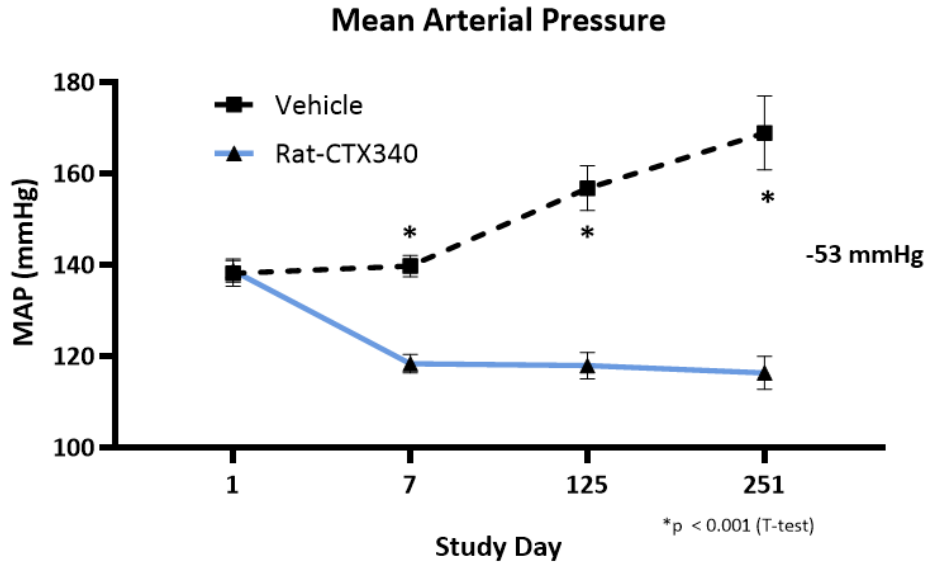
Angiotensinogen (AGT) and hypertension

- **AGT is the sole precursor** of all angiotensin peptides, and hepatic AGT is **rate-limiting** for angiotensin II generation
- ACE inhibitors and ARBs act downstream and provoke a compensatory renin rise, RAAS escape that partially offsets their effect
- Clinically validated node: **AGT siRNA achieved >90% knockdown** with blood-pressure reduction sustained up to 6 months after one dose[1]

TODAY	1L → 2L → 3L → 4L → 5L+	Uncontrolled
CTX340	One-time infusion, durable AGT suppression	Durable control

Targeting AGT For Refractory Hypertension

CTX340 Administration Leads to Persistent Pharmacological Benefit in Spontaneously Hypertensive Rat Model



CTX340 durably reduced MAP by Day 7, sustained through the study (~8.5 months)

Phase 1 clinical trial for CTX340 is ongoing

AGT: angiotensinogen; RAAS: renin–angiotensin–aldosterone system; HTN: hypertension; 1L: First line therapy 1. Zilebesiran (AGT siRNA) Phase 1/2 program

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Novel anti-coagulation pathway with siRNA

CTX611

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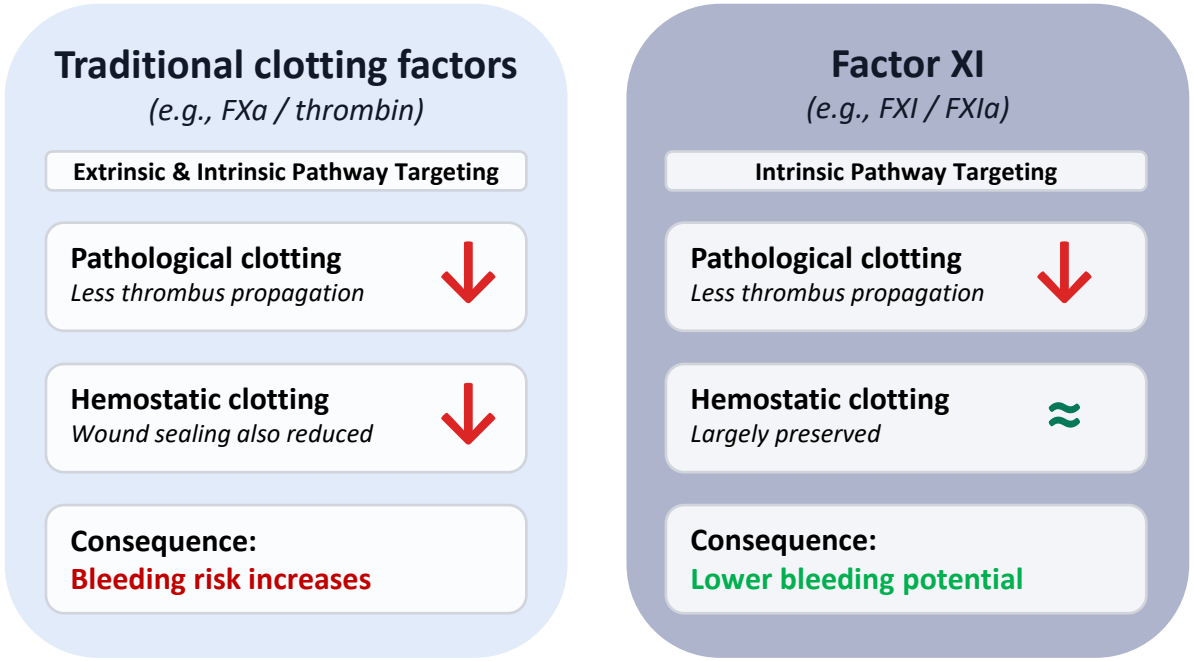
CTX611 is a Factor XI siRNA that aims to minimize bleeding risk by preserving hemostatic clotting

Current anti-coagulation drugs fail to address unmet needs

- Factor Xa and thrombin inhibitors block both pathological and hemostatic clotting, coupling efficacy to bleeding risk
- DOACs adoption and compliance is suboptimal, with 1 in 3 AF patients adhering to their DOAC <80% of the time[1]
- Factor XI targeting agents with potential to lower bleeding risk[2] could be attractive across multiple indications[3,4] including stroke, AFib, and CAT
- Recent Phase 3 studies in Secondary Stroke Prevention demonstrate positive proof-of-concept for FXI[5]

Factor XI disrupts thrombosis while maintaining hemostatic clotting



Emerging evidence[2,3,4] suggests Factor XI is important for thrombosis but has a minor role in hemostasis, with **potential for FXI targeting anti-coagulants to be safer than currently available agents**

Note: CTX611 is a collaboration and co-development program with Sirius Therapeutics
AFib: Atrial Fibrillation; CAT: Cancer Associated Thrombosis; DVT: Deep Vein Thrombosis; aPTT: Activated Partial Thromboplastin Time

1. Ozaki et al. Circ Cardiovasc Qual Outcomes (2020); 2. Lowenberg et al. Journal of Thrombosis and Hemostasis (2010); 3. Salomon et al. Blood (2003); 4. Salomon et al. Journal of Thrombosis and Haemostasis (2011); 5. Sharma M et al. N Engl J Med (2026)

