



## Corporate Presentation

January 2026



# Forward-Looking Statements

This presentation contains “forward-looking” statements within the meaning of applicable securities laws, including the Private Securities Litigation Reform Act of 1995. Forward-looking statements may be identified by words such as “anticipated,” “designed to,” “could,” “expected,” “may,” “potentially,” and “would,” or the negative of these and similar expressions.

These forward-looking statements, which are based on our management’s current expectations and assumptions and on information currently available to management, including information provided or otherwise publicly reported by our licensed partners, include statements regarding the market opportunities with respect to lasme-cel (and the assumptions on which such determinations are based, including with respect to addressable populations and potential pricing), the potential of the phase 2 study to be a registrational phase, the advancement, timing and progress of clinical trials (including with respect to patient enrollment and follow-up), the timing of our presentation of data and submission of regulatory filings (including, without limitation, the date of BLA filing), the operational capabilities of our manufacturing facilities, the sufficiency of cash to fund operations, the potential benefit of our product candidates and technologies, and the financial position of Collectis.

These forward-looking statements are made in light of information currently available to us and are subject to numerous risks and uncertainties, including with respect to the numerous risks associated with biopharmaceutical product candidate development. Among these risks are significant risks that the phase 1 or preliminary data of our clinical trials may not be validated by data from later stage of clinical trials and that our product candidates may not receive regulatory approval. Particular caution should be exercised when interpreting the results from phase 1 studies and results relating to a small number of patients, such results should not be viewed as predictive of future results.

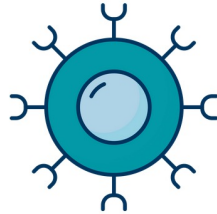
With respect to our cash runway, our operating plans, including product development plans, may change as a result of various factors, including factors currently unknown to us. Furthermore, many other important factors, including those described in our Annual Report on Form 20-F and the financial report (including the management report) for the year ended December 31, 2024 and subsequent filings Collectis makes with the Securities Exchange Commission from time to time, as well as other known and unknown risks and uncertainties may adversely affect such forward-looking statements and cause our actual results, performance or achievements to be materially different from those expressed or implied by the forward-looking statements. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

