



Unleash Immunity

Corporate Presentation
May 2022

Disclaimers and forward-looking statements

This presentation and the accompanying oral presentation contain forward-looking statements. All statements other than statements of historical fact contained in this presentation, including statements regarding possible or assumed future results of operations of TScan Therapeutics, Inc. (the "Company", "we", "our" and "us"), expenses and financing needs, business strategies and plans, research and development plans or expectations, the structure, timing and success of the Company's planned preclinical development and clinical trials, expected milestones, market sizing, competitive position, regulatory matters, industry environment and potential growth opportunities, among other things. Forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified. In some cases, you can identify forward-looking statements by terms such as "may," "might," "will," "objective," "intend," "should," "could," "can," "would," "expect," "believe," "anticipate," "project," "target," "design," "estimate," "predict," "potential," "plan" or similar expressions or the negative of those terms. The Company has based these forward-looking statements largely on its current expectations and assumptions and on information available as of the date of this presentation. The information in this presentation is provided only as of April 8, 2022, and the Company assumes no obligation to update any forward-looking statements after the date of this presentation, except as required by law.

The forward-looking statements contained in this presentation and the accompanying oral presentation are subject to known and unknown risks, uncertainties, assumptions and other factors that may cause actual results or outcomes to be materially different from any future results or outcomes expressed or implied by the forward-looking statements. These risks, uncertainties, assumptions and other factors include, but are not limited to, including the development, clinical and regulatory plans or expectations for the Company's TCR-T therapy candidates, assumptions and uncertainties regarding the impact of the continuing COVID-19 pandemic on the Company's business, operations, strategy, goals and anticipated timelines, as well as the risks described in the "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" sections of the Company's Final Prospectus for its initial public offering, which is on file with the Securities and Exchange Commission (SEC) and available on the SEC's website at www.sec.gov. Additional factors may be described in those sections of the Company's Annual Report on Form 10-K for year ending December 31, 2021, filed with the SEC in the first quarter of 2022. You should not put undue reliance on any forward-looking statements. Forward-looking statements should not be read as a guarantee of future performance or results and will not necessarily be accurate indications of the times at, or by, which such performance or results will be achieved, if at all. It is not possible for the Company to predict all risks, nor can the Company assess the impact of all factors on its business or the markets in which it operates or the extent to which any factor, or combination of factors, may cause actual results or outcomes to differ materially from those contained in any forward-looking statements the Company may make.

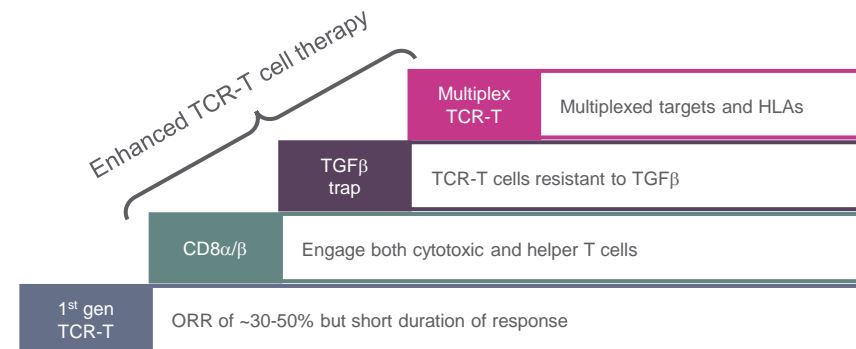
TScan highlights



TScan is differentiated from the competition by solving the three key challenges of TCR-T for solid tumors

- 1 TCR-T has shown high response rates, but limited durability

TScan solution: *Enhance* TCR-T cells with CD8 α / β and TGF β trap
TScan's manufacturing platform uniquely allows greater payloads

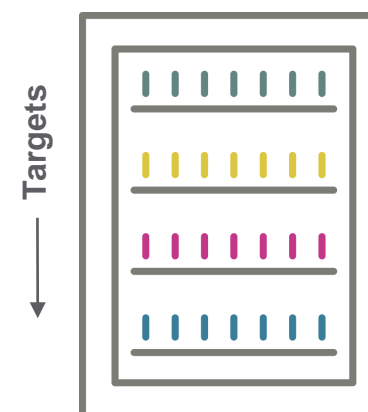


- 2 TCRs must be matched with the patient's HLA type

TScan solution: *Expand* TCRs to include all common HLA types
TScan's discovery platform uniquely enables rapid expansion of ImmunoBank

ImmunoBank

HLAs →

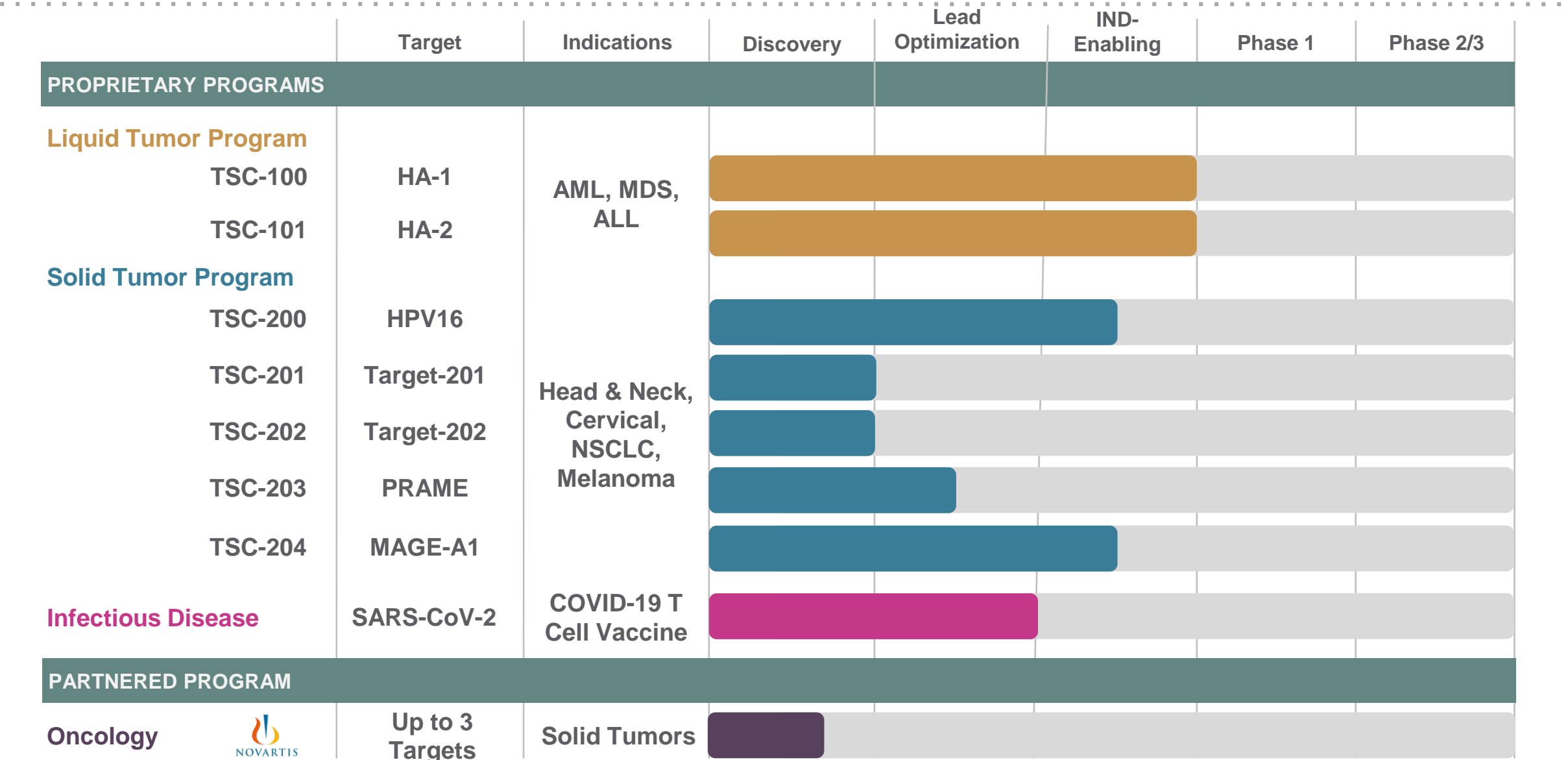


- 3 Solid tumors are heterogeneous (target expression and HLA loss)

TScan solution: *Treat* patients with 2+ TCRs simultaneously
Select patients based on HLA loss

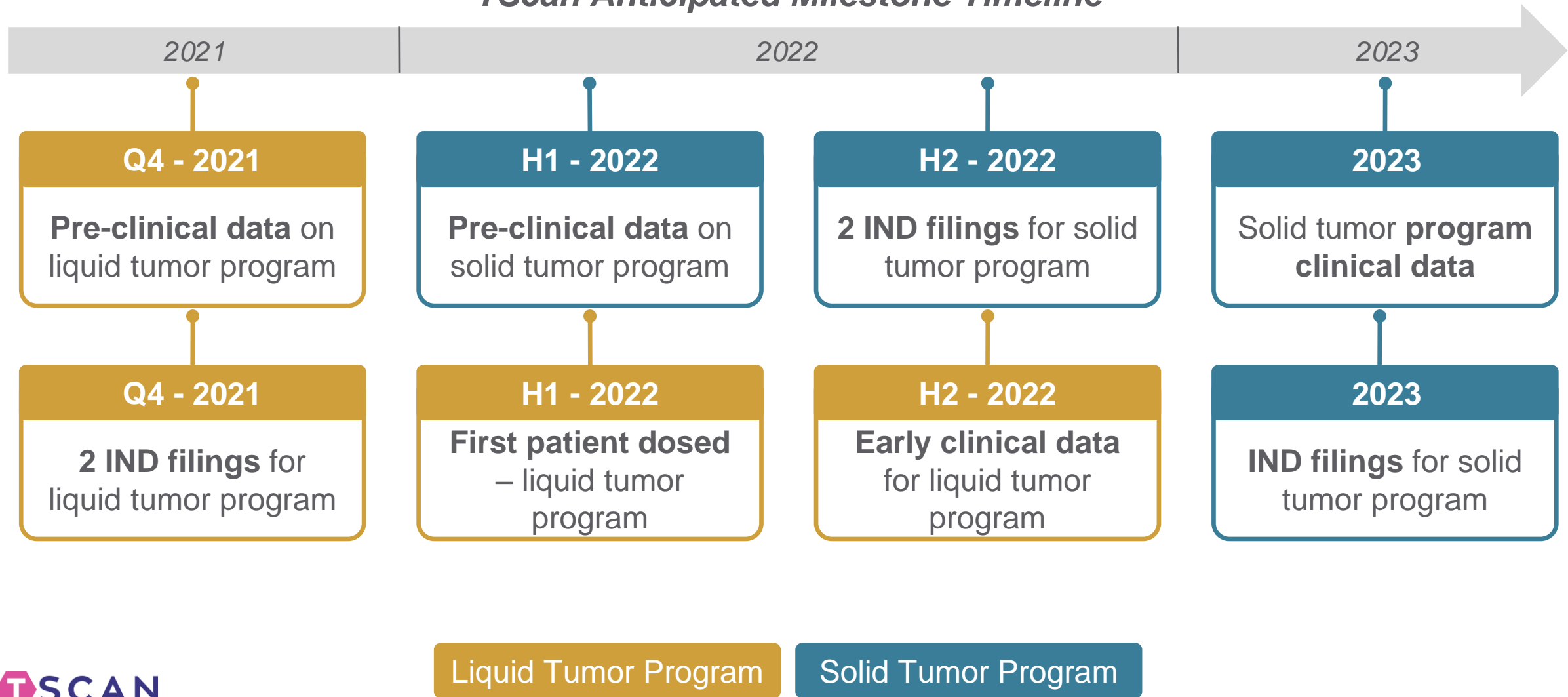
TScan is the only company actively pursuing multiplexed therapy

Platform delivers broad proprietary pipeline



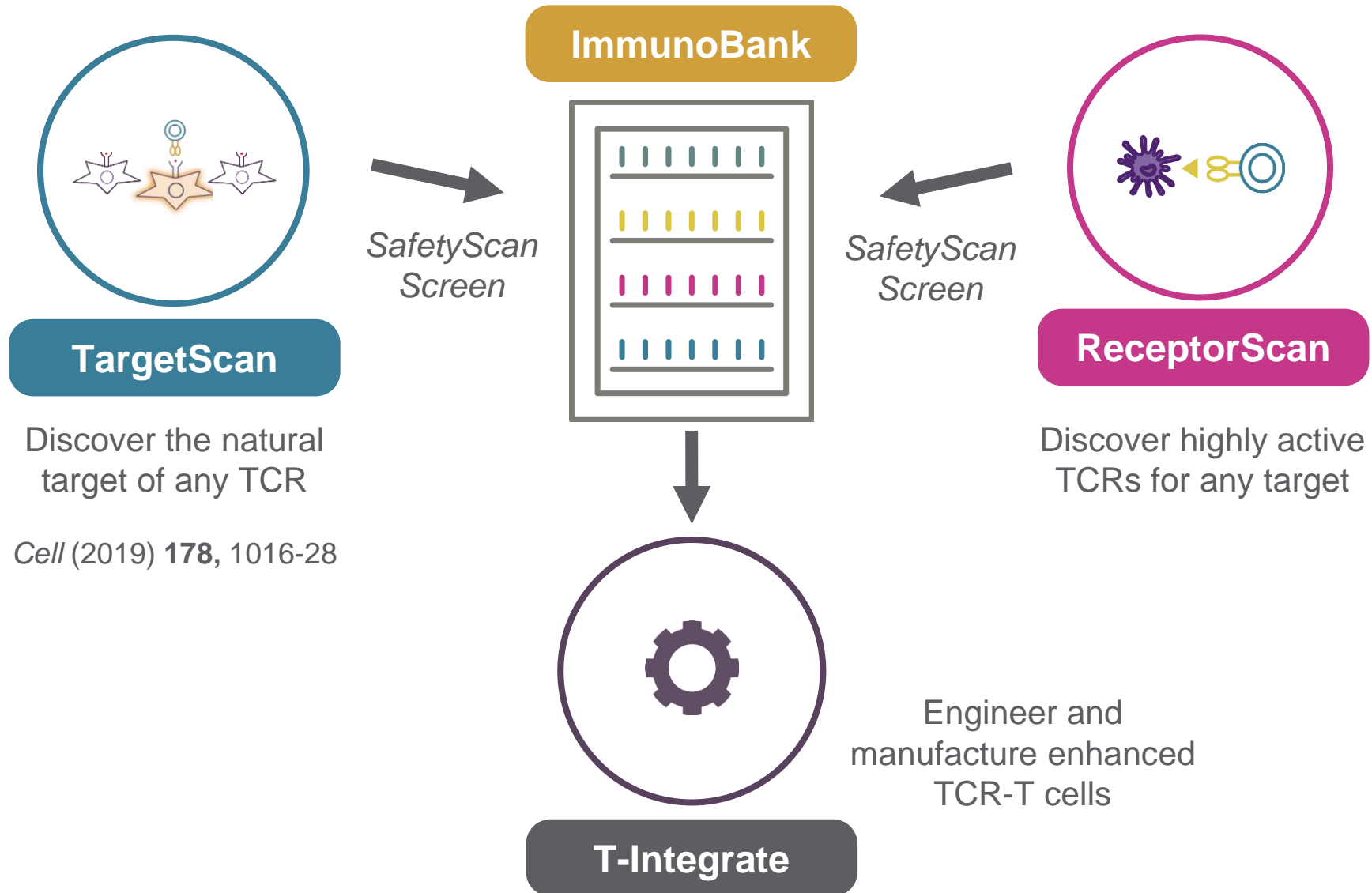
Broad pipeline drives multiple value-creating milestones