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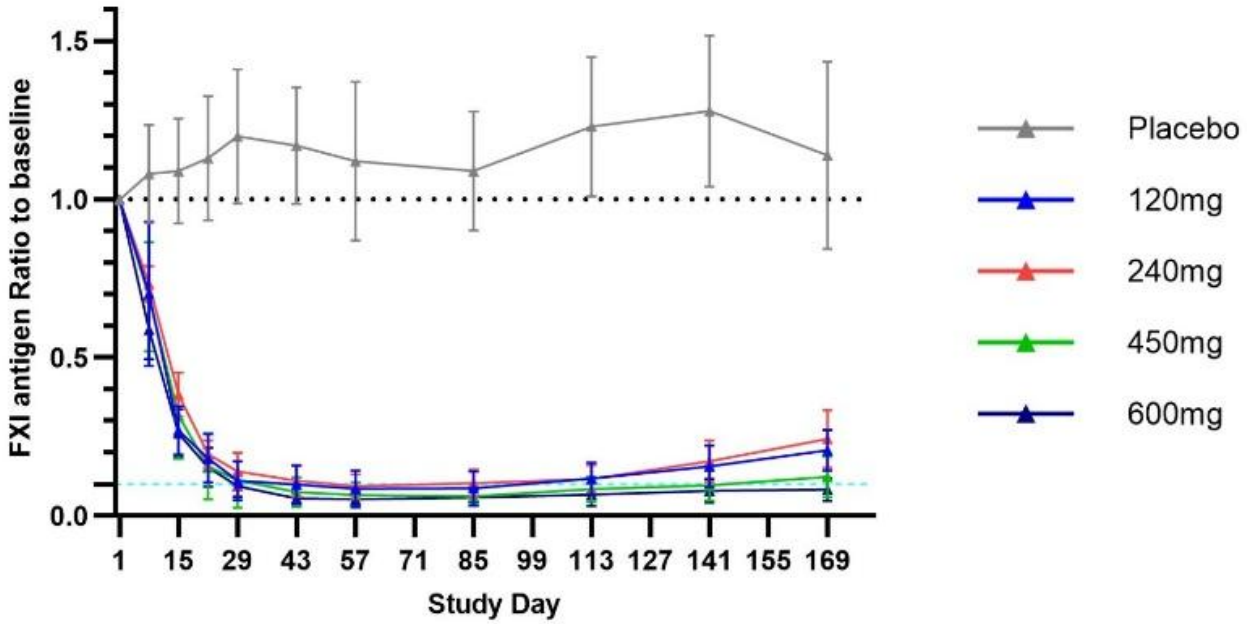
CTX611 Phase 1 Data: Shows Deep, Durable Reductions in FXI Activity

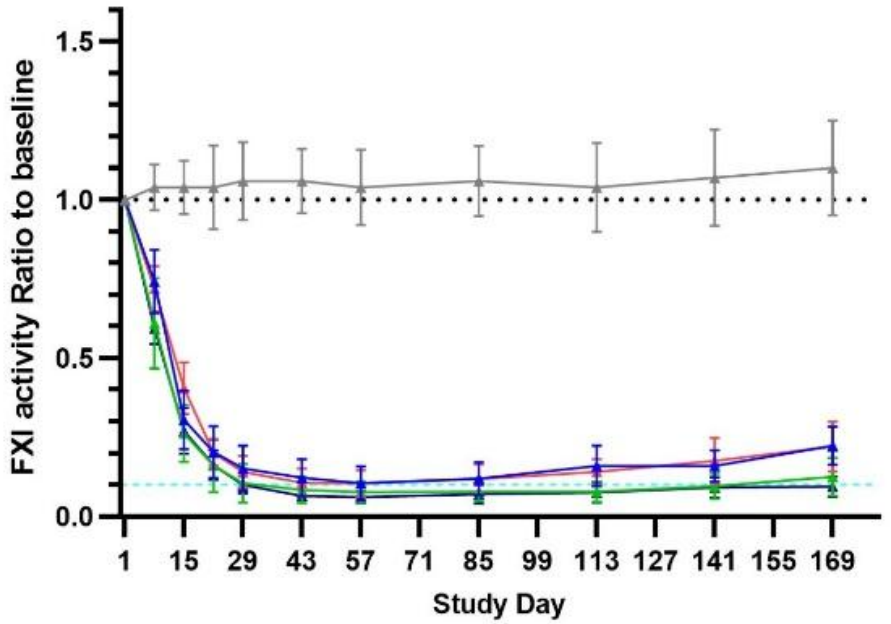
CTX611 Phase I Clinical Results: Dose-dependent pharmacodynamic response to therapy sustained through Month 6

FXI Antigen *(n = 32 subjects; 8 each arm)*



95.0% peak reduction in FXI antigen

FXI Activity *(n = 32 subjects; 8 each arm)*



93.9% peak reduction in FXI activity

Clinical trials executed and data generated by Sirius Therapeutics. 15 mg and 45 mg cohorts not shown

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Best-In-Class Potential Supported by Phase I Clinical Data

	CTX611 (siRNA)[1]	Antibody	Small Molecule	
Company	**CRISPR**	Novartis / Anthos	BMS / J&J	Bayer
Drug candidate	**CTX611**	Abelacimab	Milvexian	Asundexian
Current clinical stage	Phase 2	Phase 3	Phase 3	Phase 3
Route of administration	SC	SC / IV	Oral	Oral
Mechanism of action	FXI synthesis blockade *(complete and persistent inhibition)*	FXI / FXIa neutralization *(complete inhibition)*	FXIa inhibition	FXIa inhibition
Dosing frequency	**Potential for semi-annual dosing**	Monthly	Twice daily	Once daily
Reversal	✓	—	—	—
CYP3A4 interaction	**No**	No	Yes	Yes

CTX611 is the most advanced FXI siRNA combining deep, persistent FXI inhibition with the benefits of reversibility, and potential for semi-annual dosing

1 CTX611 is a collaboration and co-development program with Sirius Therapeutics
Competitor information from public disclosures; FXI: Factor XI; FXIa: activated Factor XI; SC: subcutaneous; IV: intravenous; CYP3A4: cytochrome P450 3A4

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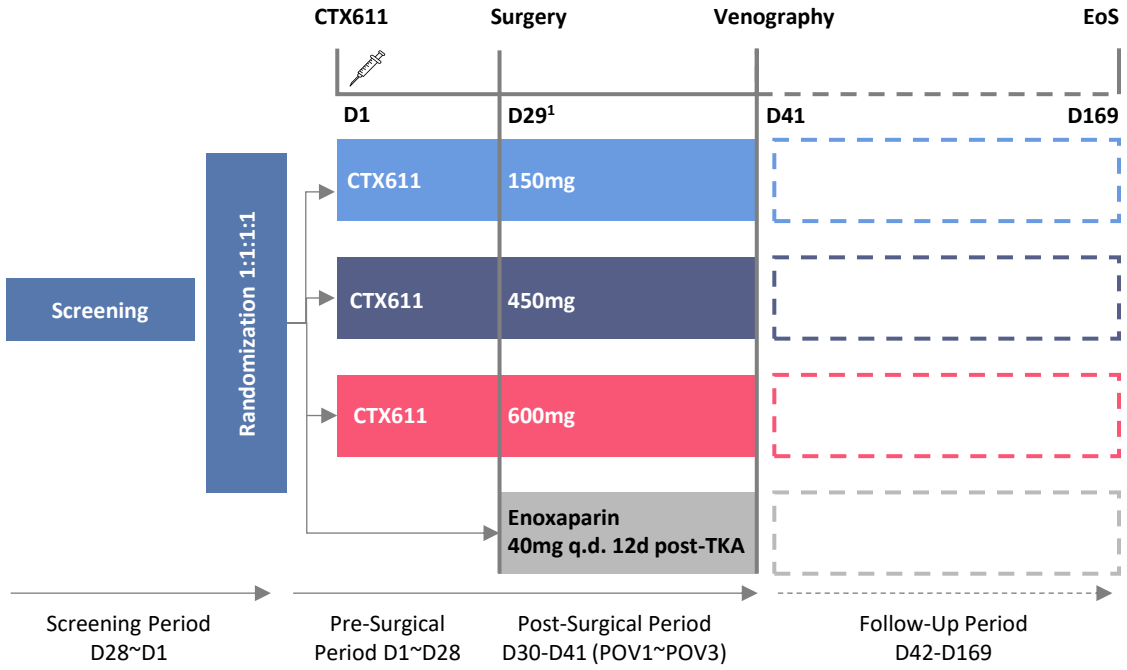
CTX611 Phase II Trials: TKA Top-Line Data Expected in 2H 2026