# Collectis' Leadership Position in Cell & Gene Therapy



## BEST-IN-CLASS GENE EDITING PLATFORM

Backed by Strong IP and  
Know-How



## INNOVATIVE ALLOGENEIC CAR-T

5 ongoing clinical  
programs\*  
300+ patients treated\*\*



## END-TO-END IN-HOUSE MANUFACTURING



## STRONG PARTNERSHIPS

Diversified Financial  
Upsides



# Collectis Partners with Industry Leaders

## Cash Position

**\$225M\***

as of September 30, 2025

Expected runway  
into H2 2027

**Partnerships with industry leaders:  
\$6bn potential milestones + royalties**

**SERVIER**  
*moved by you*

 **Allogene**  
THERAPEUTICS

**IOVANCE**

**AstraZeneca** 

# TALEN® is Best-in-class Gene Editing

**SAFE**

**Low genotoxicity and off-target\***



## NUCLEASE

Gene replacement, correction, insertion

**PRECISE**

**Targets precisely any DNA**



## BASE EDITORS

Gene editing without CRISPR-associated genotoxicity

**EFFICIENT**

**High editing efficiencies (up to 100%)**

**VERSATILE**

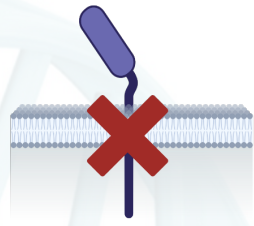
**Vectorized into mRNA**



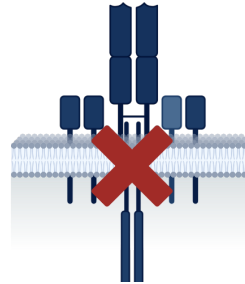
## GENE MODULATORS

Gene activation or inactivation without DNA alteration

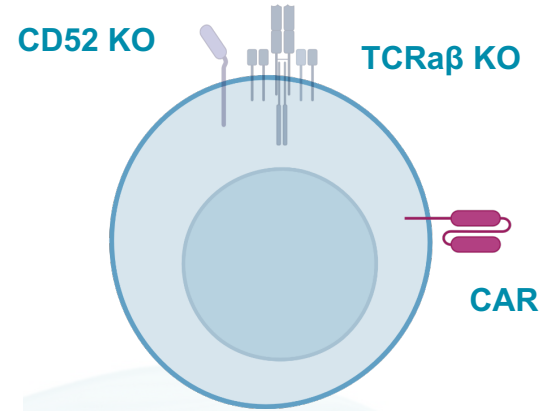
# UCART Design



**CD52 KO**  
Resistance to  
anti-CD52 abs

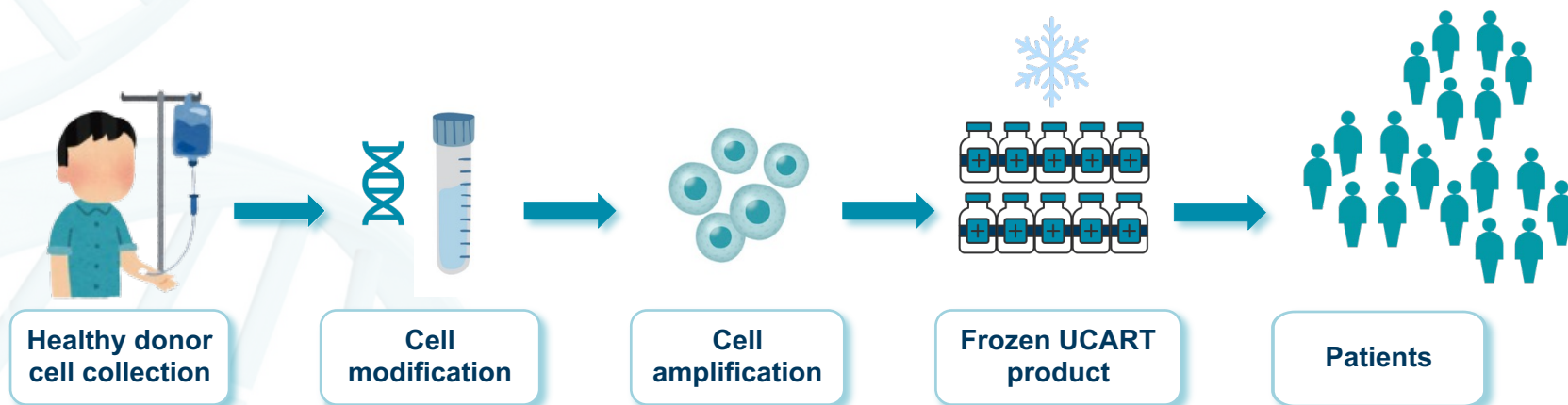


**TCRa $\beta$  KO**  
Minimizes risk  
of GvHD



**CAR-T cell**

# Allogeneic CAR-T: Unlocking a Scalable Industrial Approach



## Scalable Manufacturing

1 batch = 100s doses  
Scalable to 1000s doses



## Off-The-Shelf

Immediate access and  
attractive gross margins

# Fully Integrated Manufacturing



## Paris, France

### *CMC Development, Starting Materials*

- ✓ Process & analytical development
- ✓ Starting materials manufacturing:
  - Buffers,
  - Plasmids,
  - mRNA,
  - Viral vectors,
  - & QC testing
- ✓ Cryogenic storage rooms
- ✓ EU supply chain & logistics



## Raleigh, NC

### *UCART – Clinical & Intended Ready Site*

- ✓ UCART GMP manufacturing
- ✓ QC testing labs
- ✓ Cryogenic storage rooms
- ✓ U.S. supply chain & logistics






## Allogeneic CAR-T



**Scalable  
Manufacturing  
Controlled CoGs**



# Advancing an Industry-Leading Pipeline

STUDY	INDICATION	PRECLINICAL	PHASE 1	PHASE 2 <sup>1</sup>	UPCOMING EXPECTED MILESTONE
<b>BALLI-01</b> Lasme-cel (CD22)	B-ALL				Pivotal Phase 2 first interim analysis expected in Q4 2026
<b>NATHALI-01</b> Eti-cel (CD20, CD22)	NHL				Full Phase 1 dataset expected in Q4 2026
<b>ALPHA 3</b> Cema-cel (CD19) <sup>2</sup>	LBCL				 
<b>TRAVERSE<sup>3</sup></b> ALLO-316 (CD70)	RCC				
<b>IOV-GM1-201</b> <b>IOV-4001</b>	Melanoma				

Fully Owned

Licensed Partners

1. Phase 3 may not be required if Phase 2 is pivotal. According to Allogene, ALPHA3 is a pivotal Phase 2 trial.
2. cemacabtagene ansegedleucel has been developed under a collaboration agreement between Servier and Allogene based on an exclusive license granted by Collectis to Servier. Servier grants to Allogene exclusive rights to cemacabtagene ansegedleucel in the U.S., EU and UK. The ALPHA3 study targets Large B-Cell Lymphoma (LBCL).
3. ALLO-316 utilizes TALEN® gene-editing technology pioneered and owned by Collectis. Allogene has an exclusive license to the Collectis technologies for allogeneic products directed at the CD70 target. Allogene holds global development and commercial rights for this investigational candidate.

# Lasme-cel and Eti-cel Differentiated Positioning

## Post-CD19 CAR-T autologous treatments



KITE-363/ KITE-753  
CD19/CD20



JNJ-4496  
CD19/CD20



AUTO 1/22  
CD19/CD22



Ronde-cel  
CD19/CD20

## Post-CD19 CAR-T allogeneic treatments



P-CD19CD20-ALLO1  
CD19/CD20



- **CD20 & CD22:** Differentiated targets validated in oncology
- **Lasme-cel:** Best-in-class allogeneic CD22 CAR-T for B-ALL.
- **Eti-cel:** Unique allogeneic dual CAR-T product targeting CD20 & CD22
- **High unmet need** persists for effective r/r B-ALL and NHL treatments