TScan Anticipated Milestone Timeline



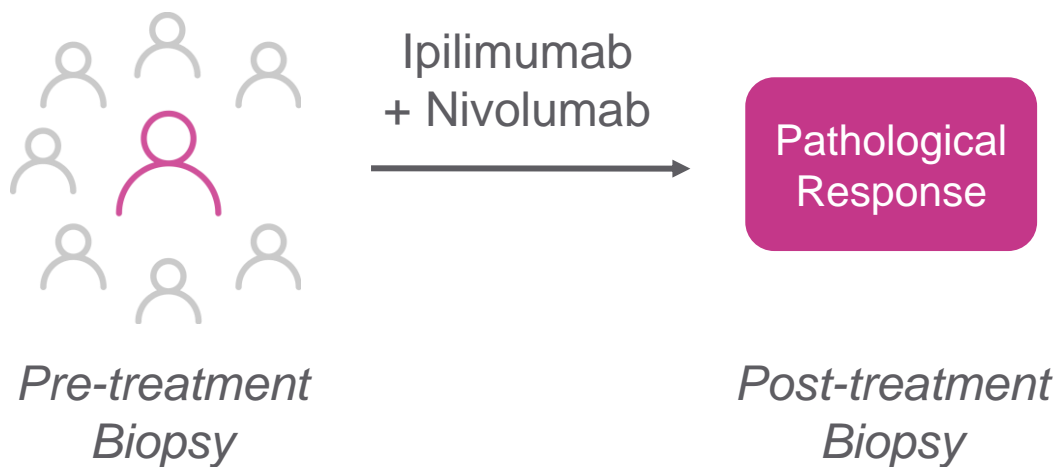
TScan Platform

Platform enables discovery and manufacturing of enhanced TCR-T candidates

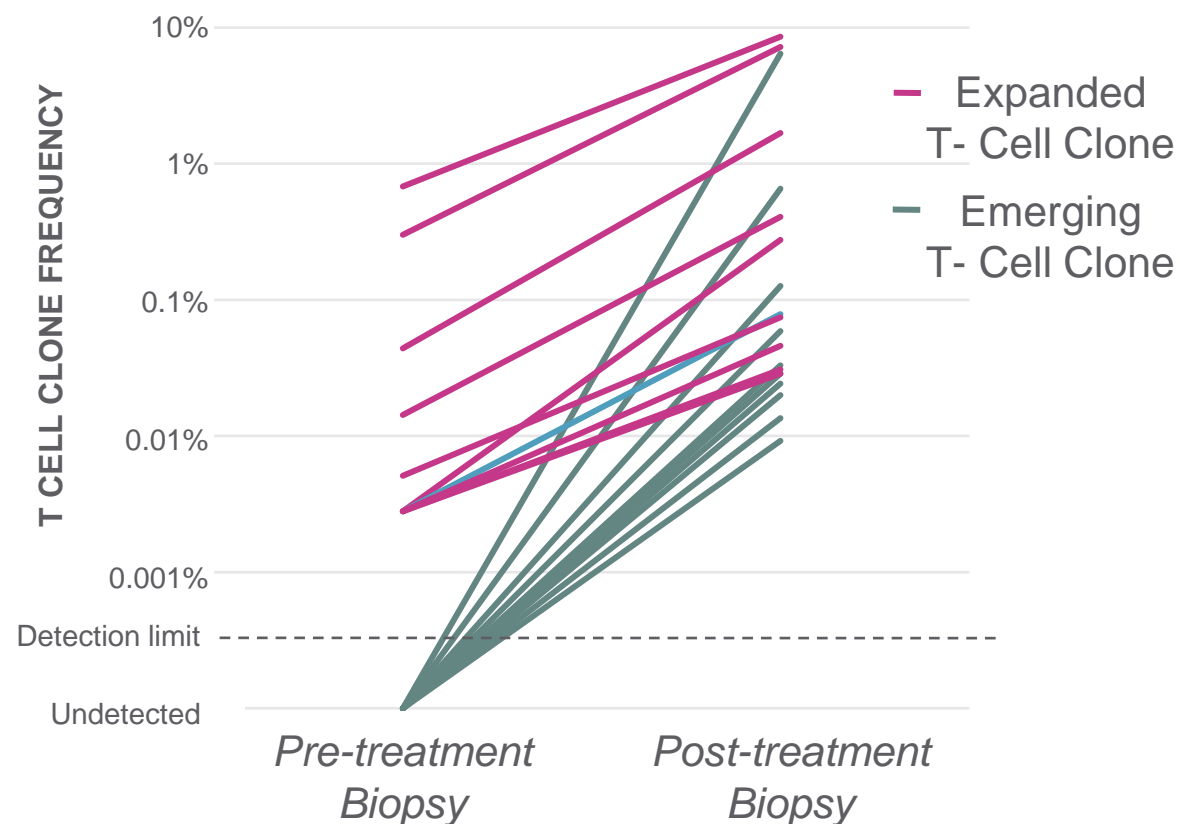


Clinically active TCRs are identified from expanded T cells of Head & Neck cancer patients that respond to immunotherapy

Focus on patients that have exceptional responses to immunotherapy

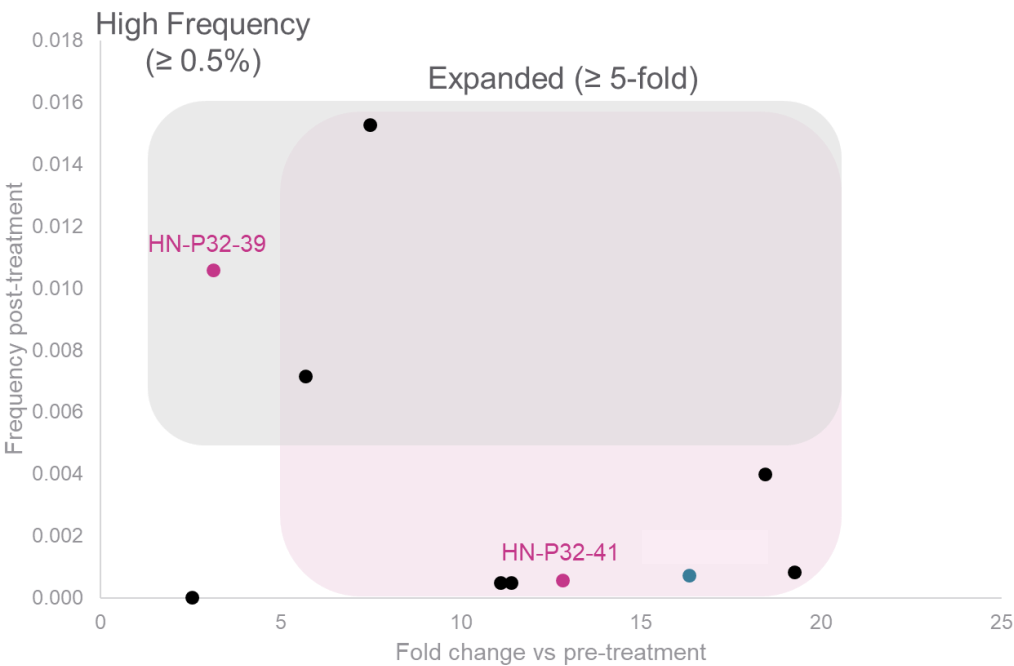
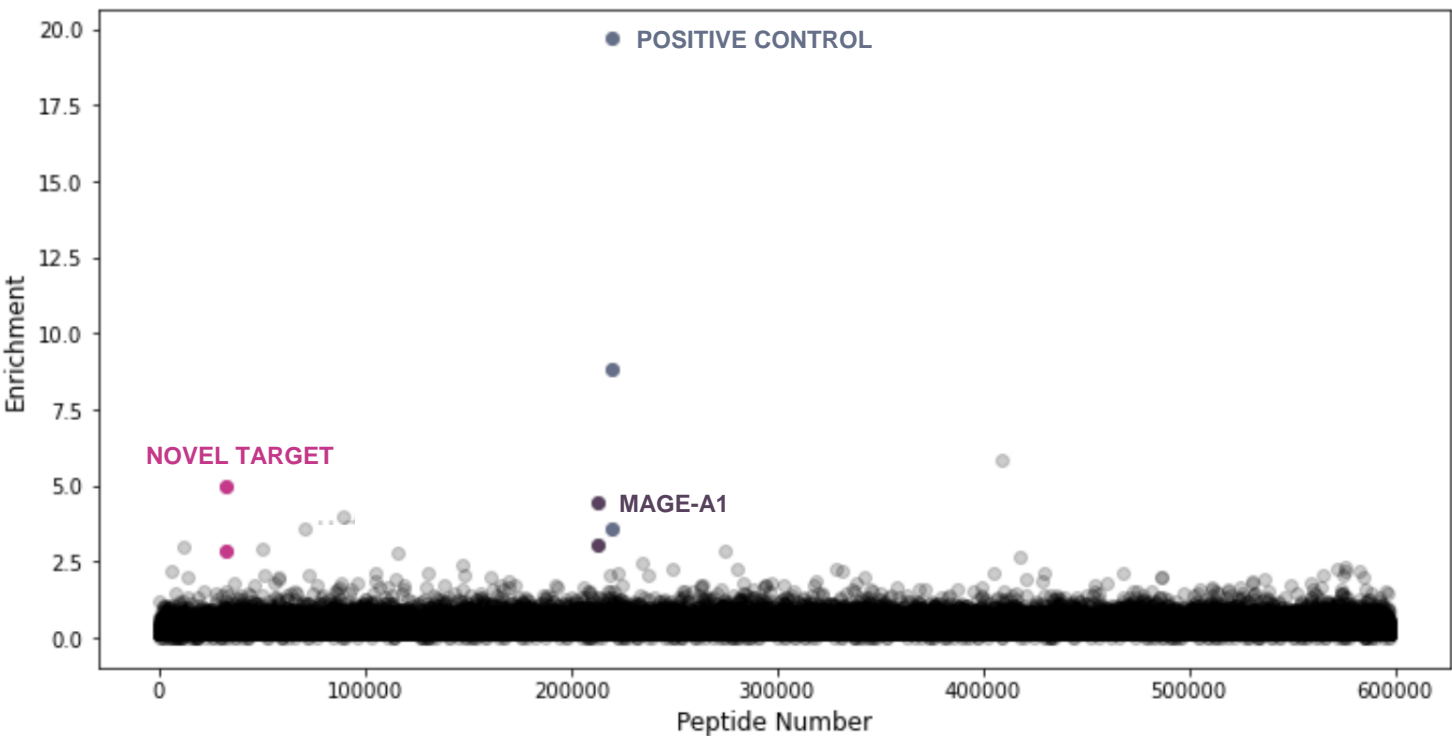


T cell sequencing data for a patient with a complete immunotherapy response



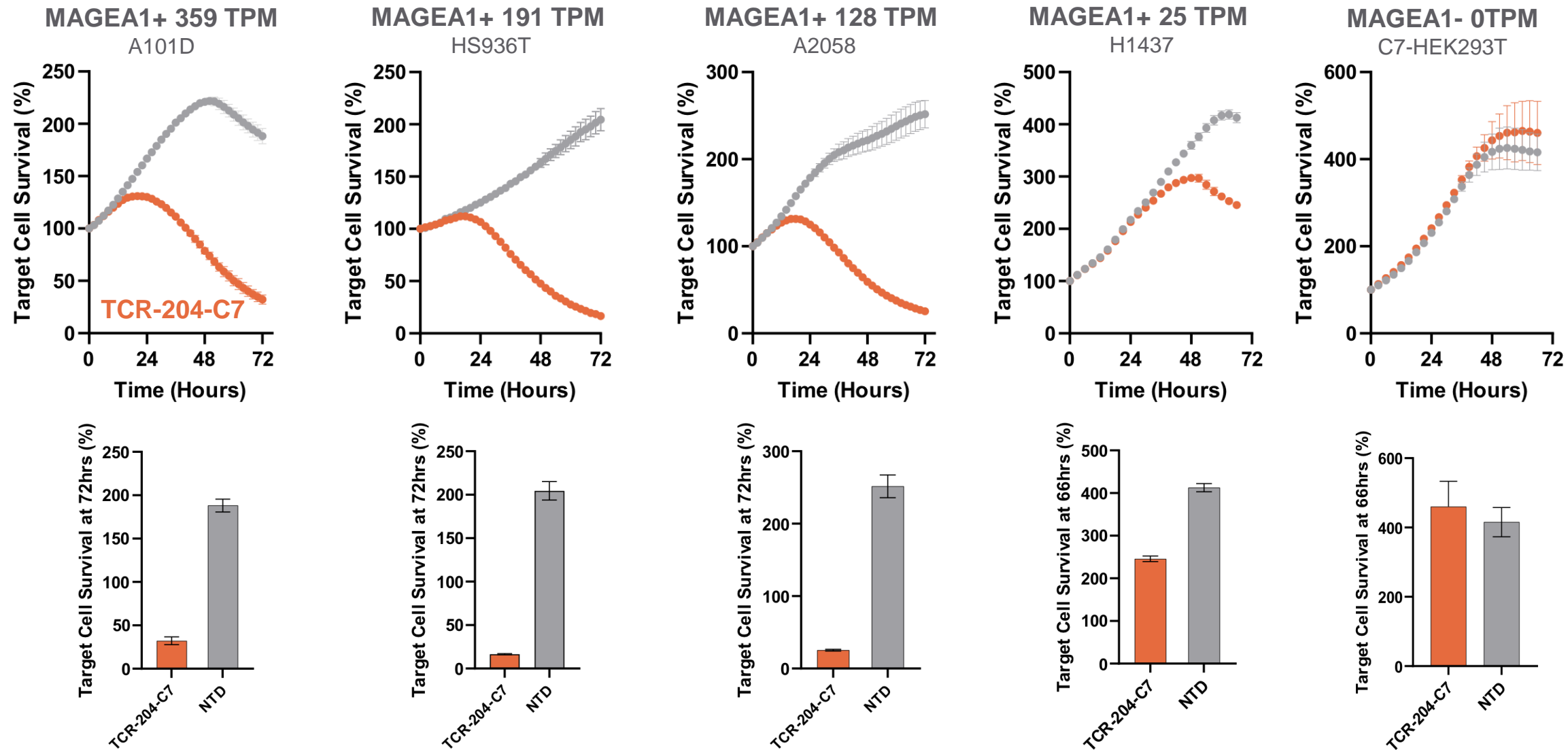
Multiplexed screen identified MAGE-A1 as a target in a Head & Neck cancer patient responding to immunotherapy