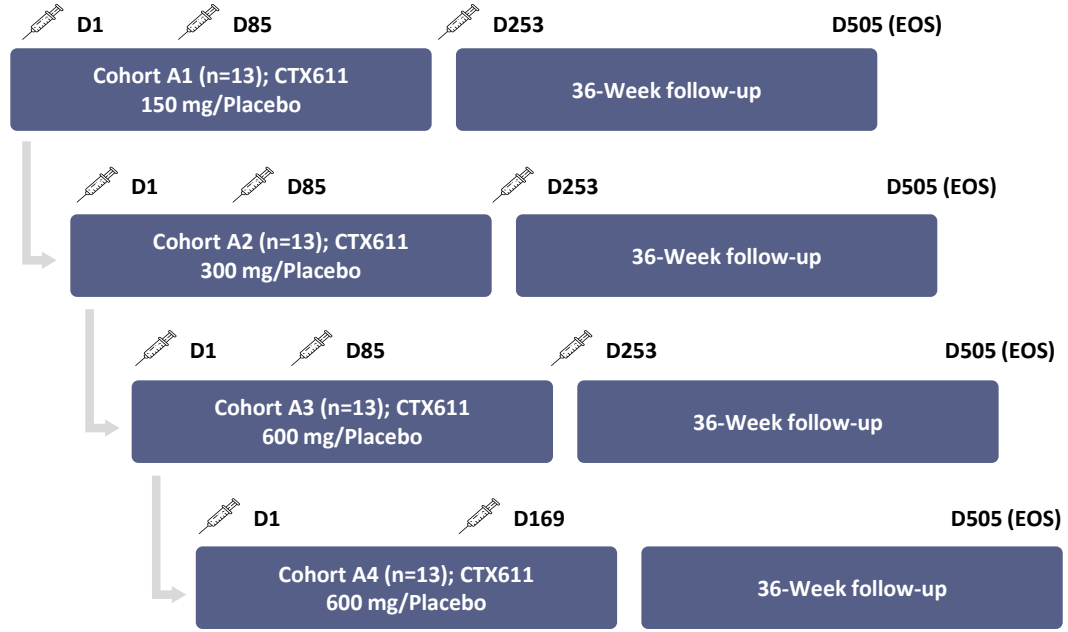
CTX611-201 Phase II TKA Study Design

Objective: Establish PoC efficacy in TKA-VTE participant population



CTX611-202 Phase II CV Study Design

Objective: Establish PK-PD in chronic "arterial" population; evaluate PD profile of CTX611 with ASA



Key Endpoints

- Safety, including bleeding events VTE rates post TKA
- PD profile of CTX611

Primary Endpoint

- Multidose PD profile

Secondary Endpoints

- Safety, including bleeding events
- PK profile of CTX611 with ASA

1 TKA surgery will occur on Day 29 (+14 days). Irrespective of the actual study day, the surgery day (POV0) will be regarded as Day 29
TKA: Total Knee Arthroplasty; VTE: Venous Thromboembolism; ASA: Acetylsalicylic Acid

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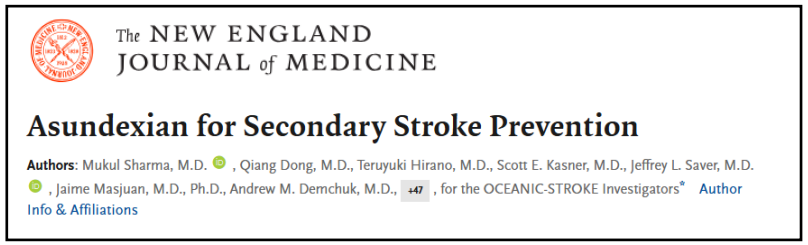
Major Opportunity in Secondary Stroke Prevention (SSP) Market driven by Clinical De-Risking and Compounding Patient Population

Clinical Derisking for FXI in Large Ph3 SSP Trials


The NEW ENGLAND JOURNAL of MEDICINE

Asundexian for Secondary Stroke Prevention

Authors: Mukul Sharma, M.D., Qiang Dong, M.D., Teruyuki Hirano, M.D., Scott E. Kasner, M.D., Jeffrey L. Saver, M.D., Jaime Masjuan, M.D., Ph.D., Andrew M. Demchuk, M.D., +47, for the OCEANIC-STROKE Investigators* Author Info & Affiliations

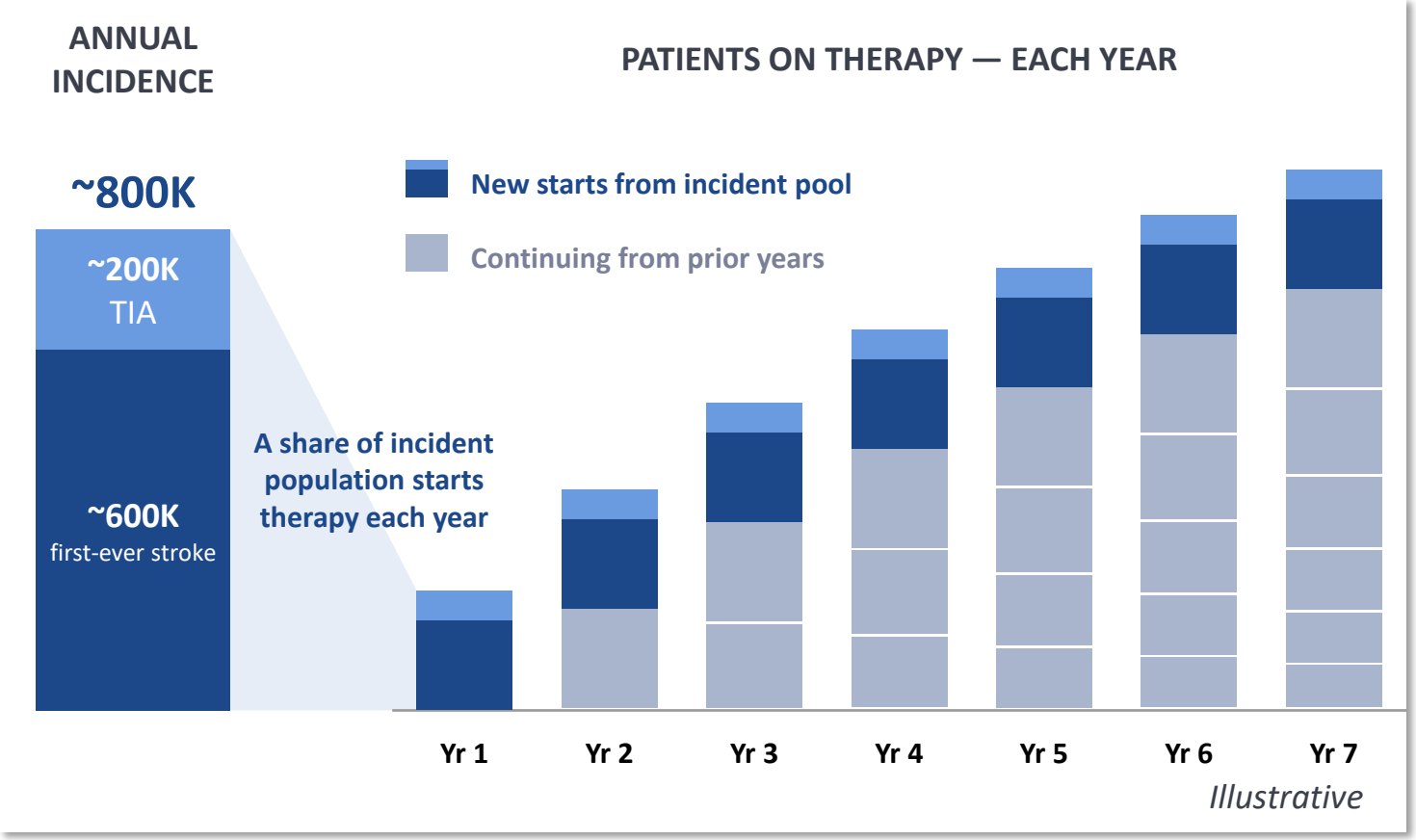
OCEANIC-STROKE *(Asundexian)*

- 26% reduction in ischemic stroke (HR 0.74); ISTH major bleeding 1.9% vs 1.7% on placebo[1]

LIBREXIA-STROKE *(Milvexian)*

- Topline anticipated by end of 2026

CTX611 Commercial Opportunity is Driven by High Annual Incidence and Long-term Adherence to Prevent Stroke Recurrence