## Lasme-cel for patients with relapsed or refractory B-ALL



Lasme-cel is not FDA approved

# B-ALL: an Unmet Medical Need



## B-CELL ACUTE LYMPHOBLASTIC LEUKEMIA

- **1L treated population:** ~9,200 Patients (US, EU4, UK)\*  
High relapse in adults

## CHALLENGES WITH EXISTING TREATMENTS

- **Chemotherapies:** Lead to high relapse rate in adults
- **ADCs have a limited effect:** Low antigen expression
- **CD19-directed therapies:** ~50% relapse\*\*
- **Therapies based on patient T-cells:** When patients' T-cells are unfit or scarce, autologous CAR-T, *in vivo* CAR-T and T-cell engagers perform less effectively

# Why an Allogeneic CD22 CAR-T cell Product for r/r B-ALL?



## **Allogeneic CAR-T Starts with Healthy-donor T Cells**

Healthier and less exhausted than autologous cells from heavily pretreated patients



## **Off-the-Shelf is designed for “Speed” – in B-ALL Every Day Counts**



## **Standardized, Repeatable Quality**

All patients would get the same product



## **CD22 Complements/Preempts CD19 (CD19-naïve and post-CD19)**

Engaging CD22 could potentially rescue CD19 failures



# Poor Response Rates after Targeted Therapy Failure<sup>1</sup>

After targeted therapy failure, salvage chemo yields low ORR and MRD:

High unmet  
need in heavily  
pretreated  
patients

 **BLINCYTO**<sup>®</sup>  
(blinatumomab)

Post Blina failure

**ORR <20%**  
**MRD-ve <10%**

 **BESPONSA**<sup>®</sup>  
inotuzumab ozogamicin  
AUCUCIN  
PROLIFERATION  
0.9 mg single-dose vial

Post Ino failure

**ORR <10-15%**  
**MRD-ve <5-10%**

 **KYMRIAH**<sup>®</sup>  
(tisagenlecleucel) Suspension  
for IV infusion

 **TECARTUS**<sup>®</sup>  
(brexucabtagene autoleucel) Suspension  
for IV infusion

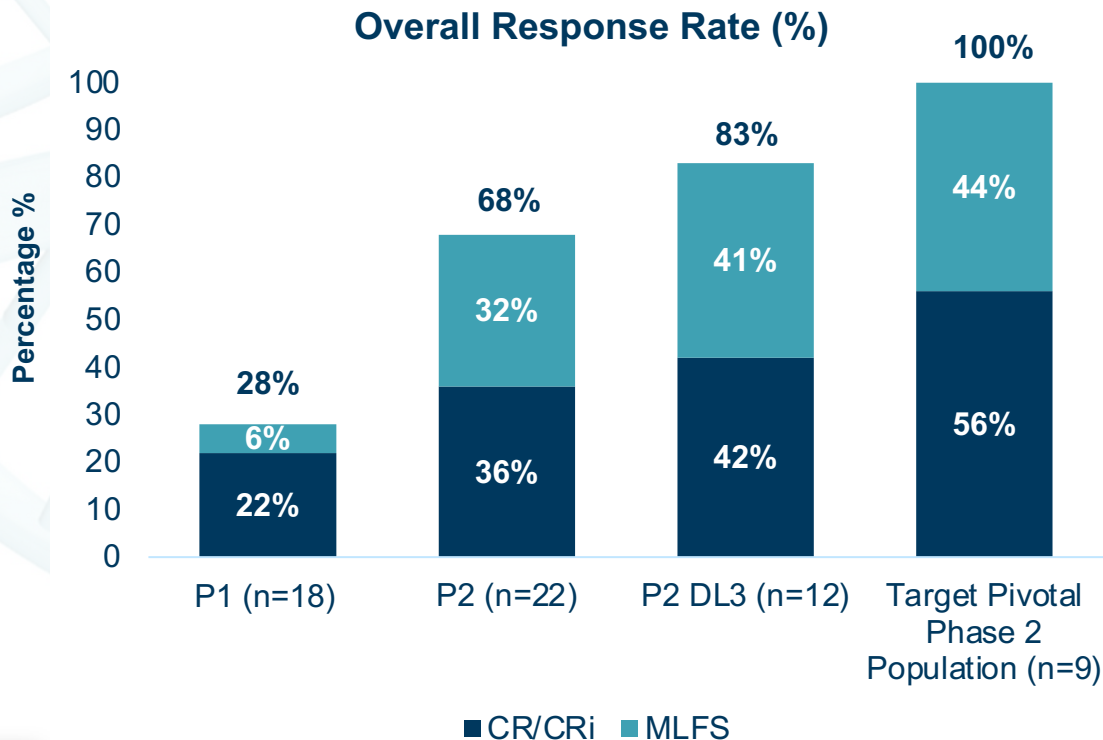
Post CAR-T failure

**ORR <10%**  
**MRD-ve <5%**

# BALLI 01 | Demographic and Baseline Characteristics

	DL3 P2		All Subjects
	(n=12)	Age ≤ 50 (n=9)	Total (n=40)
<b>Age (yrs), median (range)</b>	<b>27 (16 - 66)</b>	<b>23 (16 - 45)</b>	<b>27 (16 - 68)</b>
<b>Sex, n (%)</b>			
Male	5 (41.7)	3 (33.3)	22 (55)
Female	7 (58.3)	6 (66.7)	18 (45)
<b>ECOG PS, n (%)</b>			
0	5 (41.7)	4 (44.4)	14 (35)
1	6 (50)	4 (44.4)	23 (57.5)
Missing	1 (8.3)	1 (11.1)	3 (7.5)
<b>Number of prior treatments, median (range)</b>	<b>5 (2 - 11)</b>	<b>5 (4 - 11)</b>	<b>4 (2 - 11)</b>
Prior HSCT, n (%)	4 (33.3)	4 (44.4)	18 (45)
Prior inotuzumab, n (%)	7 (58.3)	5 (55.6)	22 (55)
Prior blinatumomab, n (%)	11 (91.6)	8 (88.9)	32 (80)
Prior CD19 CAR T-cell therapy, n (%)	5 (41.7)	4 (44.4)	20 (50)
<b>Bone Marrow blasts %</b>	<b>62.5 (14 - 91.5)</b>	<b>62.5 (14 - 91.5)</b>	<b>63.25 (1.0 - 99.0)</b>