- Patient 32 had 60% reduction in primary tumor size following anti-PD1 and anti-CTLA4 therapy



TCR	Target	HLA
HN-P32-39	MAGEA1	C*07:02
HN-P32-41		

TScan's TCR-204-C7 shows strong in vitro activity



ReceptorScan identifies ultrahigh affinity, naturally occurring TCRs with low risk of off-target effects

Key Problem

CHALLENGE

Most naturally-occurring TCRs to self antigens have low affinity and/or low activity

CURRENT SOLUTIONS

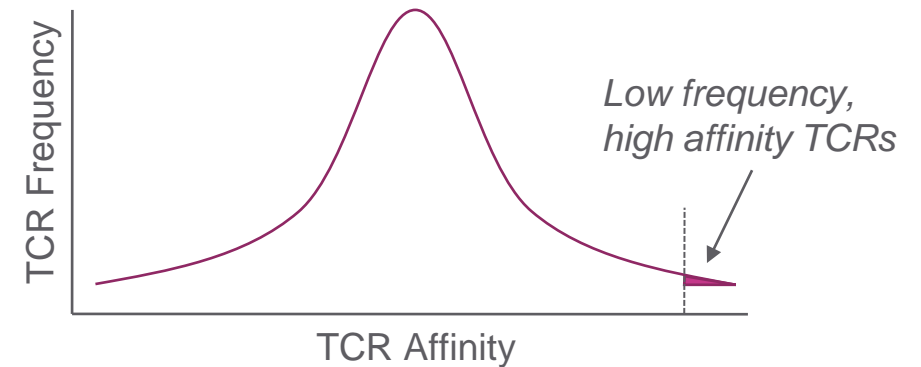
- Mutate TCRs to enhance affinity
- Raise TCRs in transgenic mice

PROBLEM WITH THESE SOLUTIONS

TCRs that have not undergone negative selection in the thymus may exhibit off-target effects

TScan Solution

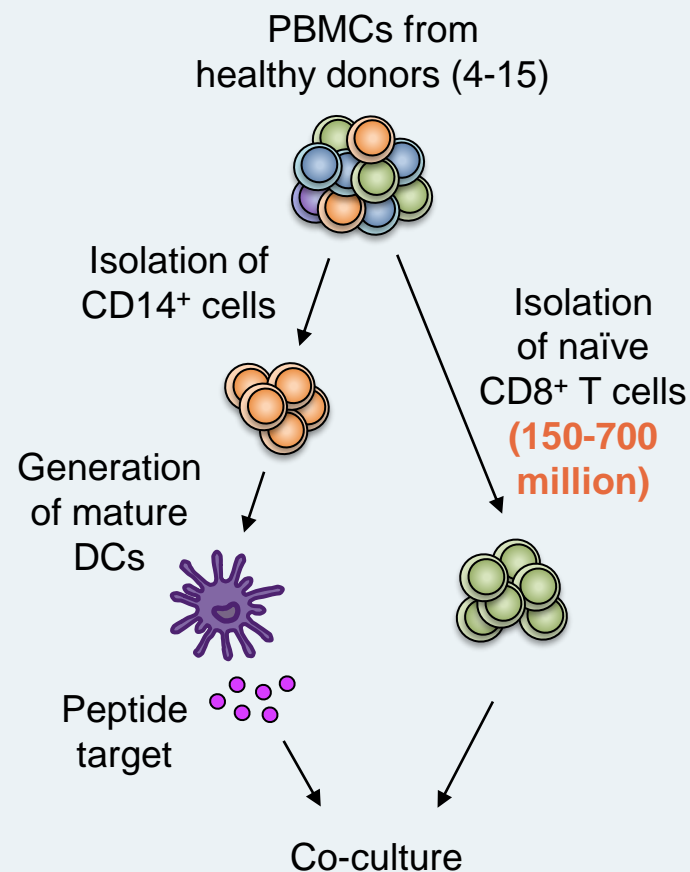
ReceptorScan is a high-throughput platform that identifies the best TCR for a desired target from >1 billion T cells



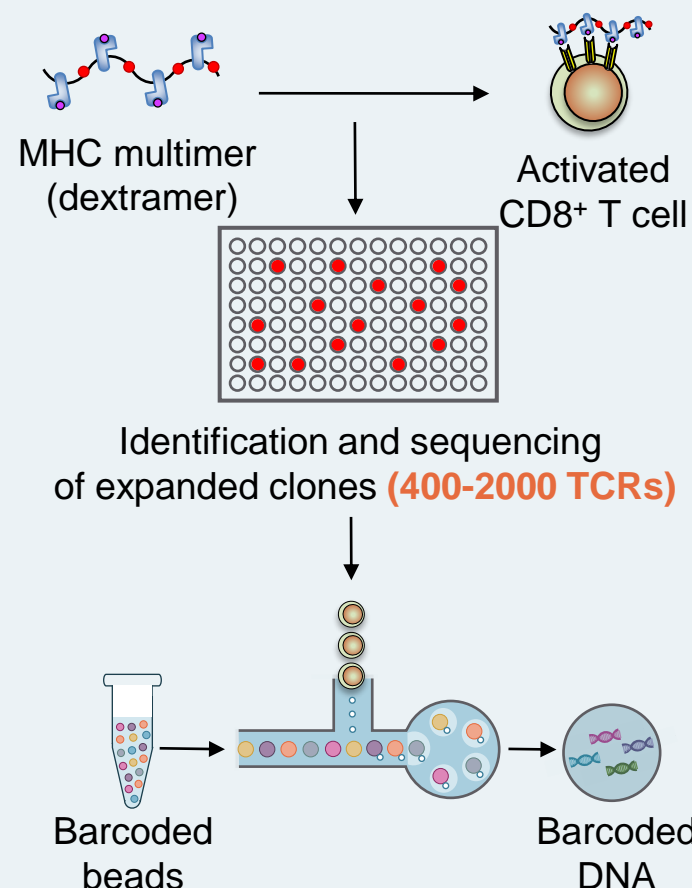
All TCRs are fully human and naturally occurring, yet exhibit affinities equal to or better than clinical-stage TCRs

ReceptorScan platform identifies natural high-affinity TCRs for identified targets and desired HLA restrictions

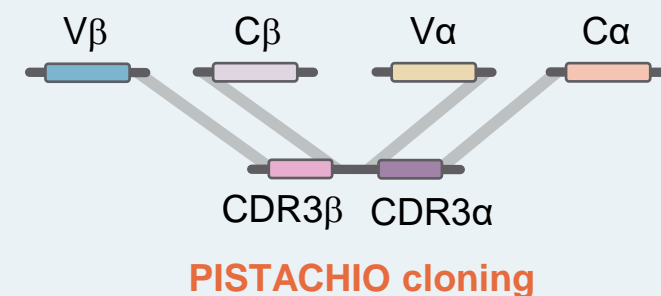
1 Expansion of target-specific CD8⁺ T cells



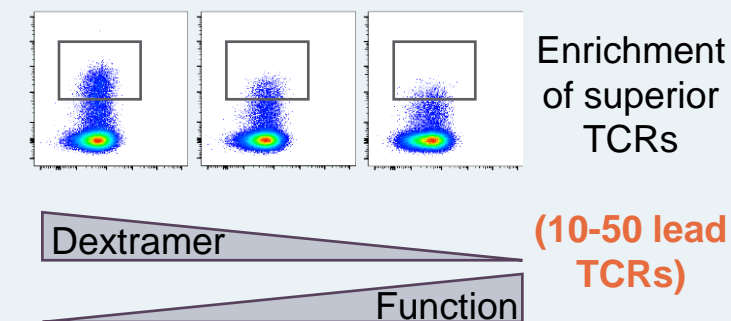
2 Isolation and single-cell sequencing of CD8⁺ T cells



3 Gene synthesis and cloning of TCR libraries



4 Selection of rare TCRs with ultra high affinity & activity



The most dramatic TCR-T results to date in solid tumors were achieved by targeting E7 of HPV

nature
medicine

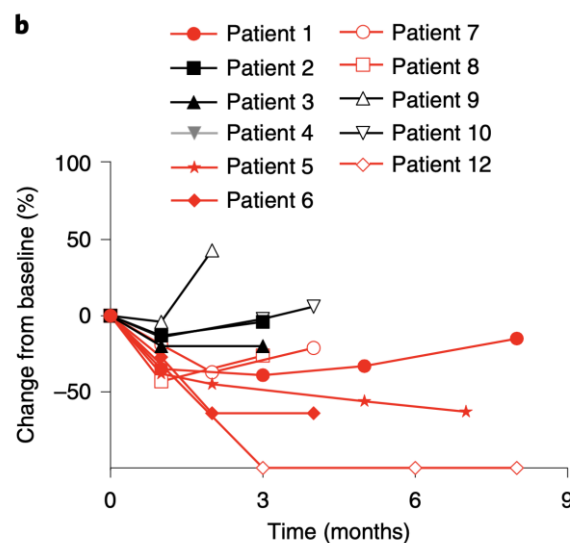
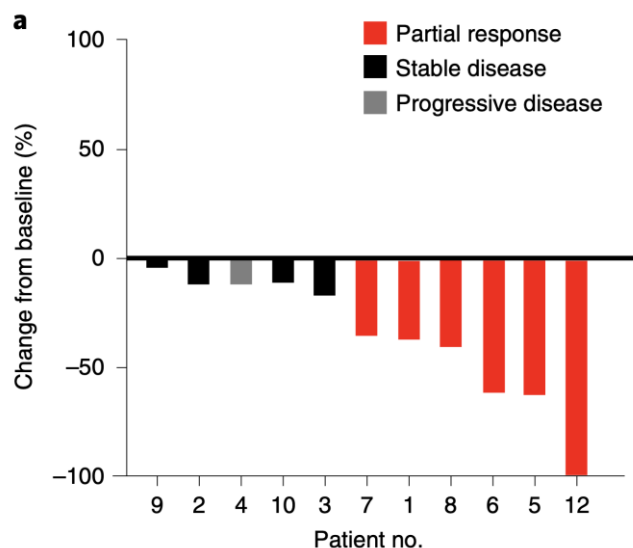
LETTERS

<https://doi.org/10.1038/s41591-020-01225-1>

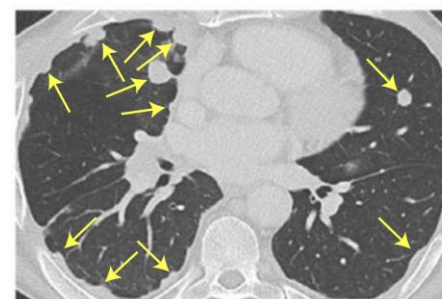
Check for updates

TCR-engineered T cells targeting E7 for patients with metastatic HPV-associated epithelial cancers

Nagarsheth NB, ..., Hinrichs CS (2021) *Nature Medicine*, **27**, 419-425.



Before treatment

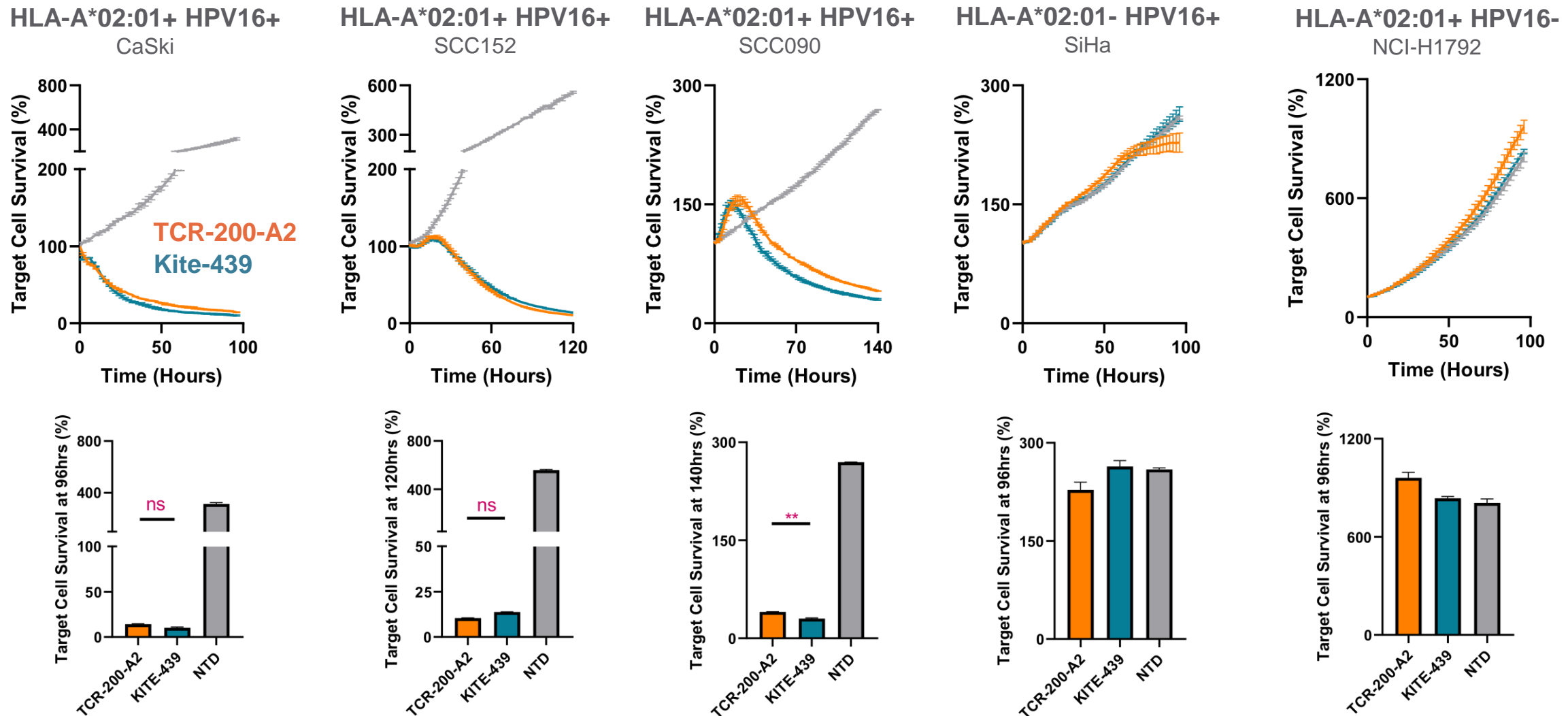


7 months



“Patient 5 had metastatic anal SCC with more than 90 metastatic tumors that involved the thorax, retroperitoneum, bones and kidney. He had been treated previously with chemoradiation and with PD-1-based therapy. He experienced a nine-month partial response with complete regression of ~80 tumors that remained absent from imaging 14 months after treatment.”