1. Sharma M et al. N Engl J Med (2026);394:1467–1479; 2: American Heart Association; SSP: secondary stroke prevention

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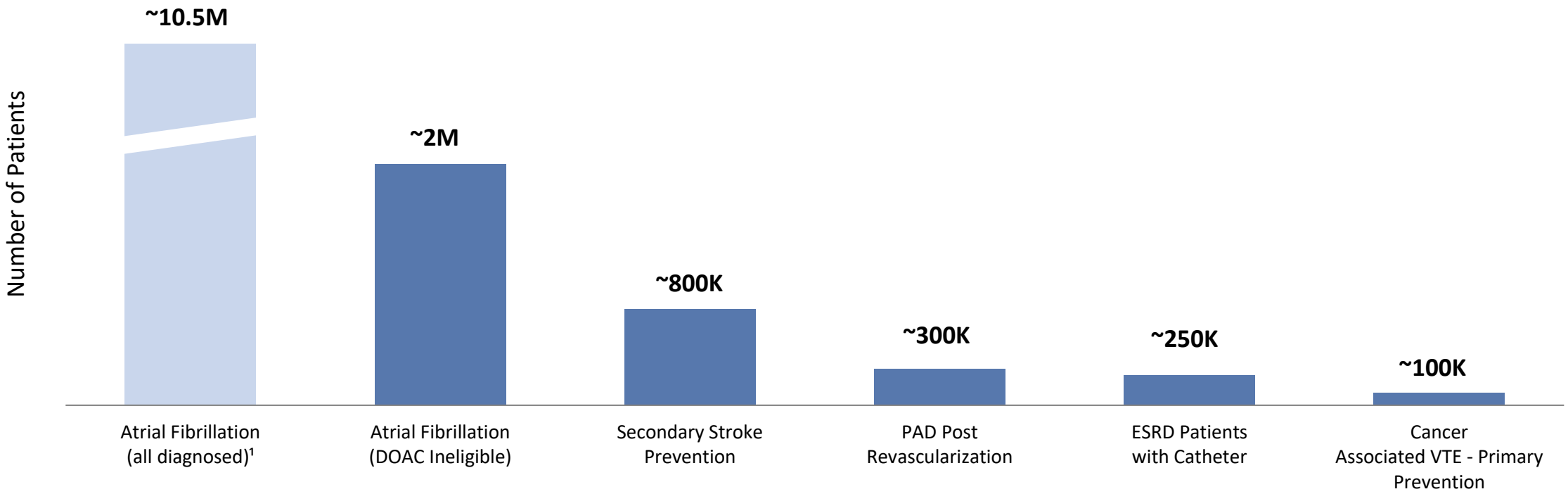
CTX611 Has Significant Potential Across Multiple Indications

US Potential Market Opportunity for FXI Anticoagulation Agent



Addressable population of >14M across several indications

1. Noubiap JJ et al. J Am Coll Cardiol (2024). VTE: Venous Thromboembolism; ESRD: End Stage Renal Disease; DOAC: Direct Oral Anticoagulant; PAD: Peripheral Artery Disease

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‘Immune Reset’ using CAR-T

Zugo-cel

***In Vivo* CAR-T**

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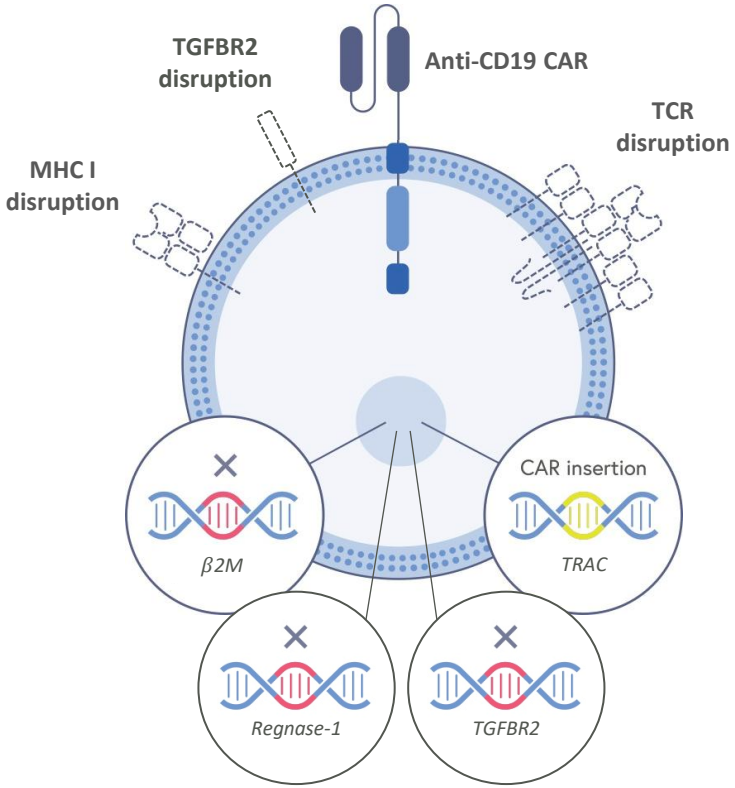
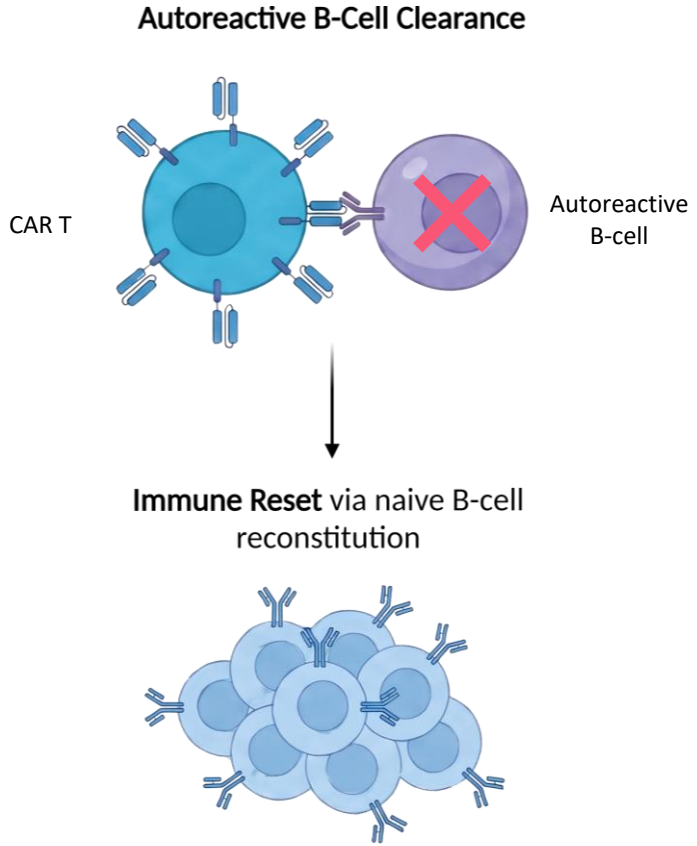
CAR-Ts Offer the Possibility of Immune Reset to Reach Long Term Drug-Free Remission for Autoimmune Diseases (AID)

Zugo-cel is an allogenic CAR T with several novel potency edits



CAR-T aims to clear autoreactive B-cells and reestablish naïve population



AutoCAR-T is showing early promise in clinical setting

STAT

HEALTH

Borrowing CAR-T tool from cancer therapy, lupus patients go into remission

ENDPOINTS NEWS

Autoimmune patients in CAR-T study see striking improvements across lupus and other diseases

BIOPHARMA DIVE

NEJM paper fills in details on 'remarkable' CAR-T result in autoimmune disease

Key citations for CAR T in Autoimmune: 1. Mackensen A et al. Nat Med 2022;28:2124–2132. 2. Müller F et al. N Engl J Med 2024;390:687–700. 3. CASTLE trial (Erlangen), Nat Med 2026; 9/10 of the SLE patients had DORIS remission, CRISS 50 in all patients with SSc, and ACR major / moderate responses in most patients

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Zugo-cel Development Across Autoimmune Disease and Oncology

Autoimmune Disease

Three Phase 1 basket trials

1. **Rheumatology** — SLE · Systemic sclerosis · IIM — Data at ACR 2026
2. **Hematology** — ITP · wAIHA
3. **Neuroimmune** — PMS · NMOSD · MOGAD · AIE · SPS

>20 patients dosed across the autoimmune program

Immuno-Oncology

Phase 1/2 trial in relapsed or refractory B-cell malignancies

1. **Large B-cell lymphoma** — DLBCL NOS · transformed FL/MZL · HGBL — Data at ASH 2026
2. **Other B-cell malignancies** — FL · MZL · MCL · CLL/SLL
3. **Combination cohort** — Zugo-cel + pirtobrutinib in aggressive BCL