# High Response Rates in P2 Cohort

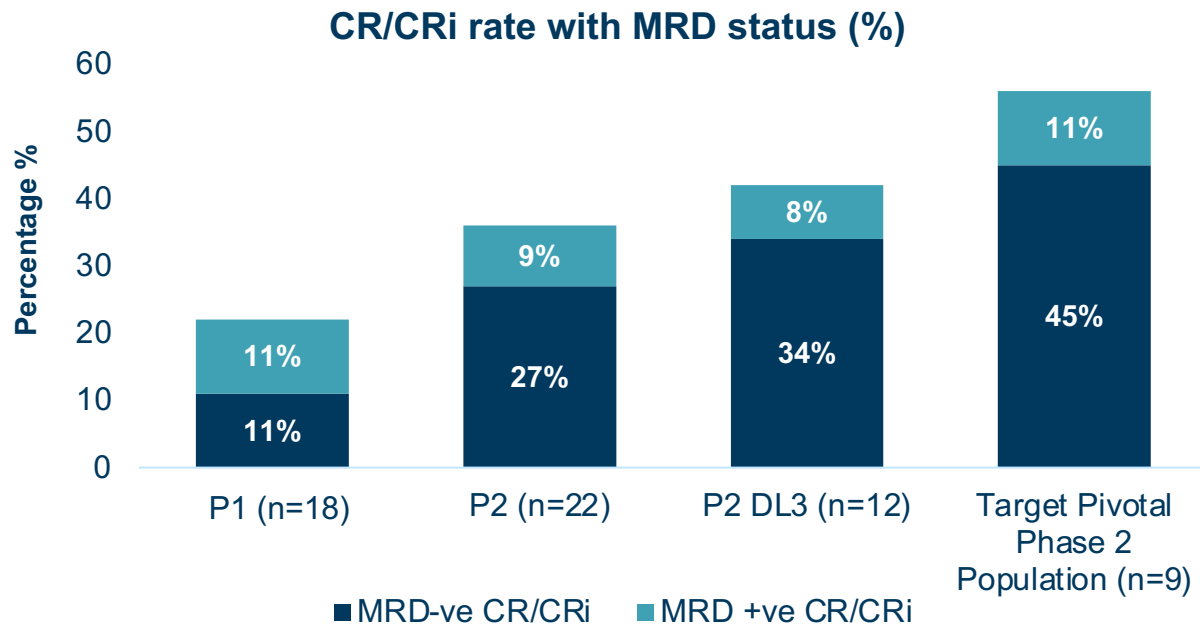


**Collectis manufactured product (P2) is superior to CDMO product (P1)**

**Recommended Phase 2 Dose: DL3**

**Target Phase 2 population:  
DL3 ≤ 50 years**

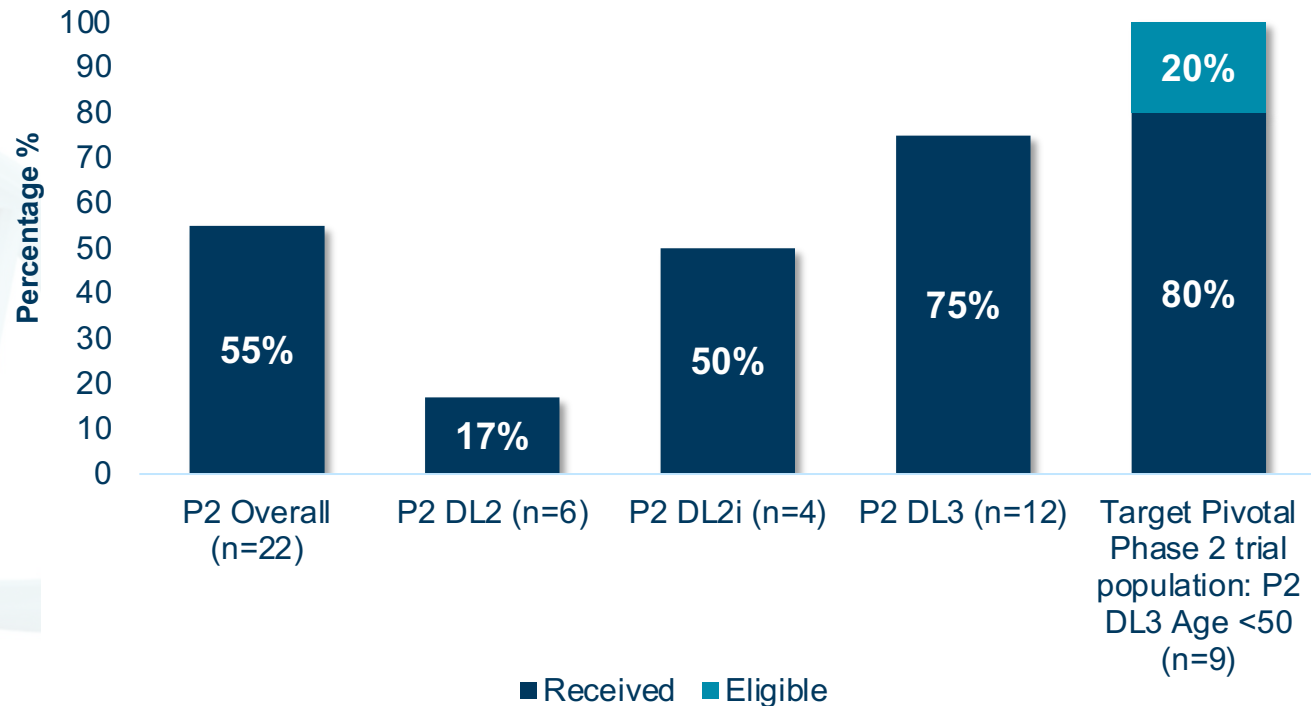
## High Response Rates in P2 Cohort



**In Target Phase 2 population, 80% who achieved CR/CRi were also MRD negative**

# Achieving Transplant: an Important Clinical Outcome

Subjects Who Received or Eligible for HSCT (%)



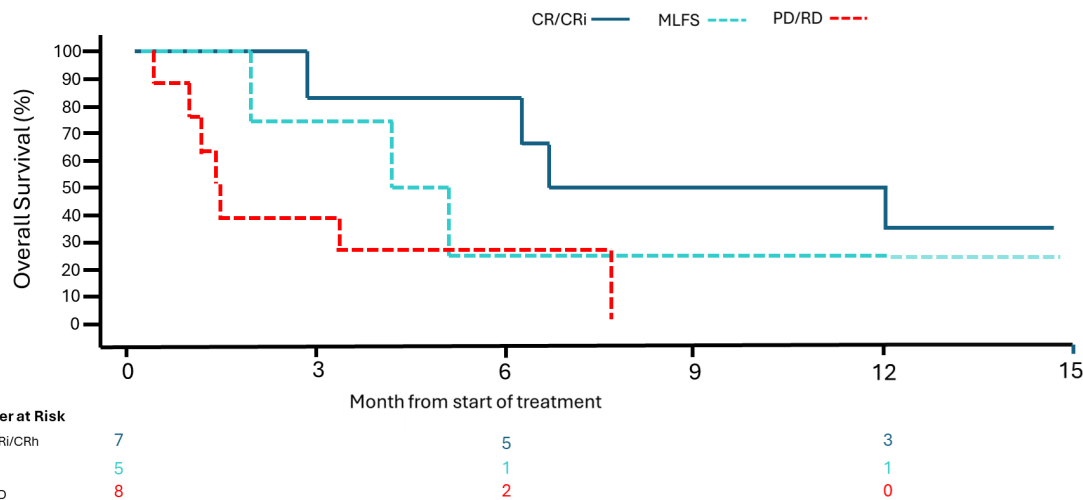
**100%  
Received or  
Eligible for  
HSCT**