TScan's TCR-200-A2 shows comparable activity to Kite-439

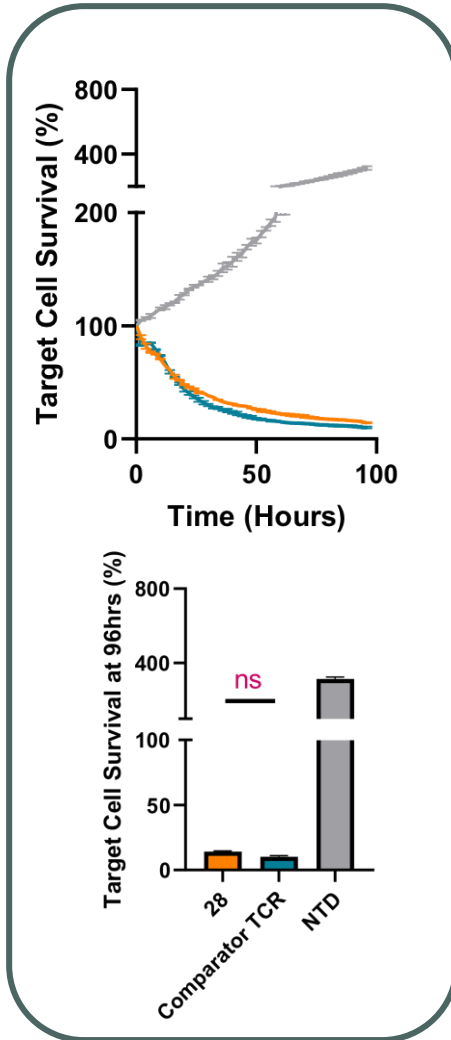


* Calculated with one way ANOVA, Dunnett's multiple comparisons test

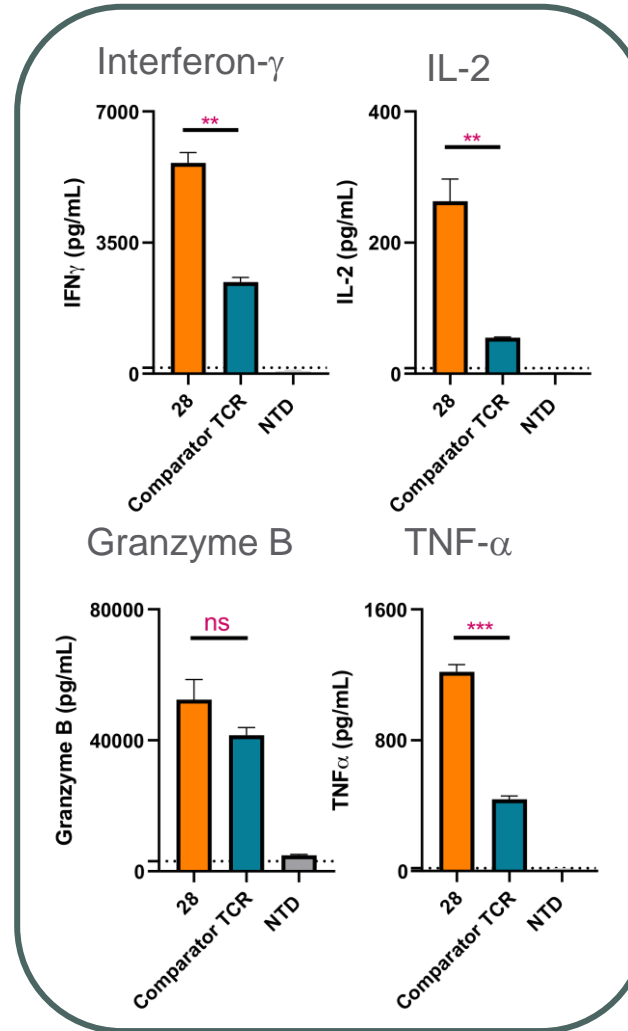
TScan's **TSC-200-A2** shows superior effector function to comparator NCI TCR

CaSki (HLA-A*02:01+ HPV16+)