>50 patients dosed across the oncology program

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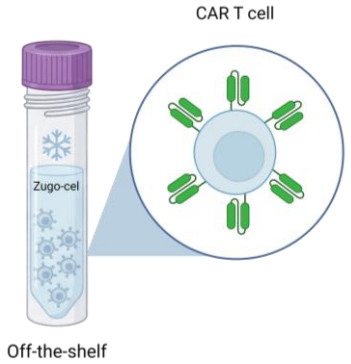
Zugo-cel in AID: Convenient Dosing with Several Advantages

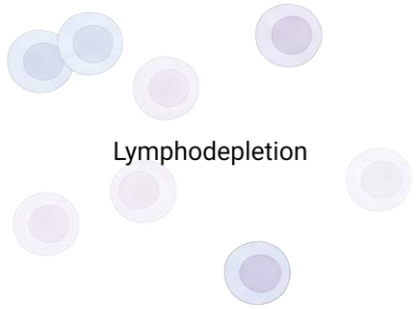
Allogeneic CAR-T – convenient dosing paradigm and follow-up in clinical trial

Off-the-shelf product



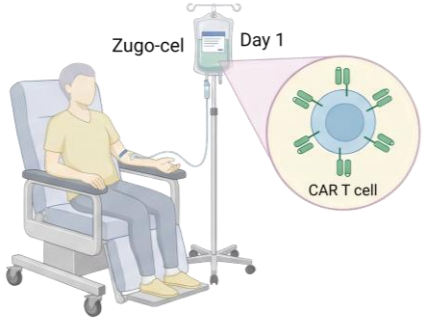
Available on site:
no leukapheresis or manufacturing

Lymphodepletion



Fludarabine 30 mg/m² + cyclophos 500 mg/m² daily × 3 days

Single Zugo-cel infusion



Dose escalation: DL1 100M | DL2 300M | DL3 600M CAR⁺ T cells

Primary assessment and follow-up

Primary endpoint at Day 28

Zugo-cel offers “Auto-like” efficacy with much better safety profile

Higher potency due to Specific Edits to the CAR-T cells

Lower Risk of CRS and ICANS due to more controlled expansion

Option to Re-dose if necessary

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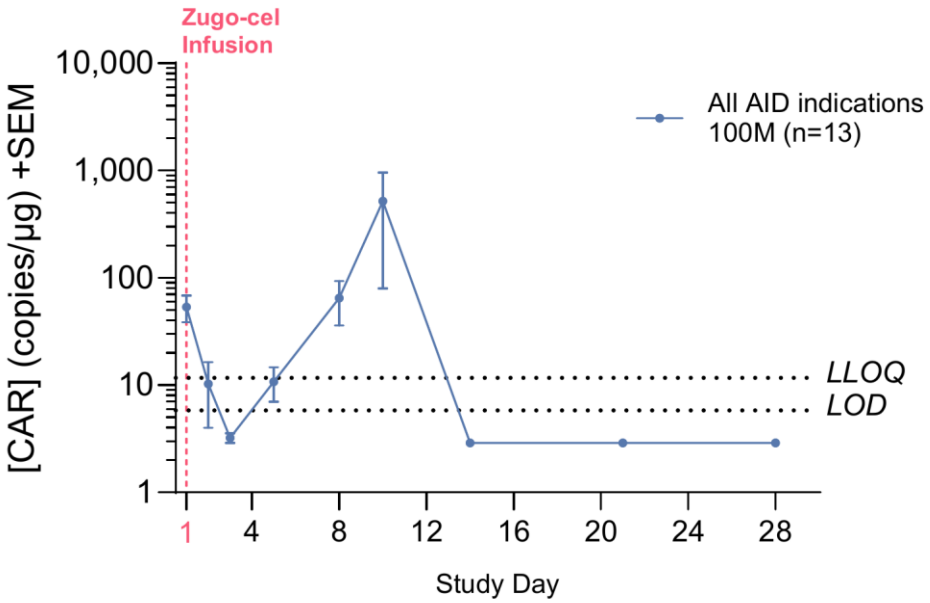
Zugo-cel Expansion and B-Cell Kinetics Across SSc, IIM, and SLE

N=13 cumulative patients dosed across SSc, IIM, and SLE in Phase 1 trial

Autoimmune indications (SSc, Myositis, SLE)

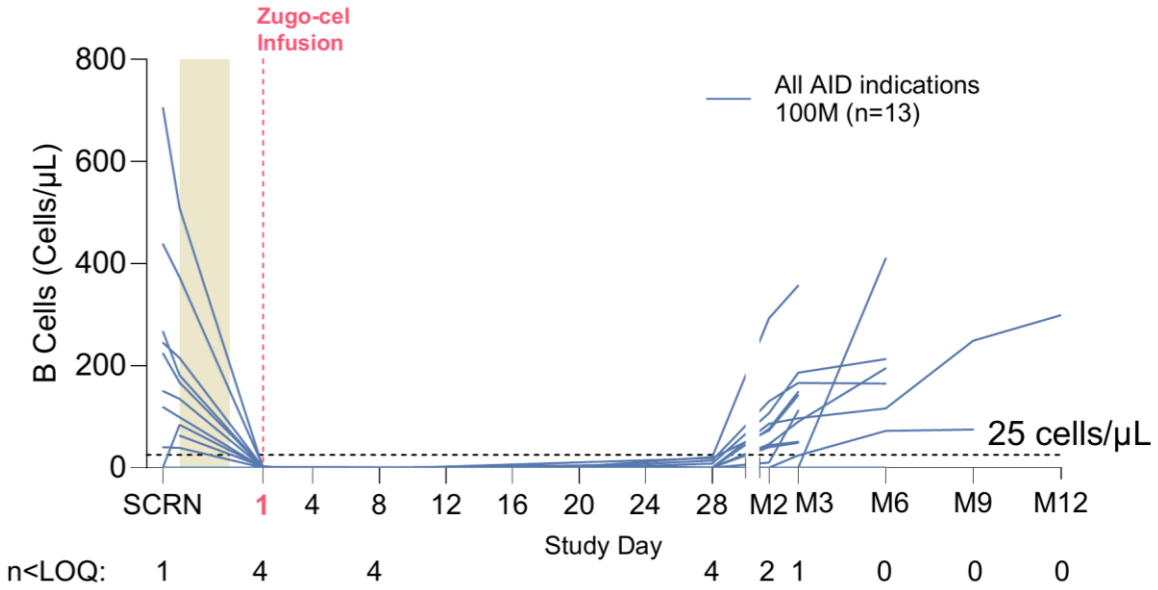
ZUGO-CEL EXPANSION

CAR⁺ T cells / µg vs. days since infusion



B-CELL KINETICS

B cells / µL vs. days since infusion



- Mean CAR-T expansion of ~540 copies/µg in participants given 100 million CAR+ cells after standard LD (n=13)
- B-cell counts remained <25 cells/µL for >28 days in all participants with detectable levels at baseline (n=9)

Safety and Efficacy of Anti-CD19 Allogeneic CAR T Cell Therapy Zugo-cel in Patients with Refractory Systemic Sclerosis; Data presented at ACR Convergence 2026;
Data cut off date: July 21, 2026

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Single Zugo-cel Infusion Led to 5/6 rCRISS-25 at Month 3