**In Phase 2 target  
population**

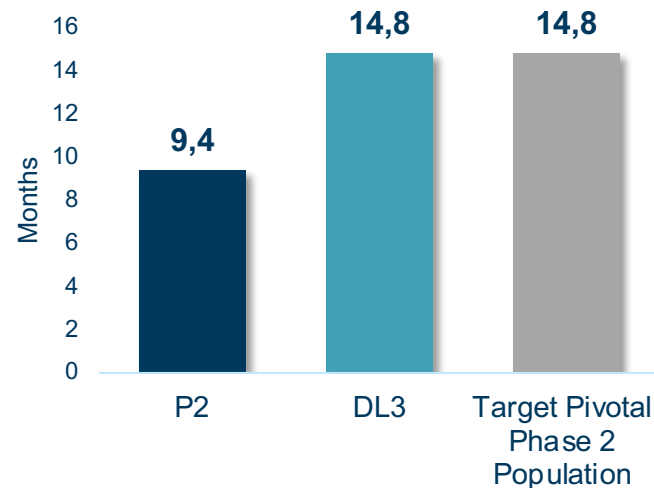


# Improved Survival in Patients Who Responded

## Overall Survival over 12 months by Response



## Median Overall Survival in Subjects who Achieve MRD-negative CR/CRi



**14.8 months**

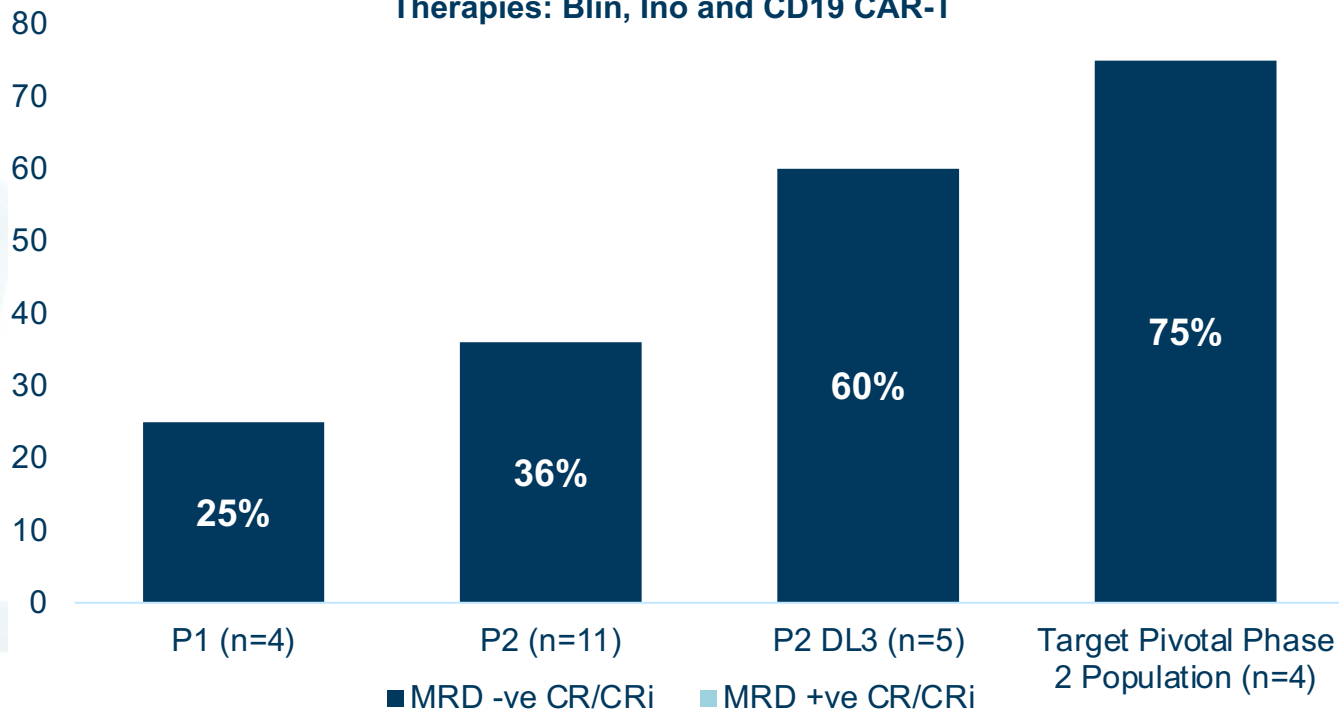
Median overall survival in subjects who achieve MRD-negative CR/CRi

■ P2  
■ DL3  
■ Target Pivotal Phase 2 Population

# High CR/CRi Rates in Patients Exposed to 3 Prior Targeted Therapies: Inotuzumab, Blinatumomab and CD19 CAR-T

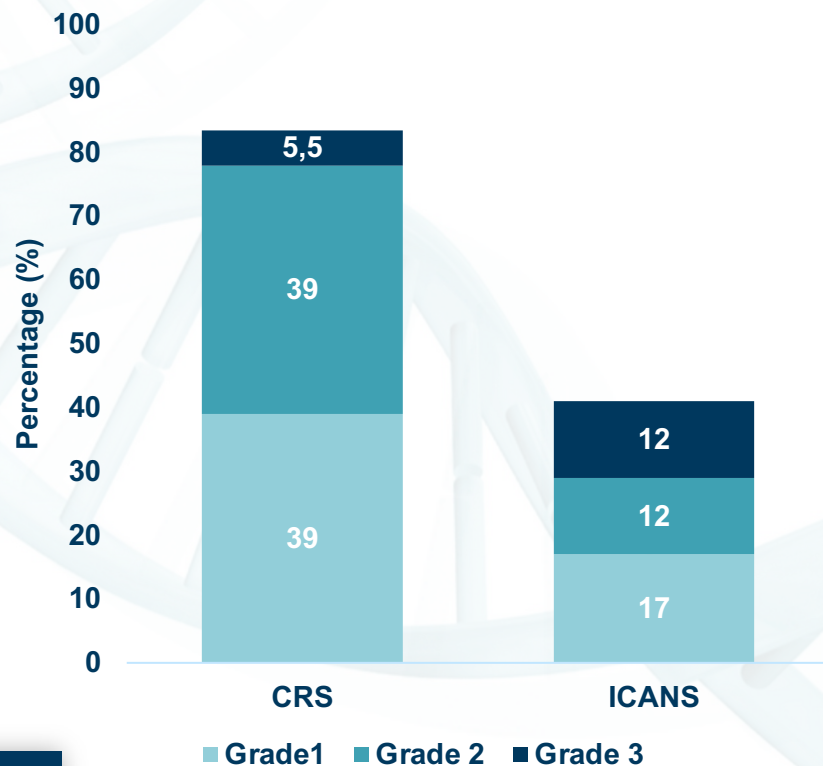
Deep responses if received all 3 available targeted therapies