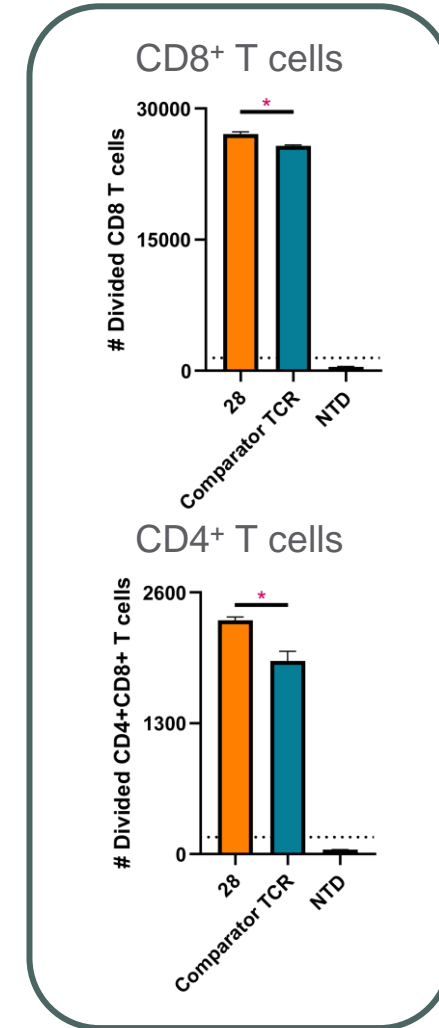
Cytotoxicity



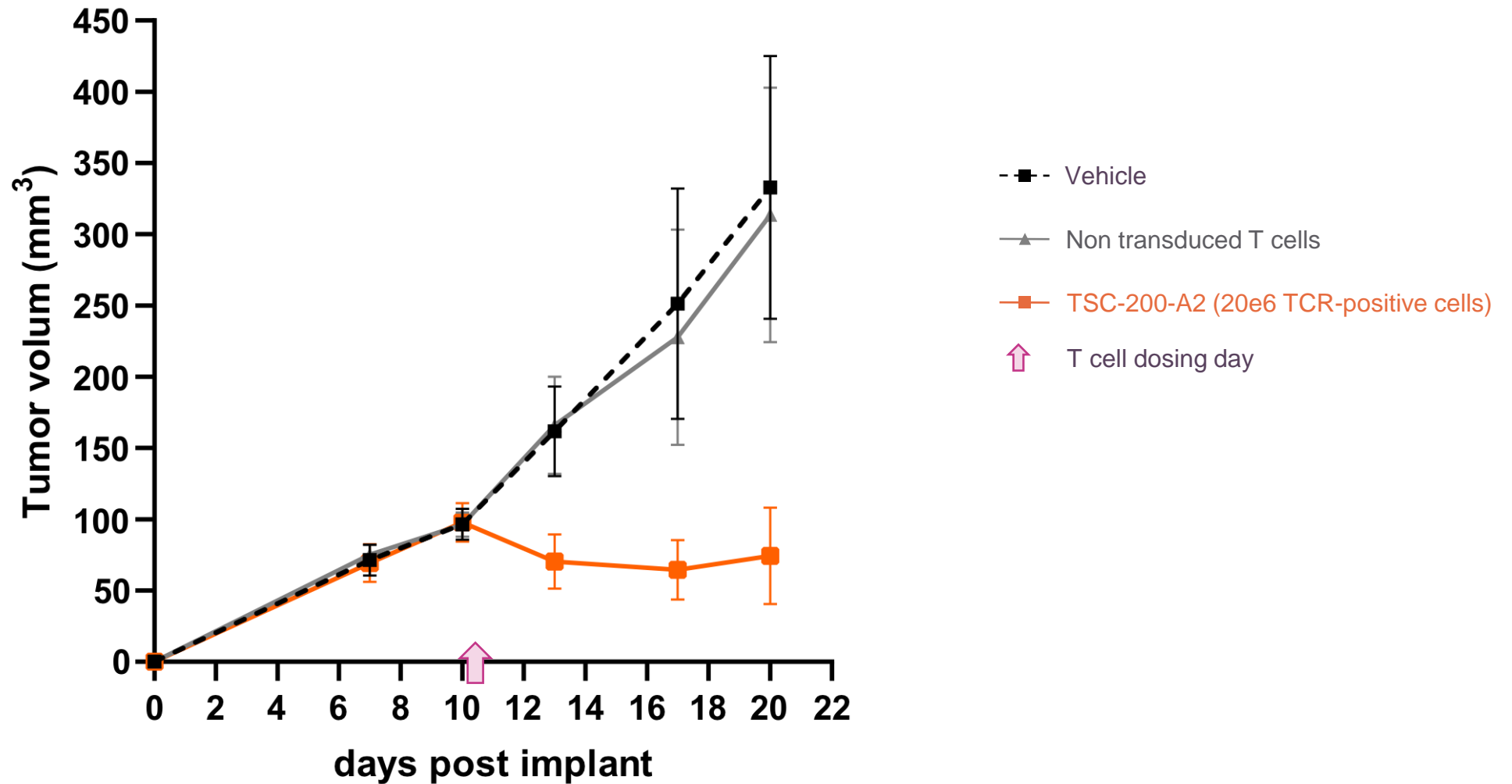
Cytokine production



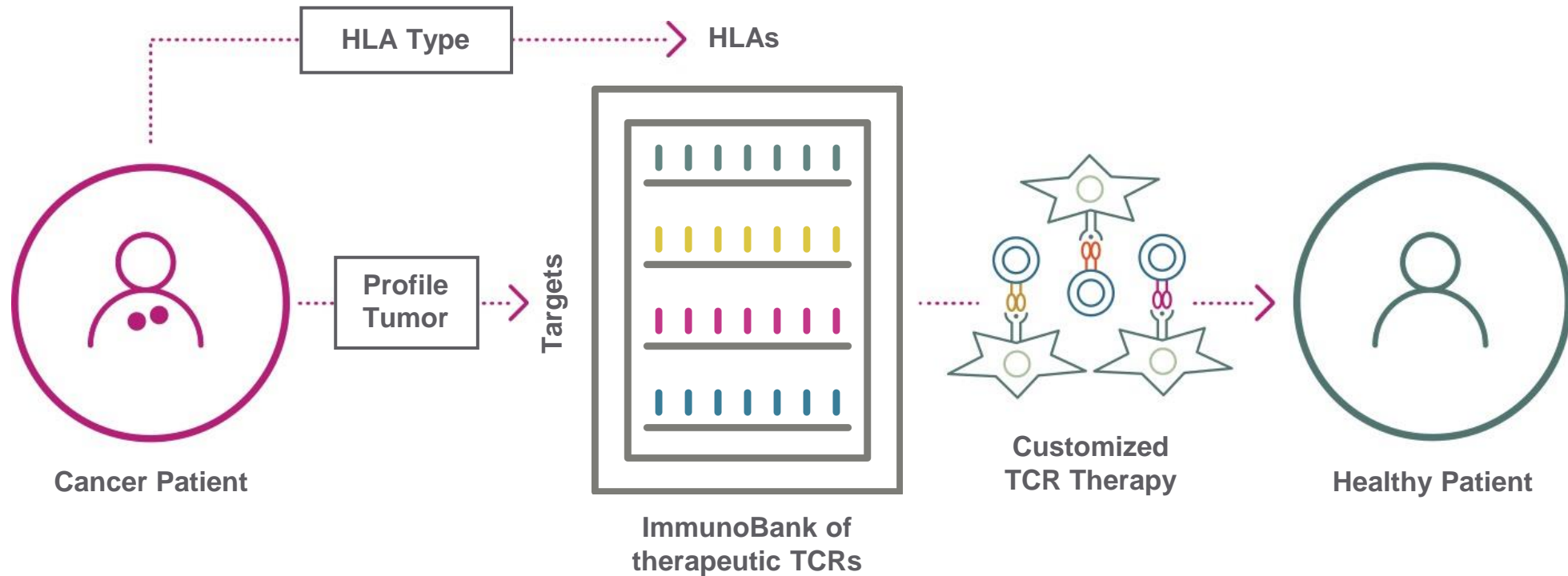
T cell proliferation



TSC-200-A2 shows promising activity in a mouse model of HPV-positive cancer

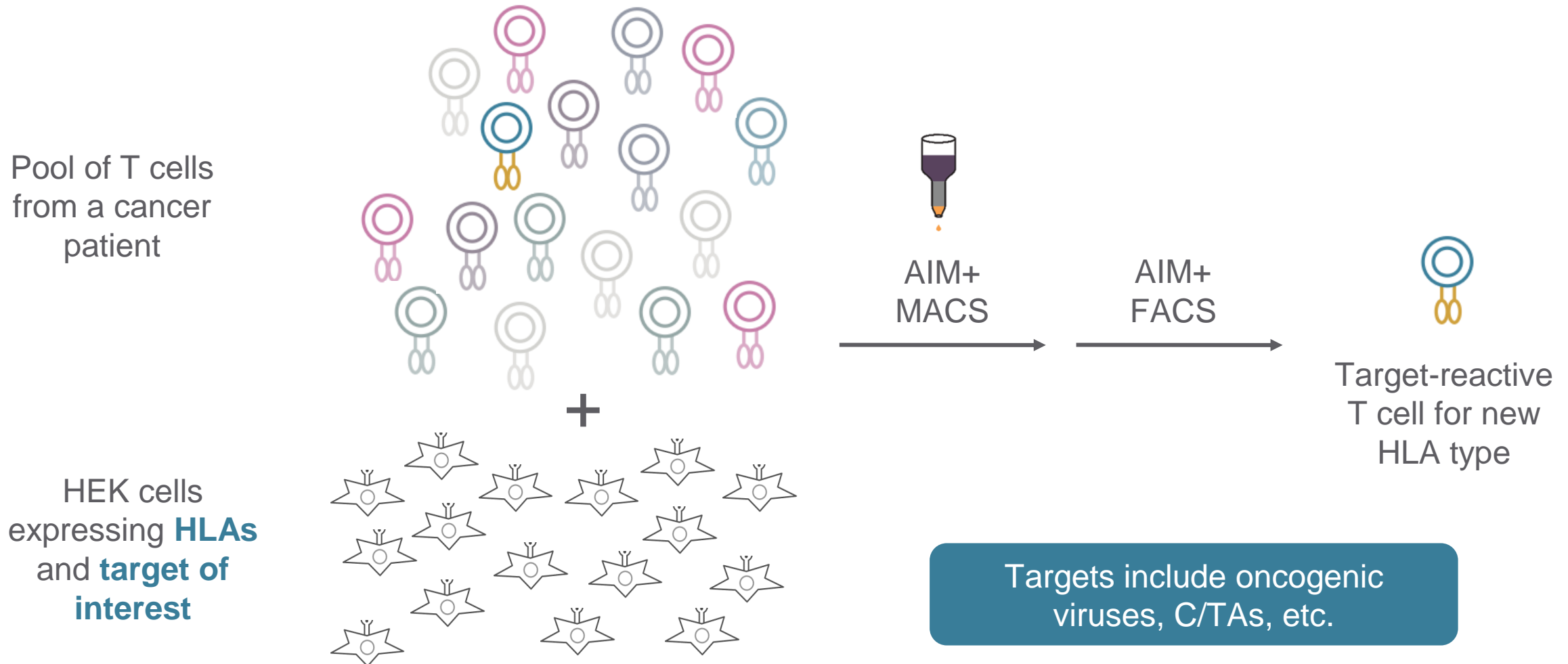


Vision is to build a diverse ImmunoBank of TCRs to provide customized, off-the-shelf, multiplexed TCR-T



Multiplexed TCR-T may overcome both **tumor heterogeneity** and resistance due to **HLA loss**

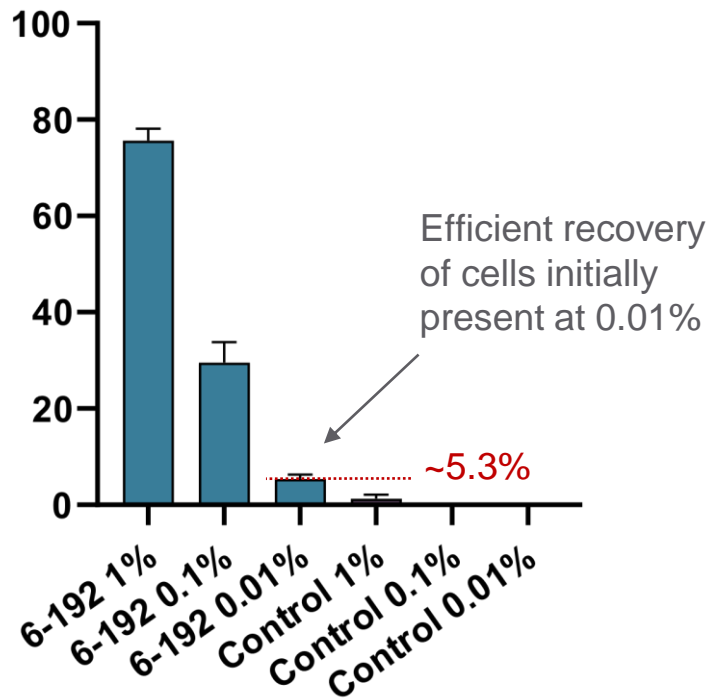
T-Fish enables directed target discovery of patient-derived T cells that recognize a particular target of interest



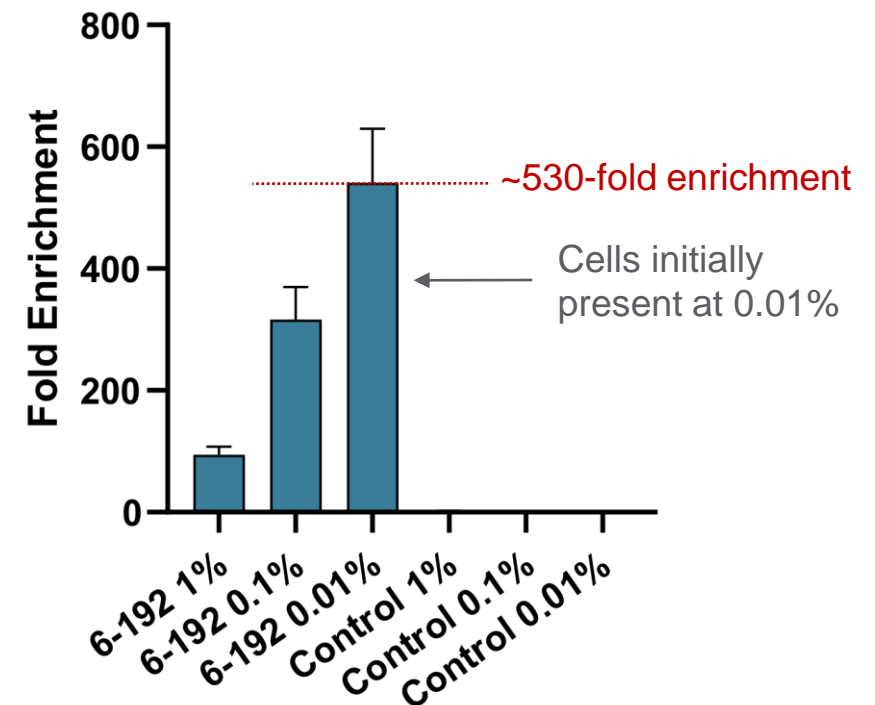
T-Fish can identify T cells present at 1 part in 10,000

- Proof-of-concept conducted with T cells that recognize Nectin1
- Nectin1-reactive T cells (6-192) spiked in at varying percentages

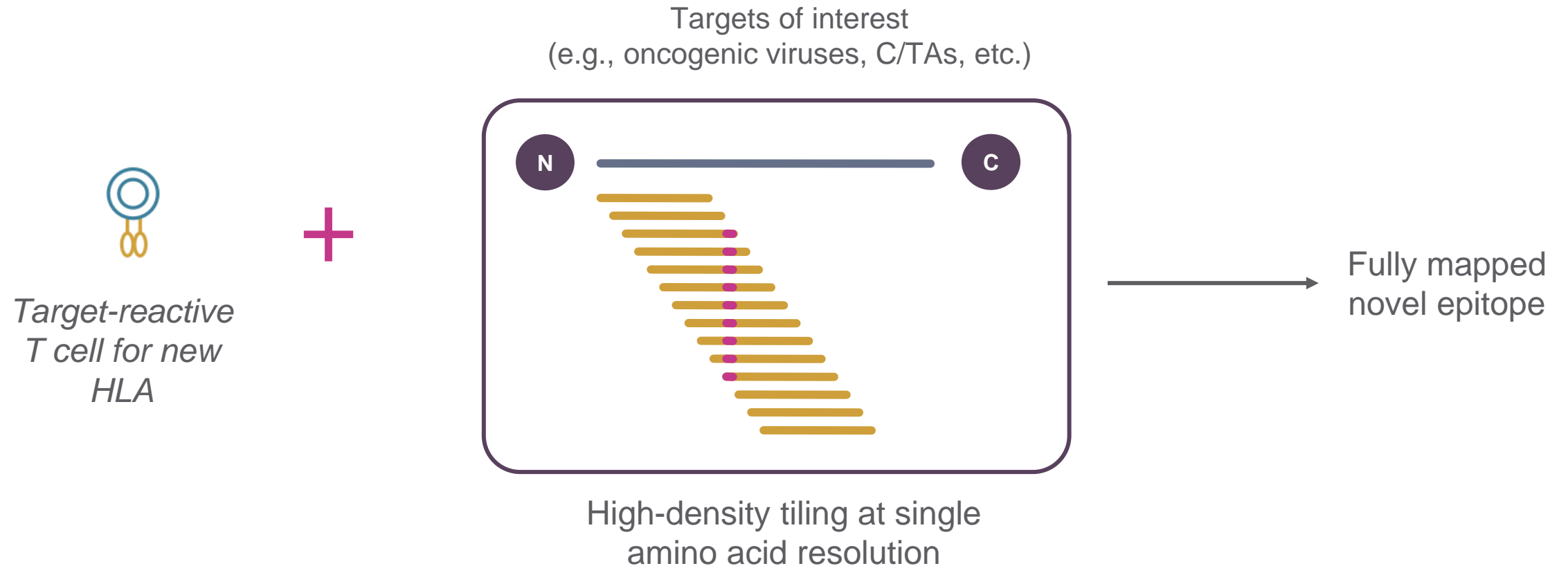
% of Nectin1 Cells in Sorted Sample



Enrichment of 6-192 Cells



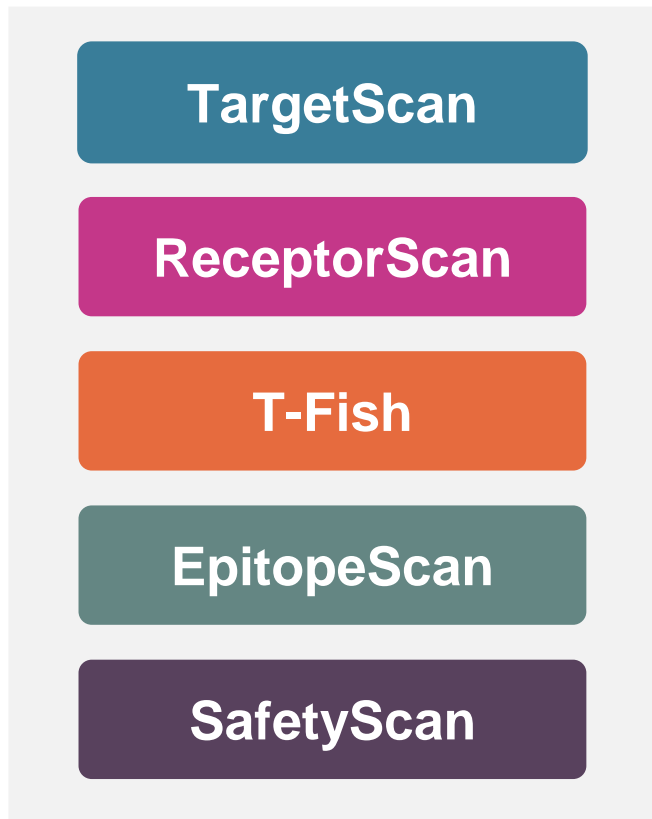
EpitopeScan enables rapid identification of the precise epitope of target-reactive T cells



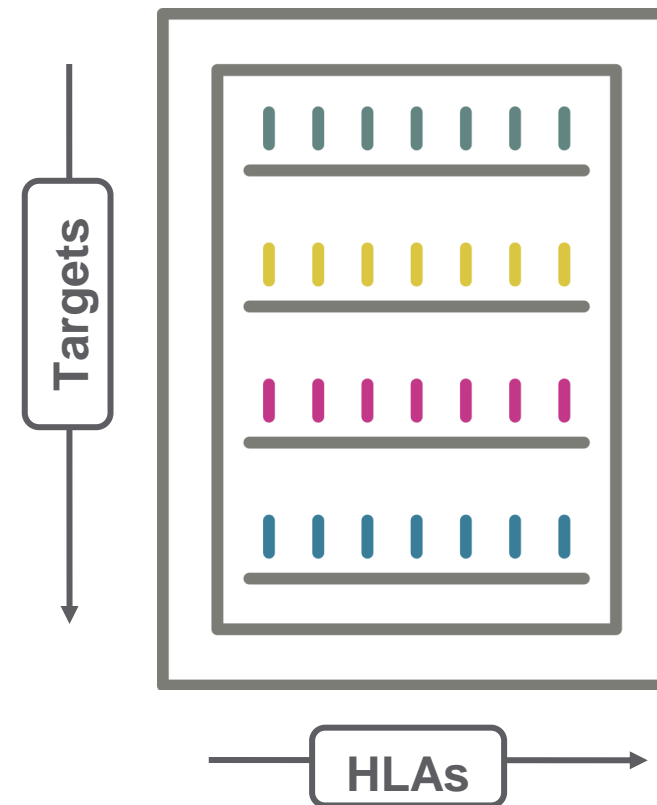
Current EpitopeScan library tiles across all the targets in our pipeline

TargetScan, ReceptorScan, EpitopeScan, T-Fish, & SafetyScan used to generate ImmunoBank of de-risked antigens/TCRs