Patient demographics

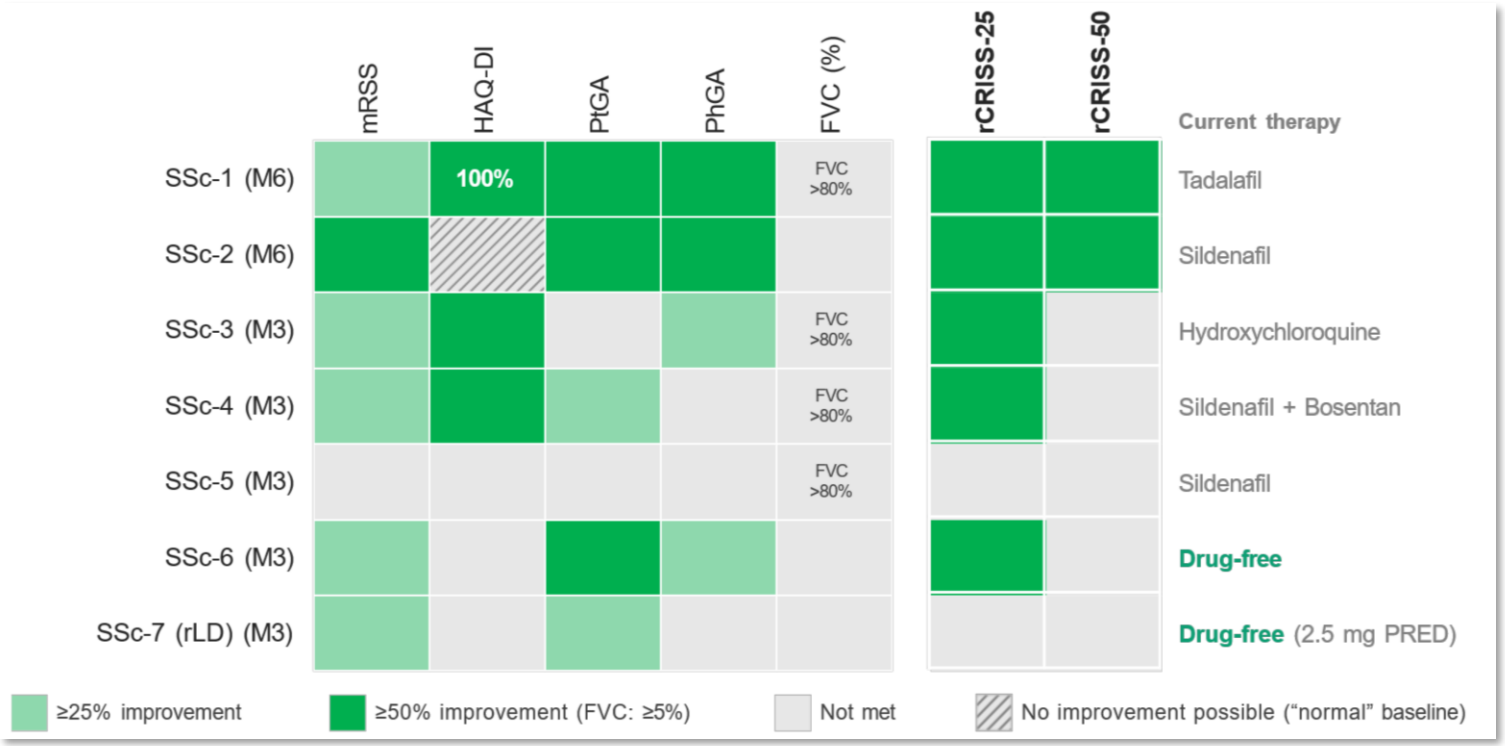
# participants	7
Age (Y)	47 [36-60]
Sex (F)	6 (85.7%)
Race	
White	3 (42.9%)
Black / African American	2 (28.6%)
Not reported	2 (28.6%)
Autoantibodies, n (%)	
anti-Scl-70+	4 (57.1%)
anti-RNApol-III+	2 (28.6%)
N/A	1 (14.3%)
Disease Duration (Y)	3.2 [1.2-6.1]
# prior therapies	6 [5-7]
mRSS	36 [23-39]
PtGA	7.7 [2.1-10]
PhGA	6 [5.1-9.3]
HAQ-DI	1.375 [0-2.75]
%FVC	90 [50-96]
# participants with ILD	3 (42.9%)

Eligibility: adults with dcSSc (2013 ACR/EULAR criteria), <7 years from first non-Raynaud's symptom, with active moderate-to-severe lung or skin disease despite at least 2 immunosuppressive therapies.

Clinical Efficacy

5/6 rCRISS-25 at M3 with standard LD; durable rCRISS-50 at M6

Data cut off date: July, 2026



Safety: no high-grade CRS, ICANS, IEC-HS or GvHD; Data presented at ACR 2026

Safety and Efficacy of Anti-CD19 Allogeneic CAR T Cell Therapy Zugocabtagene Geleucel (zugo-cel) in Patients with Refractory Systemic Sclerosis; Data presented at ACR Convergence 2026; Data cut off date: July, 2026

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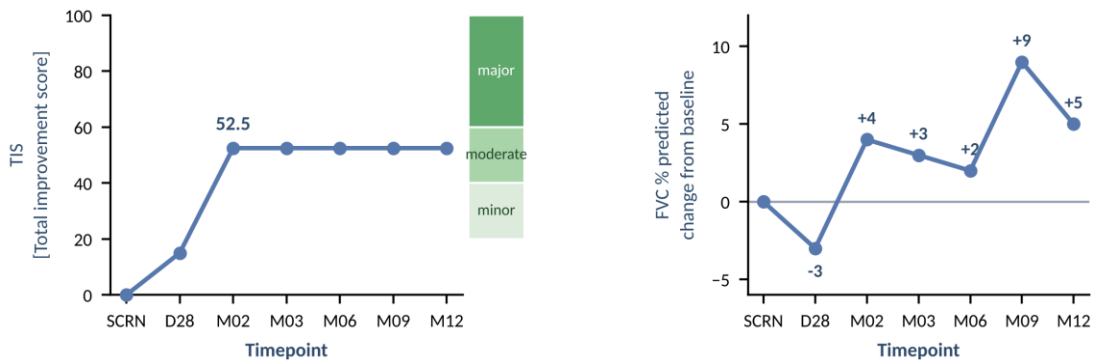
Case Studies of IIM (n=1) and SLE Patients (n=2) Treated with Zugo-cel

Case Study of an IIM Participant with Zugo-cel
Clinical Efficacy Results at DL1 (100M cells)

IIM-1

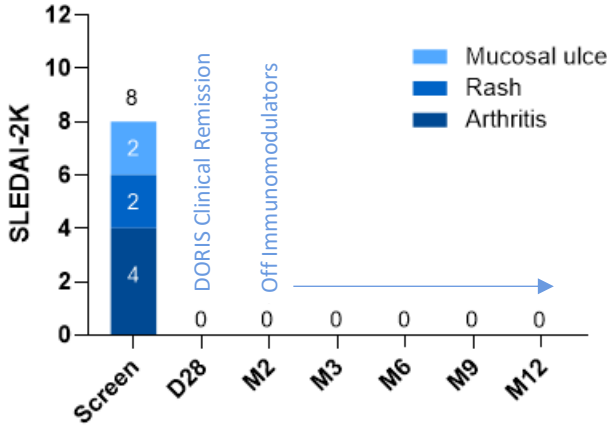


- TIS 52.5 (moderate improvement) by M2, sustained through M12
- FVC % predicted 79 → 84 (peak +9 points at M9) in a participant with ILD
- Safety: Grade 2 CRS and Grade 4 leukopenia, both resolved; no ICANS
- **Improved from "cannot walk 100 yards" to "walks 3 miles per day"**

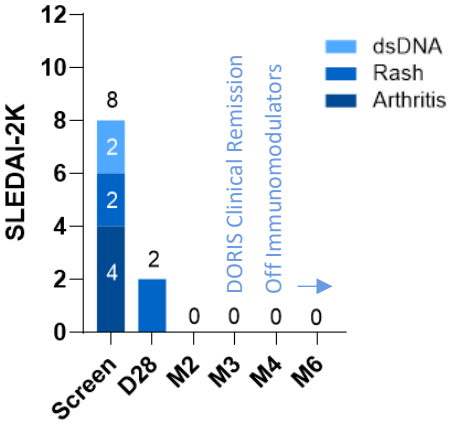
Baseline Characteristics	IIM-1
Subtype	IMNM
Autoantibody	Anti-SRP
Organ involvement	Muscle, lung (ILD)
CPK, U/L (× ULN)	408 (2.4)
MMT-8 / PhGA (0–10)	140 of 150 / 5.6
FVC, % predicted	79

Case Study of SLE Patients treated with Zugo-cel
Clinical Efficacy Results at DL1 (100M cells)

SLE-1



SLE-2



- 2 patients have discontinued treatment with immunomodulators
- Safety: No CRS, ICANS, or serious infections

Baseline Characteristics	SLE-1	SLE-2
Organ Involvement	Skin, mucosal ulcers, joints, pleurisy	Skin, alopecia, joints, pleurisy, Raynaud's
Autoantibodies	ANA	ANA, dsDNA
SLEDAI-2K	8	8

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Zugo-cel Immuno-Oncology Trial: Design and Baseline Characteristics