CR/CRi Rate (in %) in Patients with Prior Exposure to 3 Targeted Therapies: Blin, Ino and CD19 CAR-T

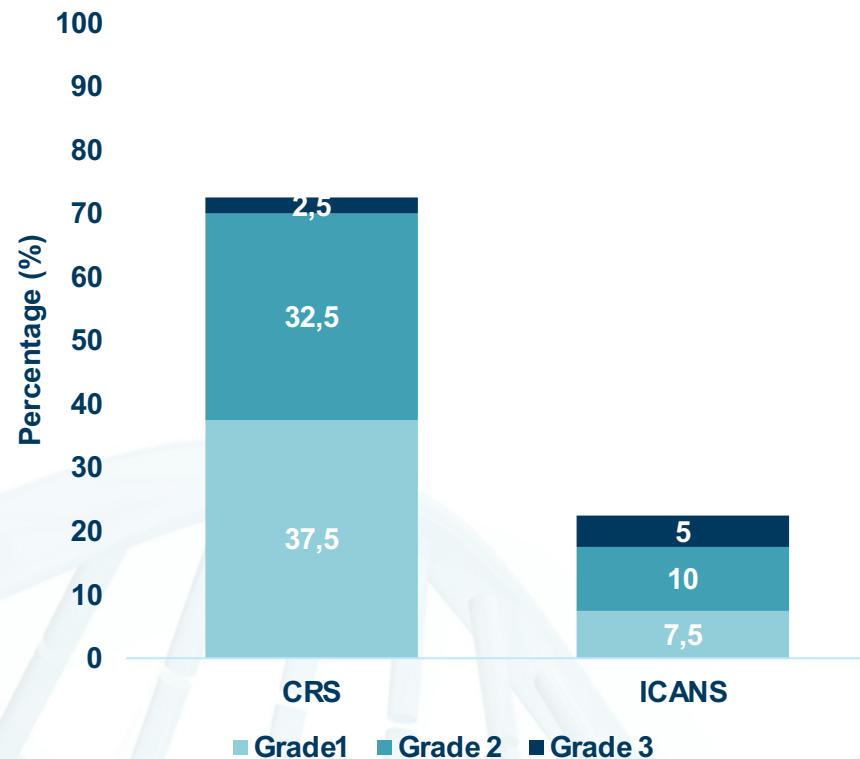


# Low Incidence of Grade $\geq 3$ CRS and ICANS

CRS and ICANS: DL3 (n=18)



CRS and ICANS: Total Population (n=40)



# Study Design: Pivotal Phase 2

**Primary Endpoint:**  
CR / CRi, evaluated within  
3 months (from Day 28 to Day 84)

**Age 12-50 years**

**Recruitment of patients driven by 75 planned study centers in  
North America and Europe**

Interim Analysis 1:  
Dose Optimization

Interim Analysis 2:  
50% pivotal Cohort

Primary Analysis  
for BLA

Overall Survival

LD Optimization

CR / CRi at 3 months

CR / CRi at 3 months

2 year Follow up

Cohort A  
CD22 > 70%

R  
1:1

Arm 1: Alemtuzumab  
Dose 1 + UCART22  
RP2D N=20

Arm 2: Alemtuzumab  
Dose 2 + UCART22  
RP2D N=20

Cohort B  
CD22 < 70%

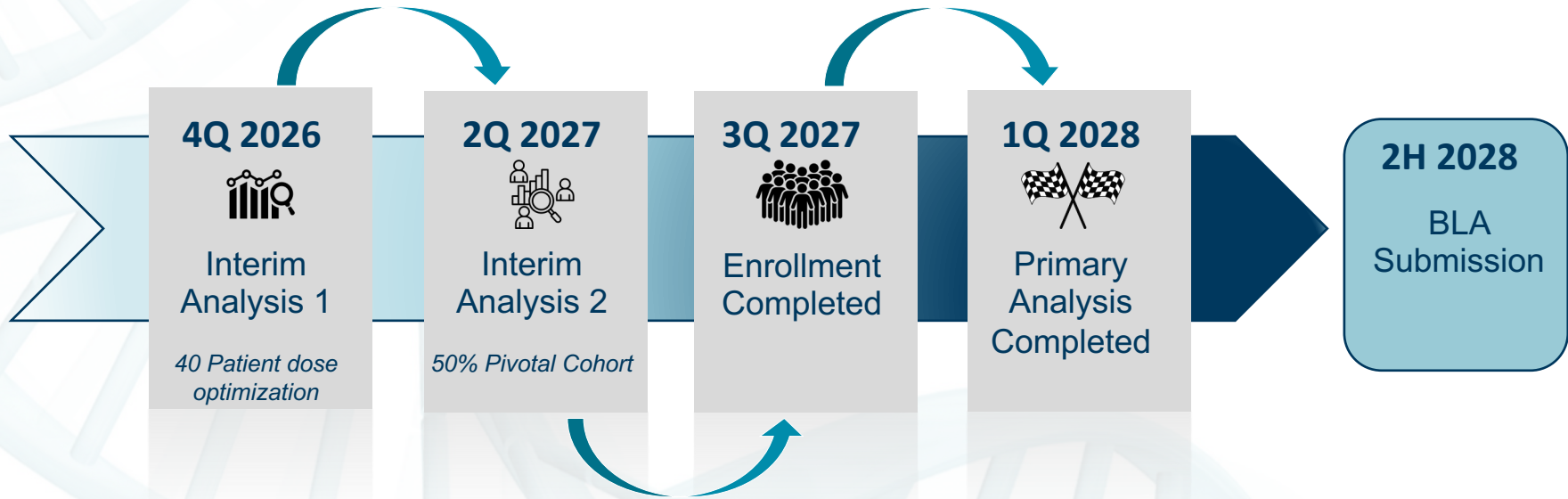
Optimal Alemtuzumab dose + UCART22  
N=80