Suite of TScan Discovery Technologies

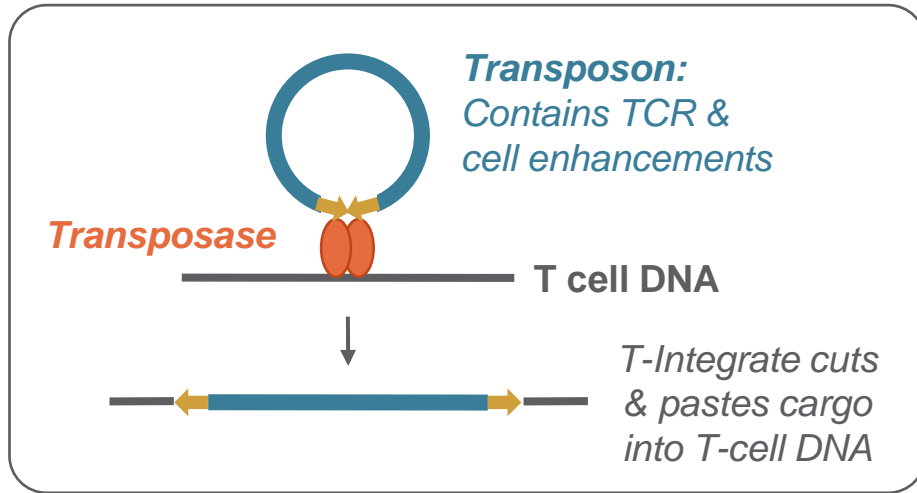


ImmunoBank of Therapeutic Antigens/TCRs



T-Integrate technology overcomes lentiviral constraints - enables TCR-T multiplexing and T cell enhancements

T-Integrate: Genetic Cargo Delivery System



*Transposon/transposase technology enables delivery of the **TCR** as well as many **cell enhancements** (e.g., $CD8\alpha/\beta$, $TGF\beta R2dn$, purification tags)*

Advantages of T-Integrate non-viral delivery over lentivirus:

- ✓ Greater cargo size enables delivery of T cell functional enhancements
- ✓ Rapid process development
- ✓ Cost-effective manufacturing

Clinical Programs:

Liquid Tumor Program

TCR-T uniquely addresses myeloid leukemias

Non-B Cell Malignancies

~40,000 cases/year

AML

MDS

ALL



Not addressable by CAR-T therapy



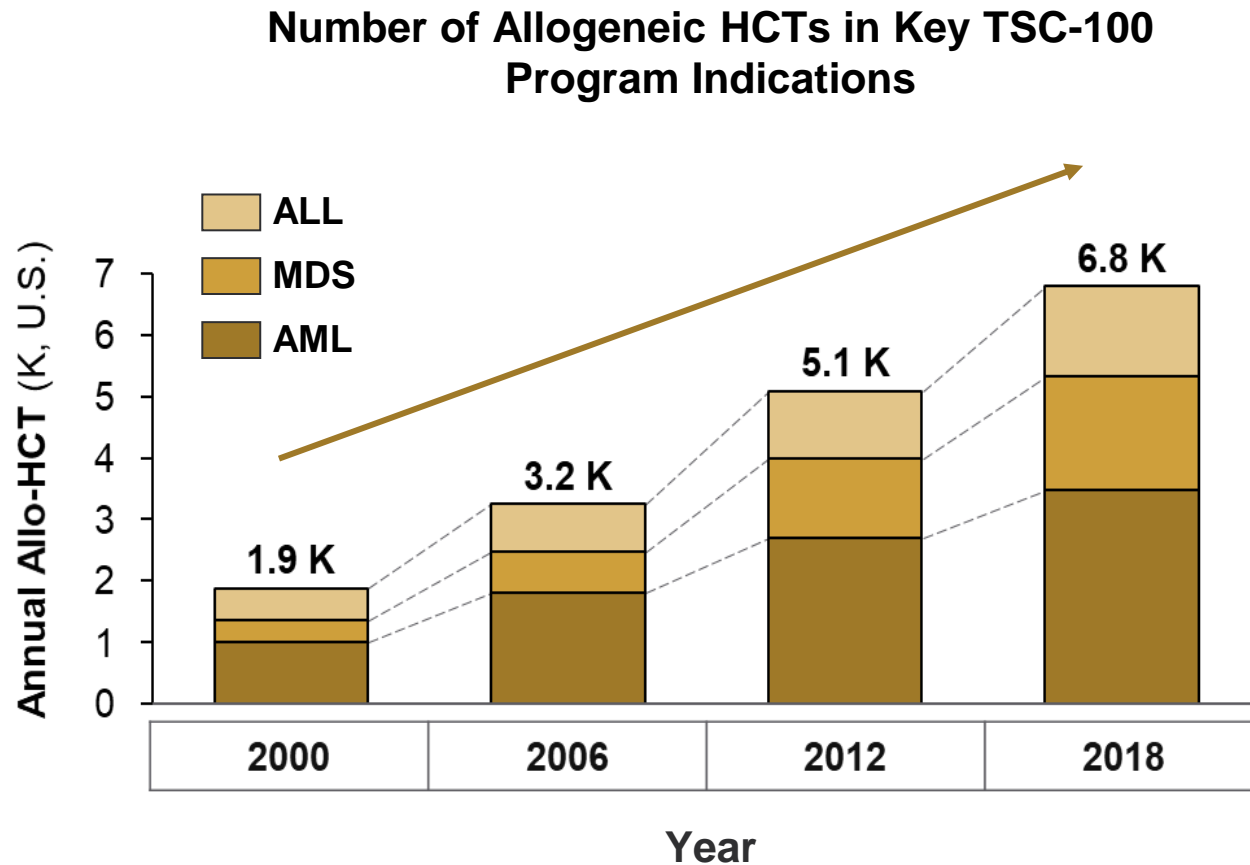
Transplant is considered curative for many and is expected to remain standard of care



~40% of patients relapse post-transplant with few treatment options (~90% mortality within 1 year of relapse)

TScan program is designed to prevent relapse in patients undergoing HCT

Growing unmet transplant need in myeloid leukemias



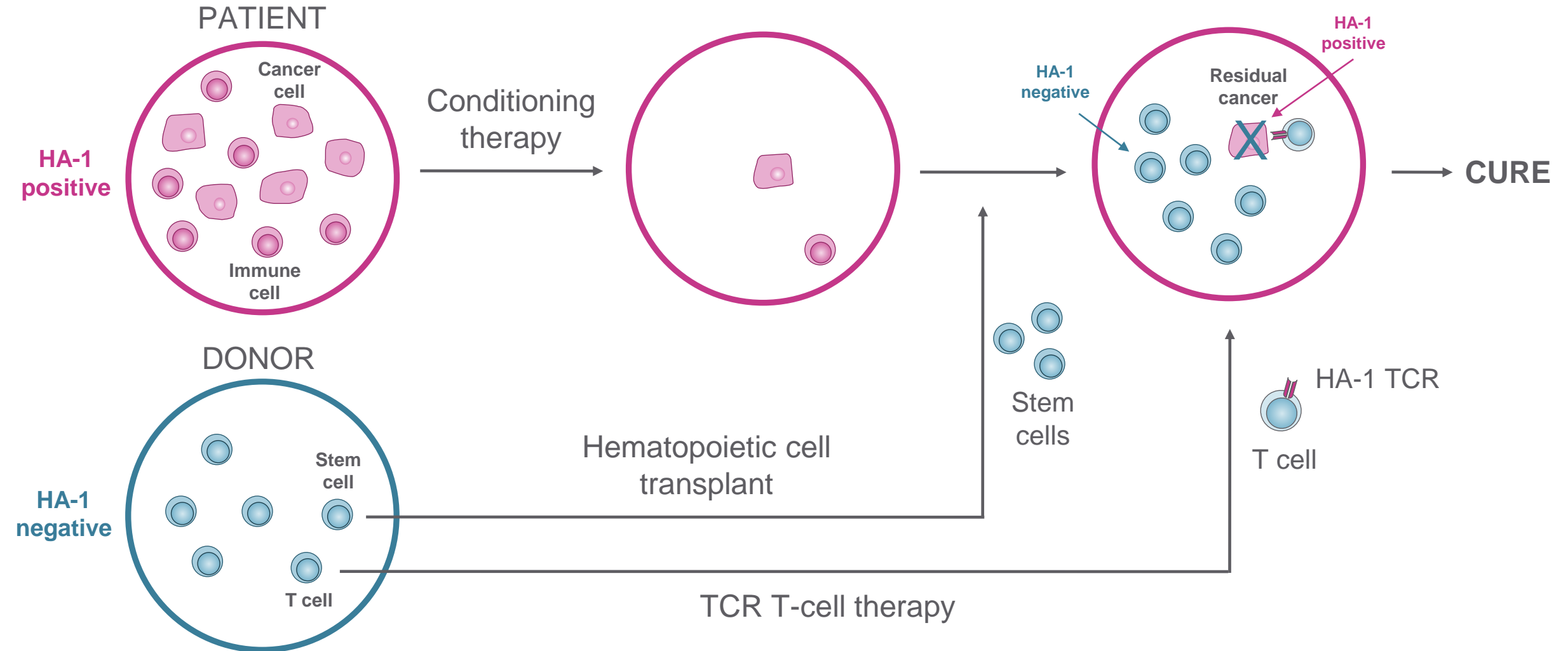
Currently ~7,000 patients annually in the U.S. undergo allogeneic transplant

Transplant use has been increasing ~7% per year for the past 20 years

Market anticipated to grow as novel agents bring more patients to remission, qualifying them for HCT

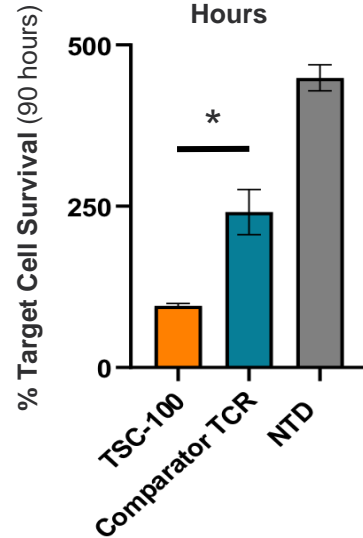
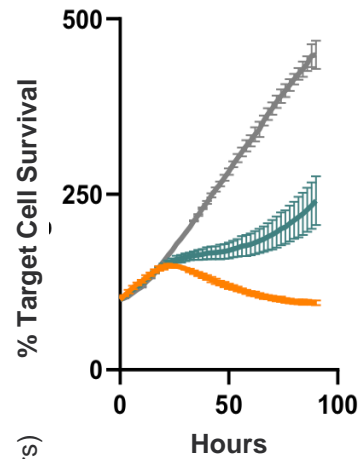
If successful, physicians may transplant patients that aren't in complete remission, further expanding the market

Eliminate residual cancer by targeting blood-specific antigens



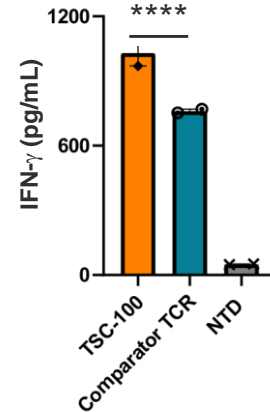
TSC-100 has superior activity relative to comparator HA-1 TCR

Cytotoxicity

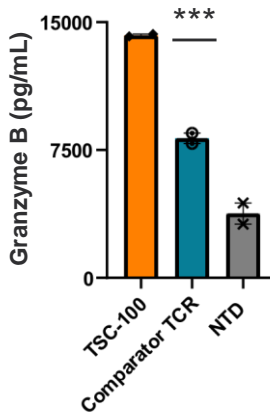


Cytokine Production

Interferon- γ

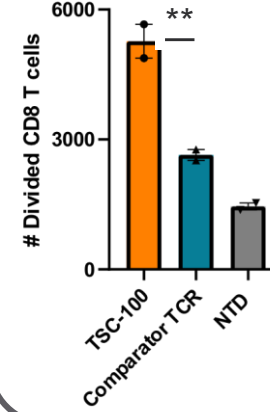


Granzyme B

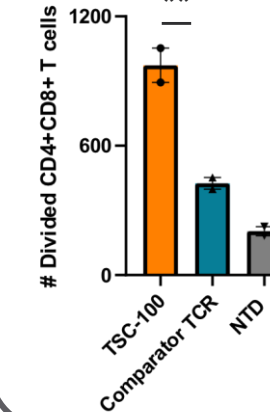


T Cell Proliferation

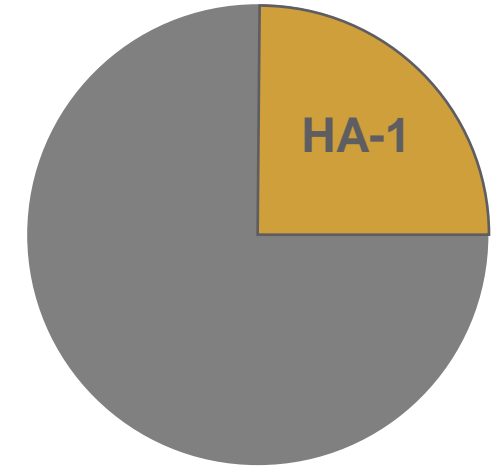
CD8⁺ T cells



CD4⁺ T cells

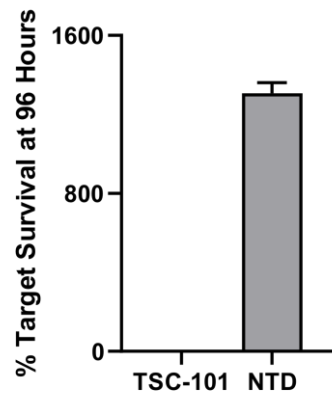
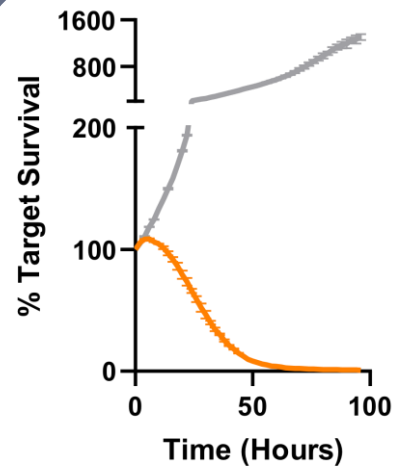