Open-label, multicenter Phase 1/2 study in R/R B-cell malignancies; baseline shown for LBCL at DL4 (N = 10)

Phase 1/2 Trial Design

Population: adults with R/R B-cell malignancies — LBCL (DLBCL NOS, transformed FL/MZL, grade 3b FL, prior CAR-T), FL, MZL, MCL; no prior allogeneic SCT

STANDARD LD	DAY 1	DAY 28 AND BEYOND
Lymphodepletion	Single zugo-cel infusion	Assessment and follow-up
Fludarabine 30 mg/m² + cyclophosphamide 500 mg/m² × 3 days	**DL1 30M · DL2 100M · DL3 300M · DL4 600M** CAR⁺ T cells; optional second infusion with LD after a partial response	**Primary:** AEs defined as DLTs; ORR (Lugano 2014; iwCLL 2018 for CLL/SLL). **Secondary:** CR rate, DOR, PFS, OS

KEY ELIGIBILITY

Age ≥18 years; adequate organ function; no prior allogeneic SCT; no history of CNS lymphoma involvement

Baseline Characteristics (LBCL, DL4, N = 10)

Baseline characteristic	Total N = 10
Age ≥65, n (%)	7 (70)
Sex, female, n (%)	6 (60)
IPI intermediate or high risk, n (%)[3]	7 (70)
LBCL subtype, n (%)	
• DLBCL NOS	4 (40)
• Transformed follicular lymphoma	3 (30)
• Transformed marginal zone lymphoma	2 (20)
• Follicular lymphoma grade 3b	1 (10)
Stage III/IV (Lugano 2014), n (%)	6 (60)
Tumor burden	
• Median SPD, mm² (range)	2011 (561–10492)
• SPD >2000 mm², n (%)	5 (50)
Prior therapies	
• Median, n (range)	2 (1–5)
• >3 prior therapies, n (%)	3 (30)
• Prior ASCT / auto-CAR-T / TCE, n (%)	5 (50)
Primary refractory disease, n (%)[1]	5 (50)
Early relapse to frontline therapy, n (%)[2]	7 (70)

NCT05643742. Data cut-off Nov 20, 2025. 1. Primary refractory: absence of CR after first-line NHL treatment. 2. Early relapse: progression <12 months from end of 1L chemoimmunotherapy. 3. IPI: low 0–1, intermediate 2–3, high 4–5. LD: lymphodepletion; DL: dose level; DLT: dose-limiting toxicity; ORR: overall response rate; CR: complete response; DOR: duration of response; PFS/OS: progression-free/overall survival; R/R: relapsed/refractory; LBCL: large B-cell lymphoma; FL/MZL/MCL: follicular/marginal zone/mantle cell lymphoma; SCT: stem cell transplant; SPD: sum of product diameters; ASCT: autologous SCT; TCE: T-cell engager; CNS: central nervous system

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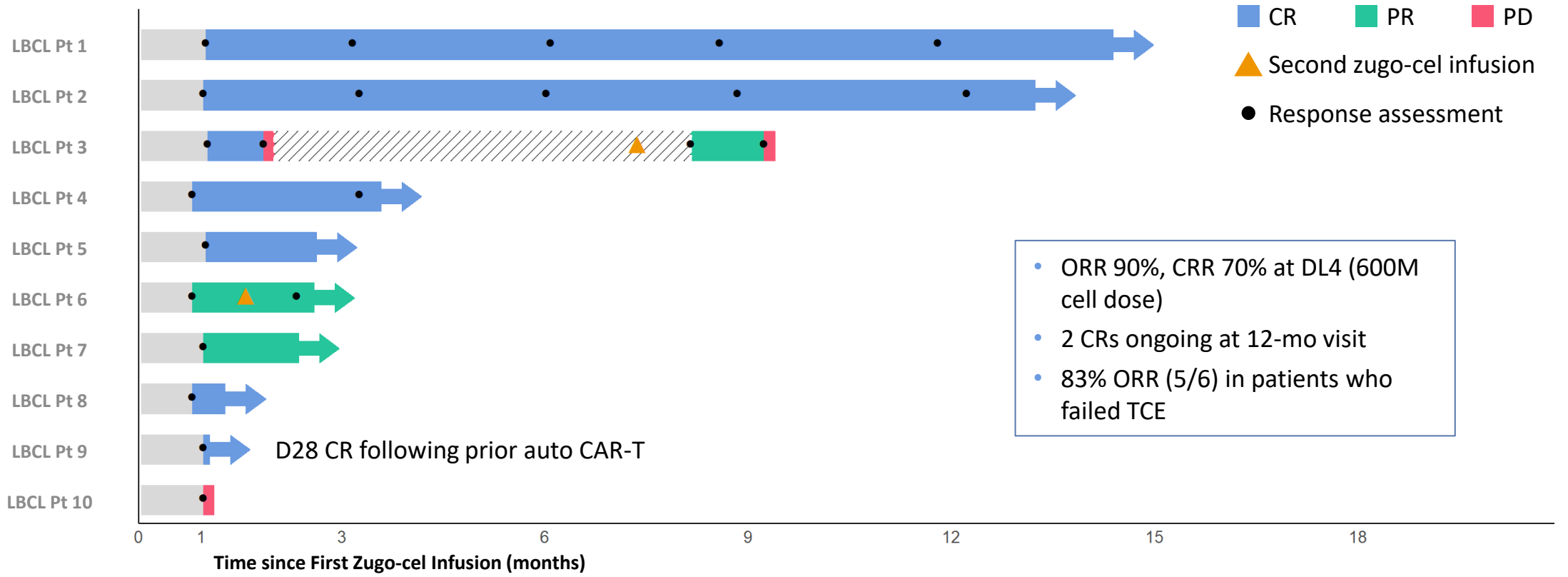
Zugo-cel Ph1 Data Suggest Durability in LBCL at RP2D (600M)

(N=10 with D28 response assessment[1])



- ORR 90%, CRR 70% at DL4 (600M cell dose)
- 2 CRs ongoing at 12-mo visit
- 83% ORR (5/6) in patients who failed TCE

Rates of Grade 3 CRS, ICANS, and serious infections were 17%, 17%, and 8%, respectively, among all LBCL patients treated at DL4 (n=12)

Clinical data to be presented in an oral presentation at ASH 2026

RP2D: Recommended Phase 2 Dose; TCE: T-cell engagers; Data initially presented at ASH 2024 with August 26, 2024 data cutoff| Current data cut off is Nov 20, 2025 1. 006-233-015 (DL4, LBCL) passed away before D28; subject with PTLD (DL4) excluded from analysis

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DuraCAR-T: CRISPR's *In Vivo* Transient CAR-T Platform

DuraCAR-T: Best-in-Class *In Vivo* CAR-T

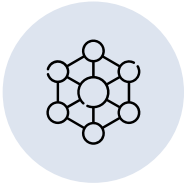
Extended Durability

Optimized mRNA formats for longer protein half-life and higher translation

Proprietary mRNA modifications

Targeted Delivery

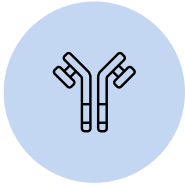
T cell specific delivery with de-targeting of the liver



Proprietary LNP formulation & conjugation chemistry

Proprietary Binders

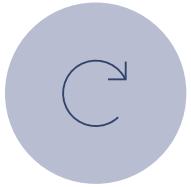
CD8 binders prioritized for autoimmune applications