HA-1-positive
25% of allo-HCT

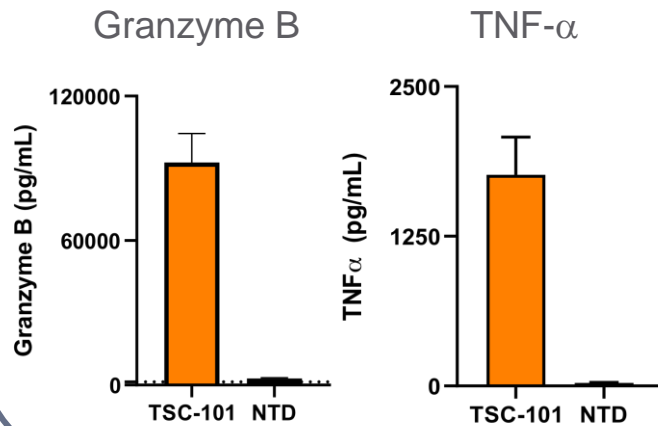
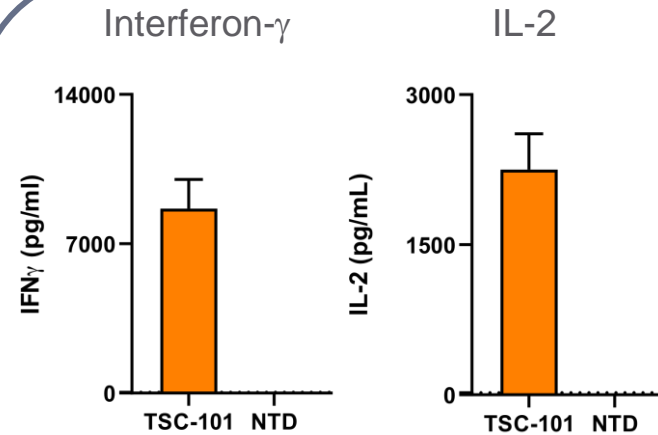


TSC-101 is highly active and comparable to TSC-100

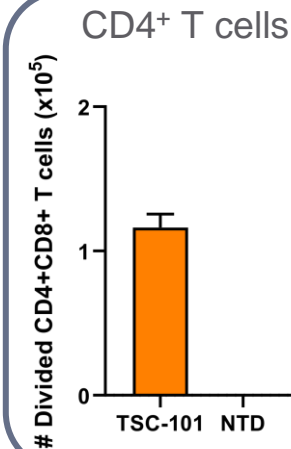
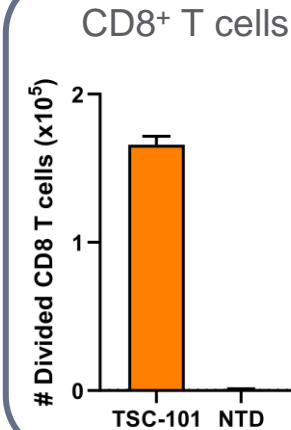
Cytotoxicity



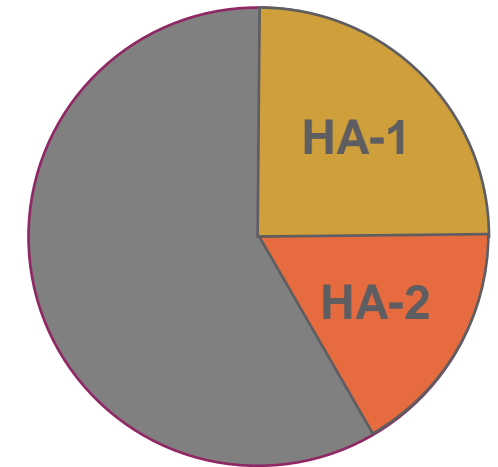
Cytokine Production



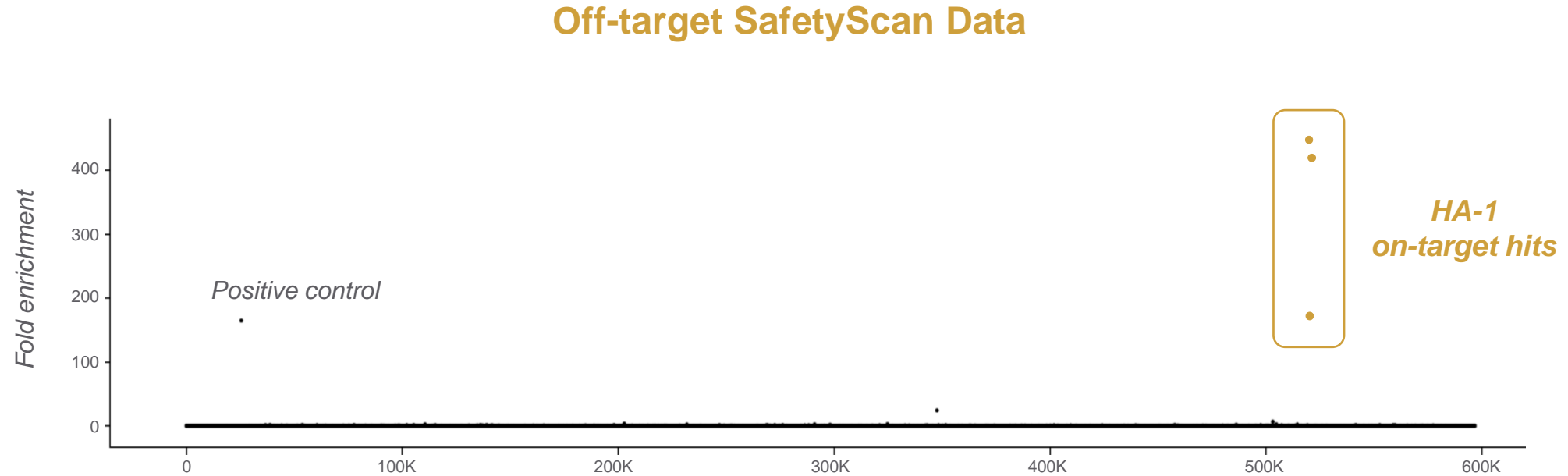
T cell Proliferation



HA-1- or HA-2-positive
40% of allo-HCT



TSC-100 SafetyScan screen shows no material off-targets



- SafetyScan revealed **no significant off-targets** for the TSC-100 TCR
- TSC-100 demonstrated no cross-reactivity or alloreactivity

Liquid tumor program on track for multi-arm Phase 1 trial

Treatment arms

RIC Haploidentical donor transplant + TSC TCR-T

Patient A*02:01 positive
(~42% US pop)

Patient HA-1 positive
(~60%)

Donor
A*02:01 positive, HA-1 negative
or A*02:01 negative

TSC-100
Monotherapy

Patient HA-1 negative, HA-2 positive
(~40%)

Donor
A*02:01 negative

TSC-101
Monotherapy

Control arm

RIC Haploidentical donor transplant alone

Patient A*02:01 negative
(~58% US pop)

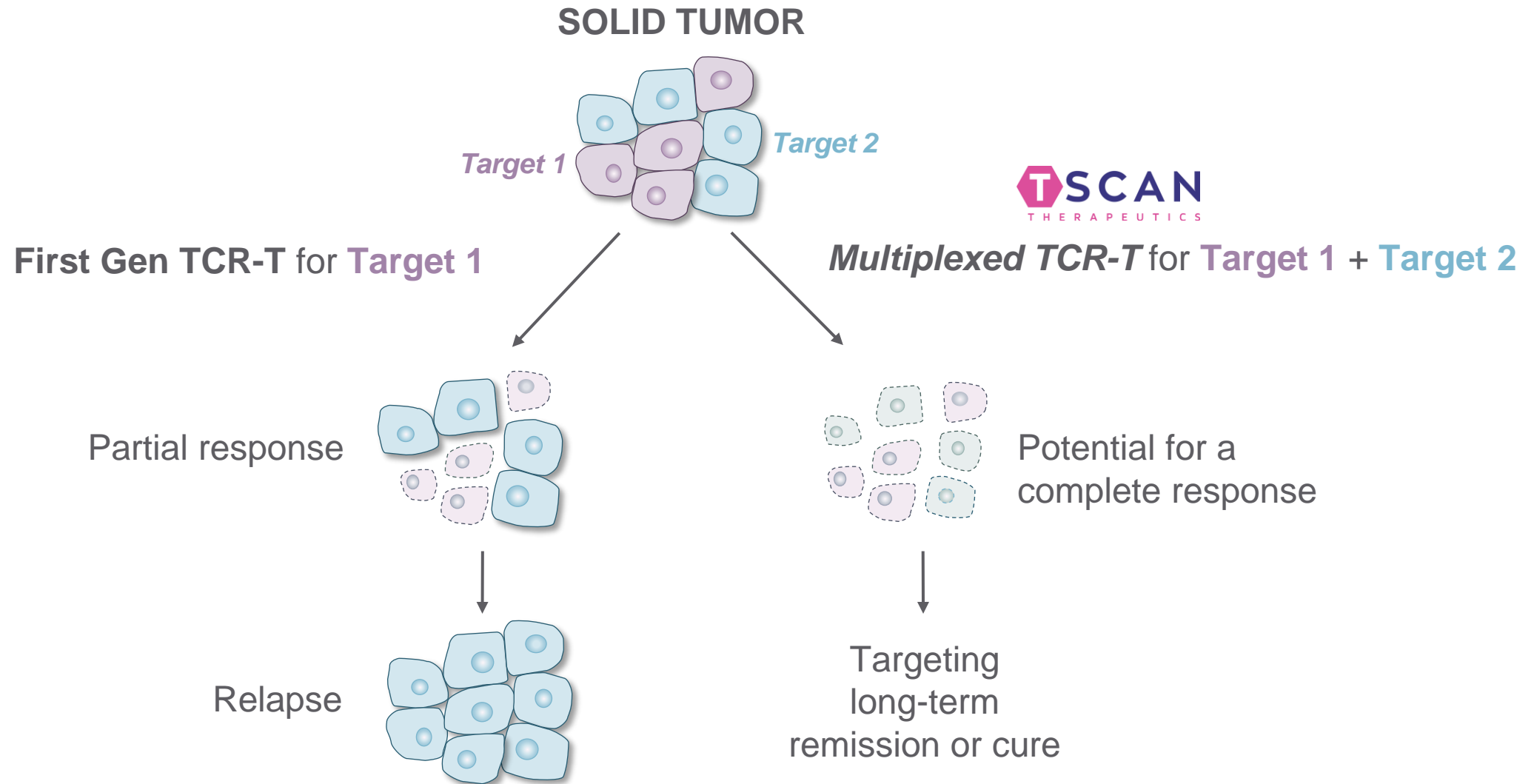
Standard-of-care

Surrogate markers include donor chimerism and minimal residual disease

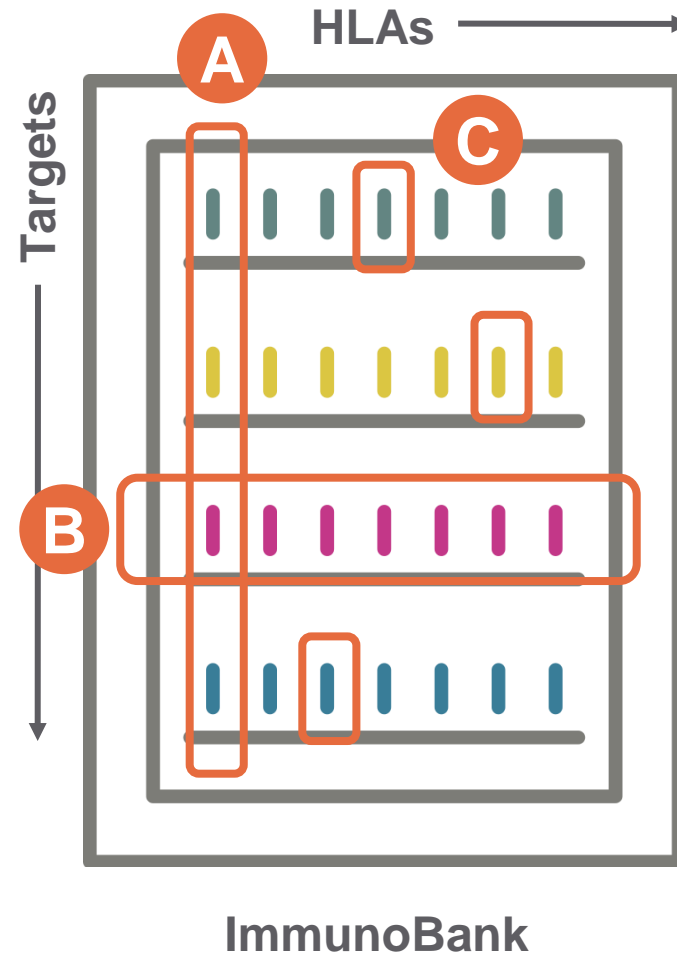
Clinical Programs:

Solid Tumor Program

Multiplexing overcomes the problem of tumor heterogeneity

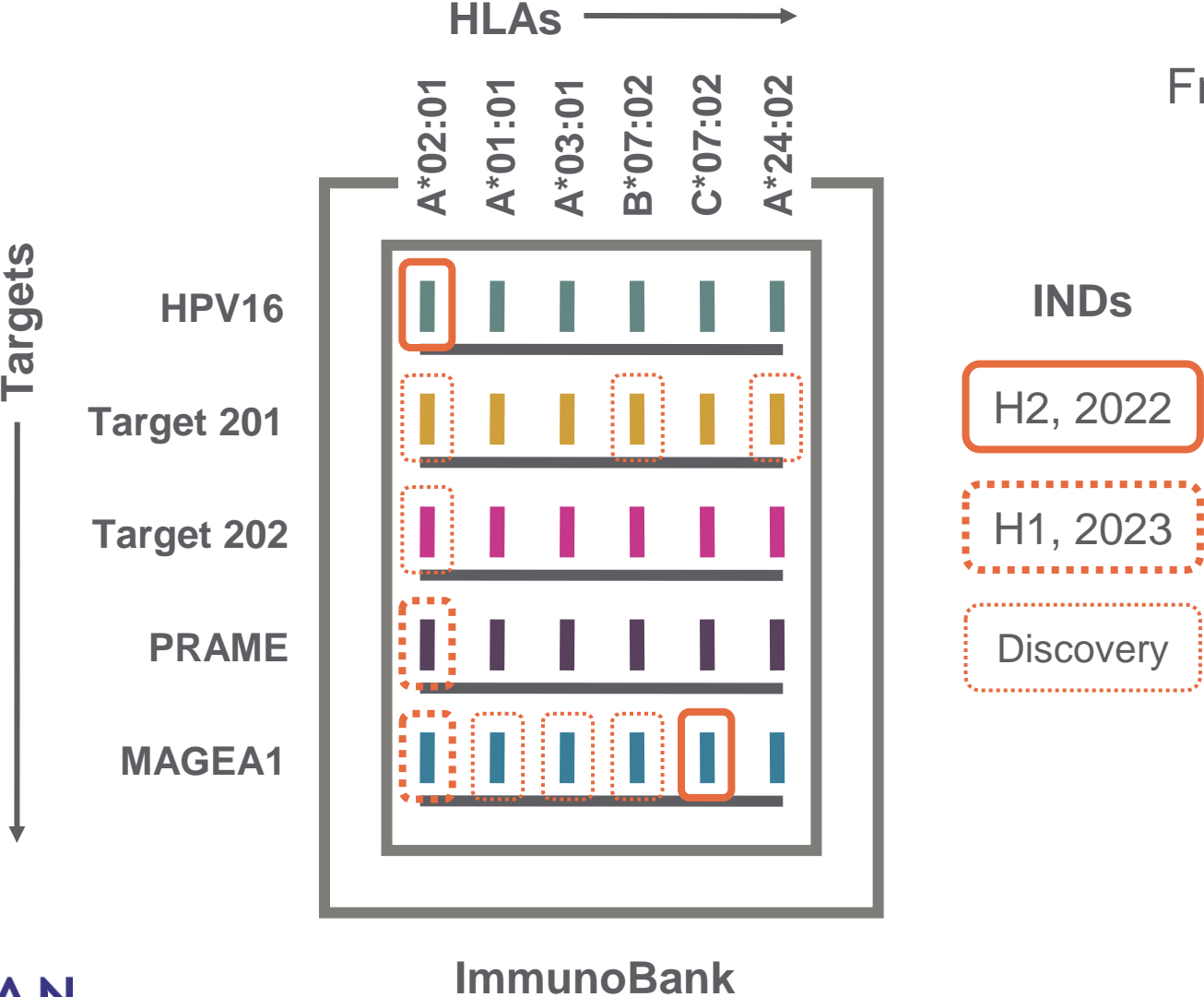


Multiplexing addresses resistance and expands market



- A** Multiplexing across targets addresses the problem of tumor heterogeneity
- B** Multiplexing across HLAs prevents resistance due to HLA loss / mutation
- C** Multiplexing across both is the ultimate solution, but requires a well-populated ImmunoBank