In-house antibody screen and proprietary binders

Dosing Flexibility

Re-dosable LNP formulation with robust CAR+ T cells on repeat dosing



Supported by in-house GMP manufacturing

NHP PROOF POINTS

Deep B-cell depletion in blood, bone marrow, spleen and lymph node

Durable mRNA payload expression *in vivo* in NHPs out to 14 days

Mild, transient LFT and IL-6 elevation, even on repeat doses

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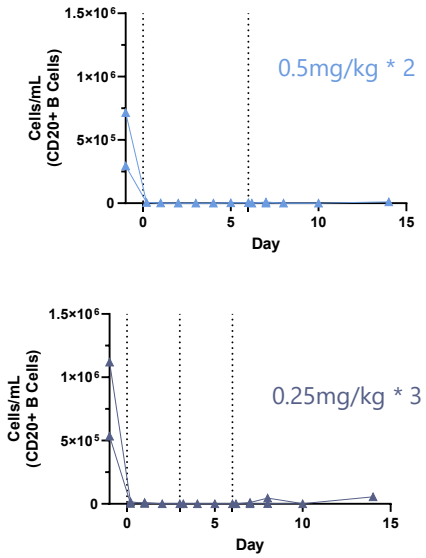
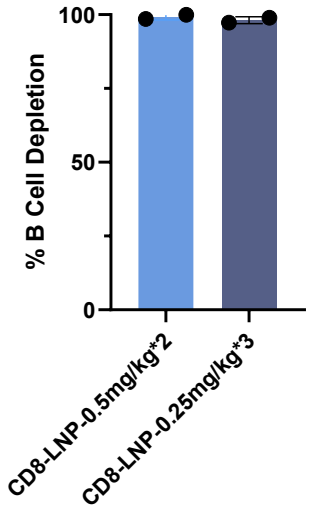
DuraCAR-T Induced Robust B Cell Depletion in the Blood, Bone Marrow, Spleen, and Lymph Node at low doses of 0.25 mg/kg

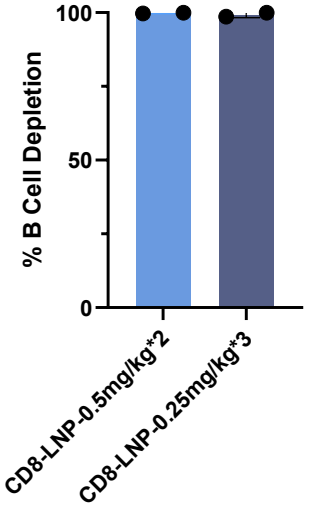
Blood



Bone Marrow (Day 8)

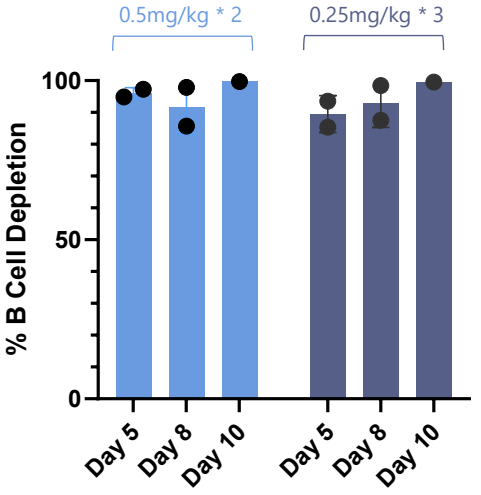


Spleen (Day 10 or 14*)



(*N=1 spleen taken on day 10, N=1 spleen taken on day 14)

Lymph Node (Day 5, 8, 10)



Dose Regimen 1 *(higher dose)* Dose Regimen 2 *(lower dose)*

NHPs results: Robust B cell depletion observed across blood, bone marrow, spleen, and lymph nodes

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Potentially Curative Therapies for Rare Diseases

CTX460

CTX213

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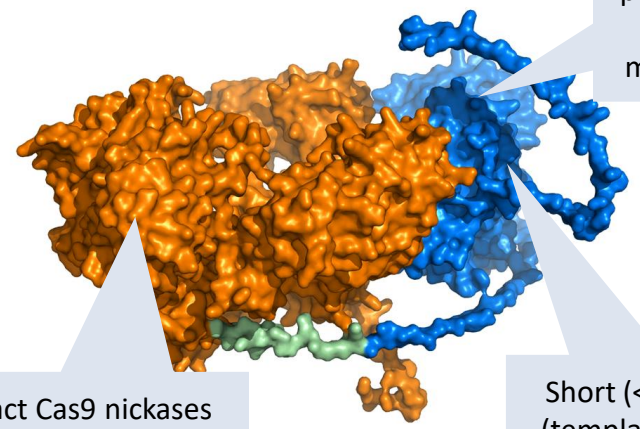
CTX460: Proprietary SyNTase Editing to Develop a Best-in-Class Treatment for Alpha-1 Antitrypsin Deficiency

SyNTase Editor: Synthetic Nucleotide Template Polymerase



Engineered synthetic polymerase that can read chemically modified templates

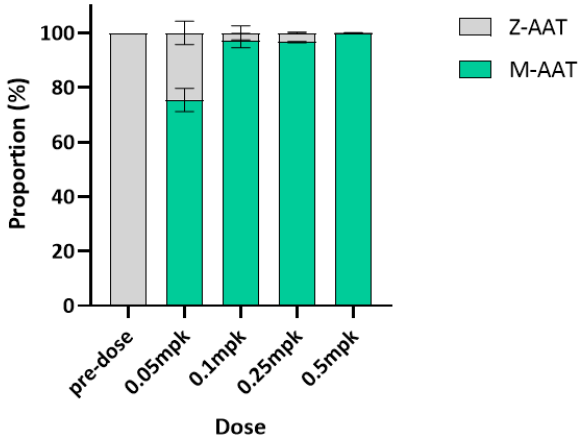
Novel compact Cas9 nickases with more complex (and proximal) PAMs for higher specificity

Short (<100 nt) tagRNA (template-armed guide) for increased stability and ease of manufacturing

CTX460 Targeting SERPINA1 for AATD

- Alpha-1 antitrypsin deficiency (AATD) is caused by mutations in the SERPINA1 gene which encodes for alpha-1 antitrypsin (AAT)
- The goal of AATD therapy is to normalize levels of AAT
- CTX460, comprising novel SyNTase editing payload, enables highly efficient, durable, and specific SERPINA1-E342K gene correction, **without bystander edits**

Durable, high proportion corrected serum M-AAT (Day 7)



Phase 1 clinical trial for CTX460 is ongoing

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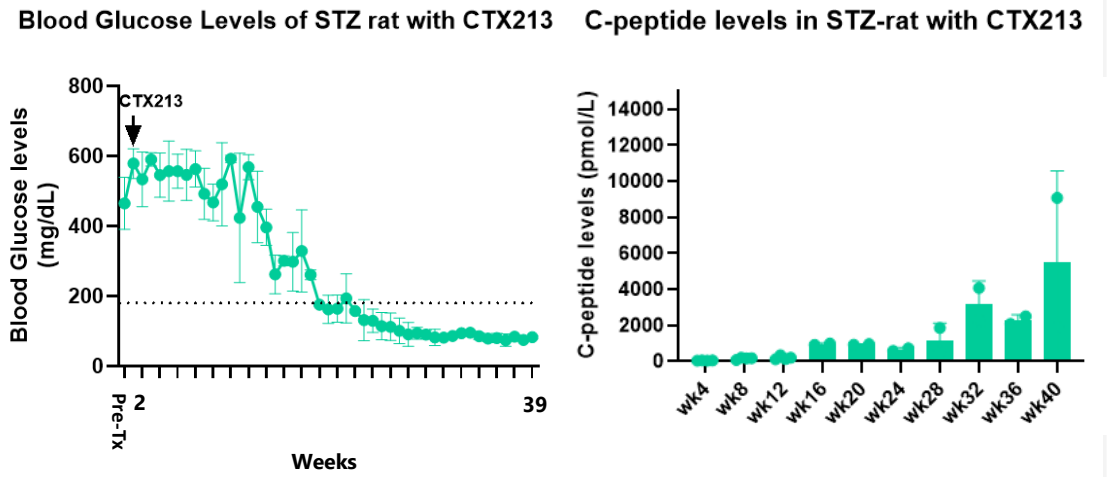
CTX213: Deviceless Hypoimmune Islet Cell Therapy for T1D

CTX211, a gene-edited, stem cell–derived encapsulated cell product for the treatment of type 1 diabetes

- Ph1 completed in n=5 patients
- Well-tolerated with no SAEs or AESIs
- Sustained c-peptide production observed 12 months post-implantation
- Histology confirmed survival of transplanted insulin-producing islet cells, despite the fibrosis of encapsulation device and infiltration of immune cells

CTX213, an unencapsulated iPSC-derived islet cell product utilizing the same edits as CTX211



Direct administration of CTX213 leads to improved glycemic control and C-peptide production in STZ rat model

Clinical data validate the hypoimmune edits; CTX213 shows encouraging pre-clinical efficacy, advancing toward the clinic

STZ: Streptozotocin

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