We are building our pipeline to enable multiplexed therapy in solid tumors

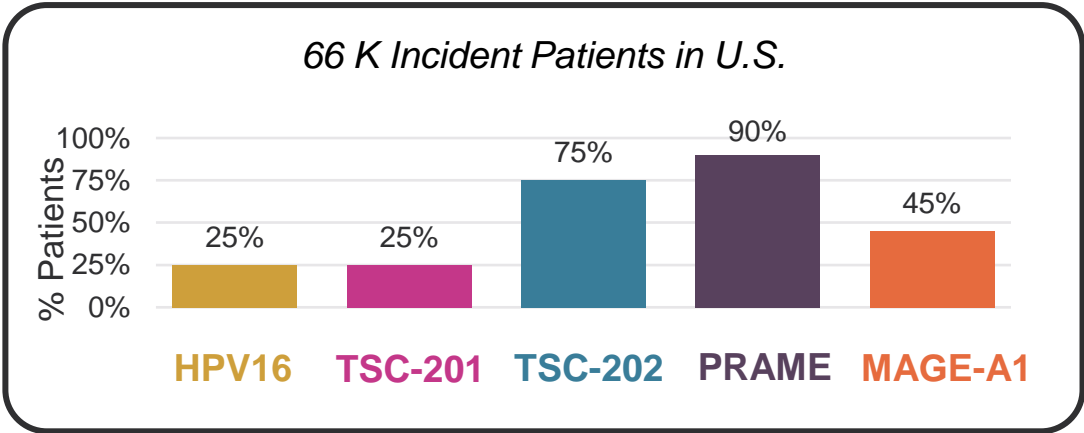


Frequency of HLA positivity in the U.S.

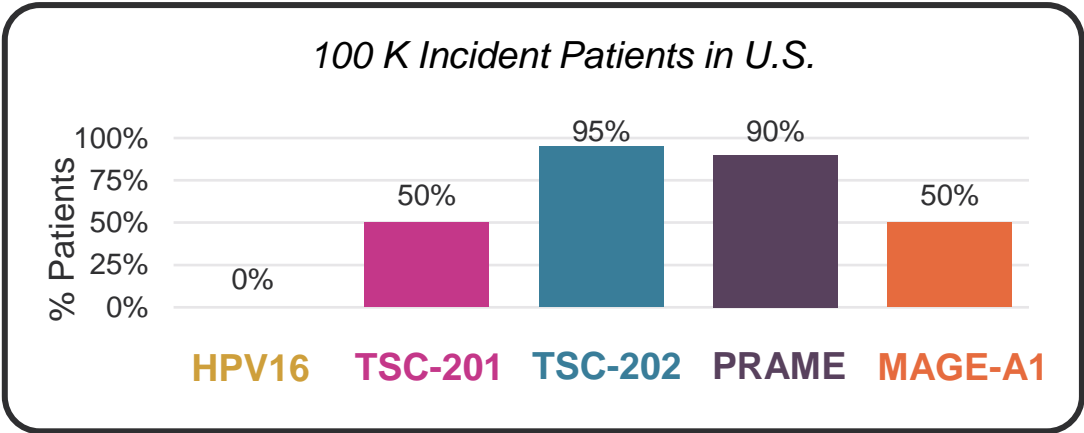
HLA Allele	Population percentage
HLA-A*01:01	23%
HLA-A*02:01	42%
HLA-A*03:01	21%
HLA-A*11:01	12%
HLA-A*24:02	16%
HLA-B*07:02	20%
HLA-C*04:01	25%
HLA-C*07:01	27%
HLA-C*07:02	25%

Programs address major unmet needs in ‘hot’ solid tumors

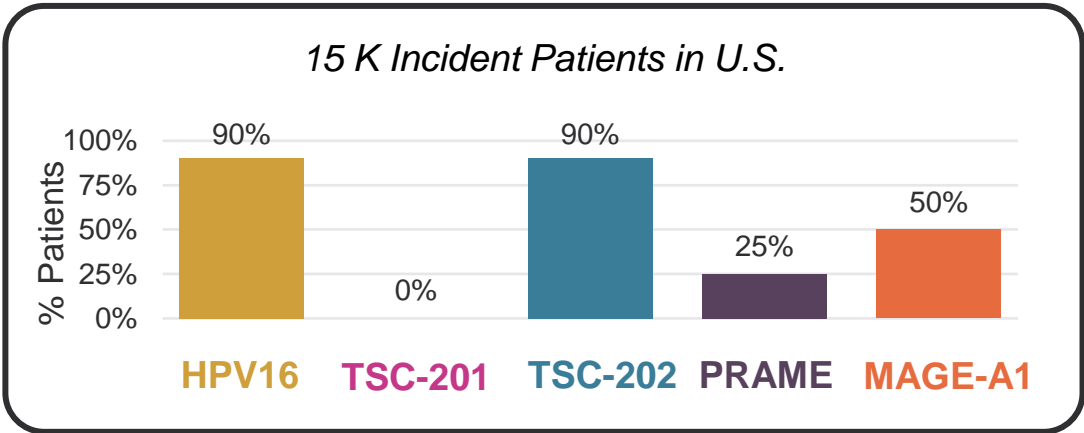
Head & Neck



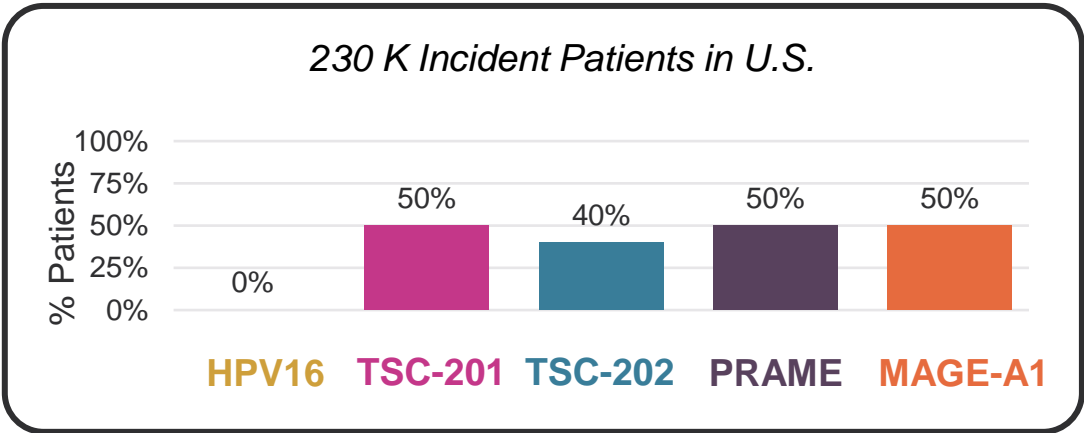
Melanoma



Cervical (Uterine cervix)



NSCLC

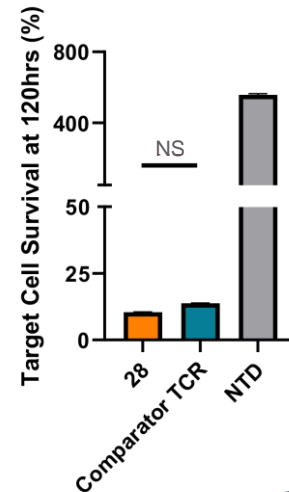
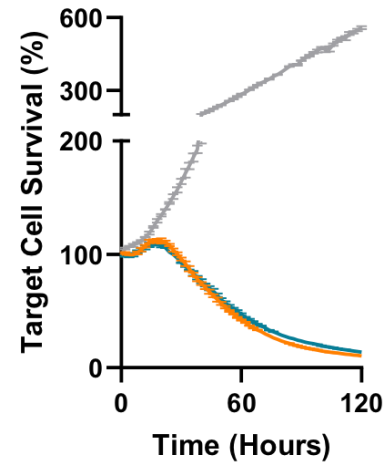


HPV TCR shows superior activity vs. comparator TCR

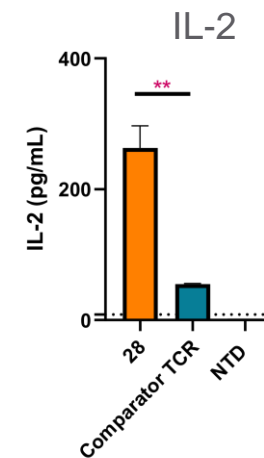
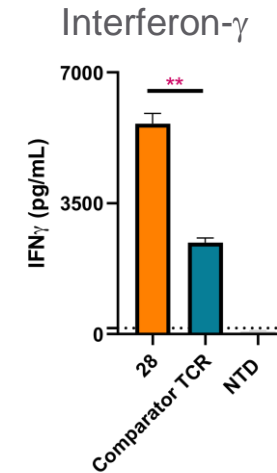
TSC-200

- HPV is an oncogenic virus found in many solid tumors
- A Phase I trial at the NCI showed an ORR of 50% with a single HPV TCR
- TScan will develop TSC-200 as an *enhanced* TCR-T cell product

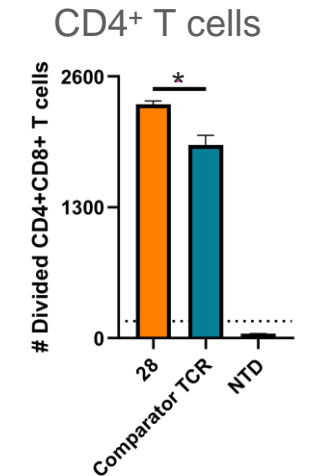
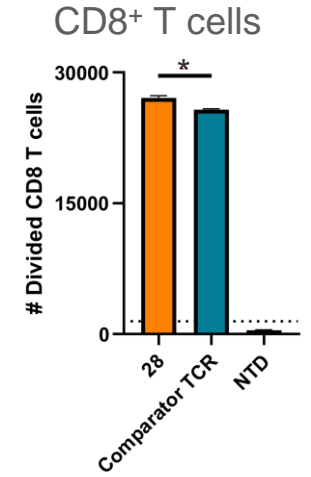
Cytotoxicity



Cytokines



T cell proliferation

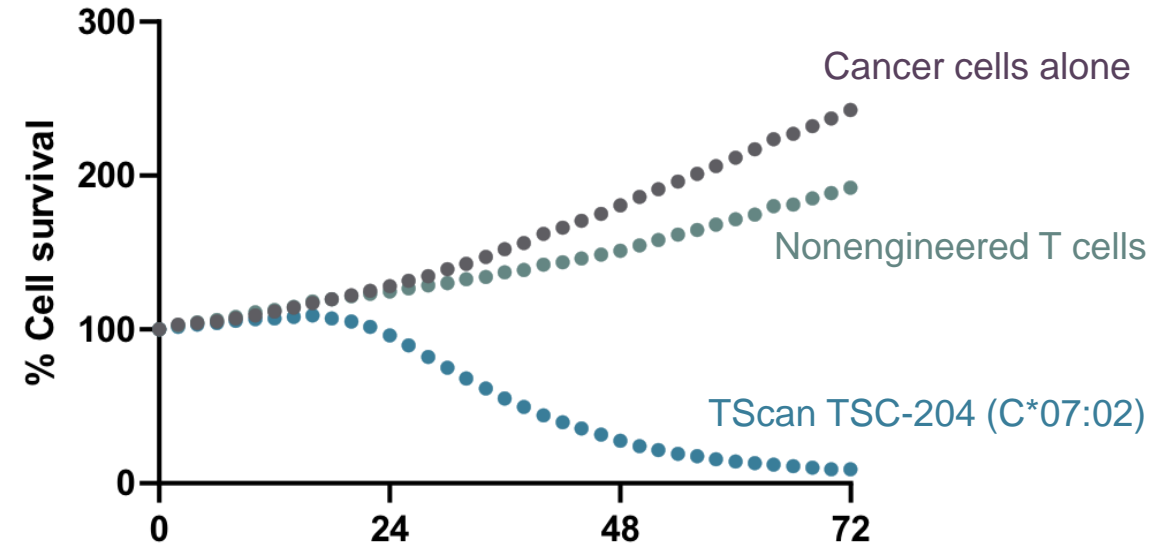


MAGE-A1 TCR discovered from patient responding to ICI Rx

TSC-204

- Discovered from a patient with Head & Neck cancer who responded to immunotherapy
- MAGE-A1 is a cancer testis antigen expressed in many solid tumors
- TSC-204 recognizes a *novel antigen* for a common HLA type (C*07:02)
- Phase I trials of MAGE-A1 TCRs show promising response rates

Cytotoxicity



TScan is expanding MAGE-A1 program to include *additional HLA types*

TScan highlights