Optimal Alemtuzumab dose + UCART22  
N=10-15



LD: Lymphodepletion; RP2D: Recommended Phase 2 Dose

# Clear Registration Path to BLA Submission Targeted For 2028: Key Anticipated Milestones

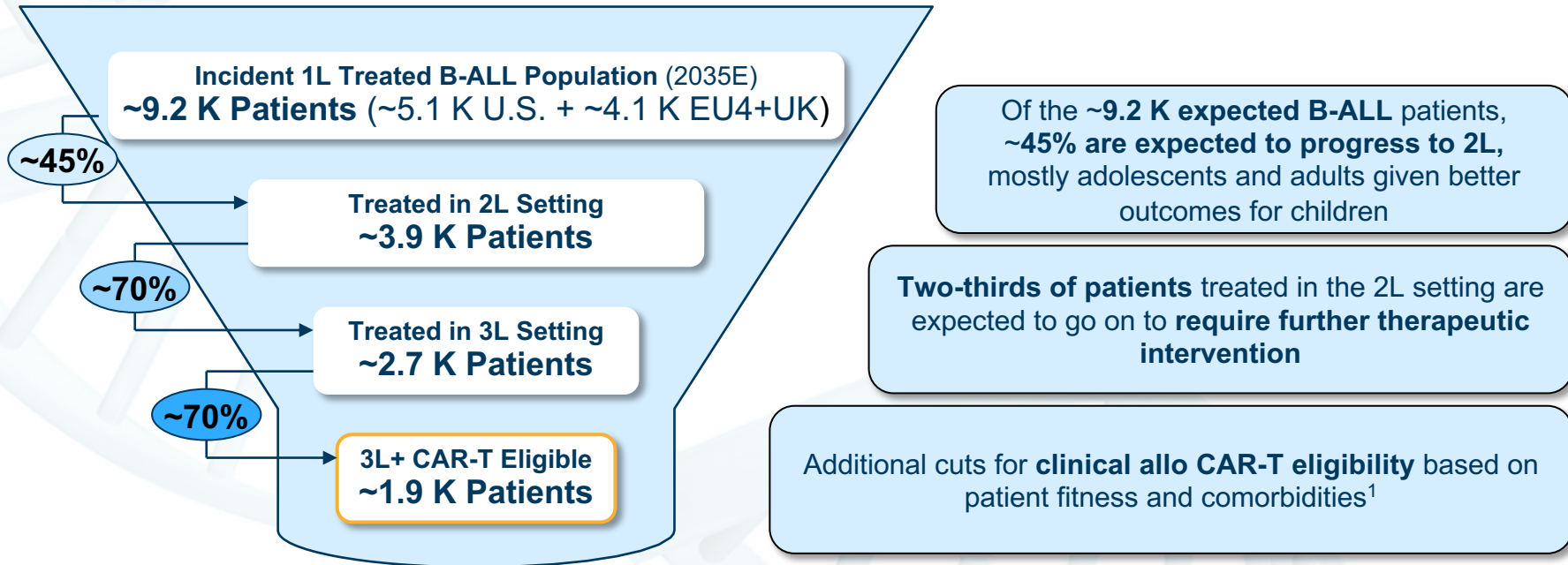


## Multiple Catalysts to 2H 2028



# Lasme-cel Has the Potential to Reach Up To ~1.9 K Addressable 3L+ Patients

## U.S. and EU4+UK 2035E Lasme-cel Addressable Population





Note: Values may not multiply exactly due to rounding.

Source: Joshi. Clin Lymphoma Myeloma Leuk. 2022; Kim. Leukemia & Lymphoma. 2018; Rheingold. Leukemia. 2024; Geyer. JCO. 2025. SEER; ClearView Analysis.

Note: Assumes nearly all pediatric patients and adults under 65 receive treatment, only 60% of adults over 65 receive treatment.

1. In Kymriah ELIANA trial (ages 3-23), 77% of screened patients receive Kymriah or with manufacturing failures; assumes lower real-world clinical eligibility.

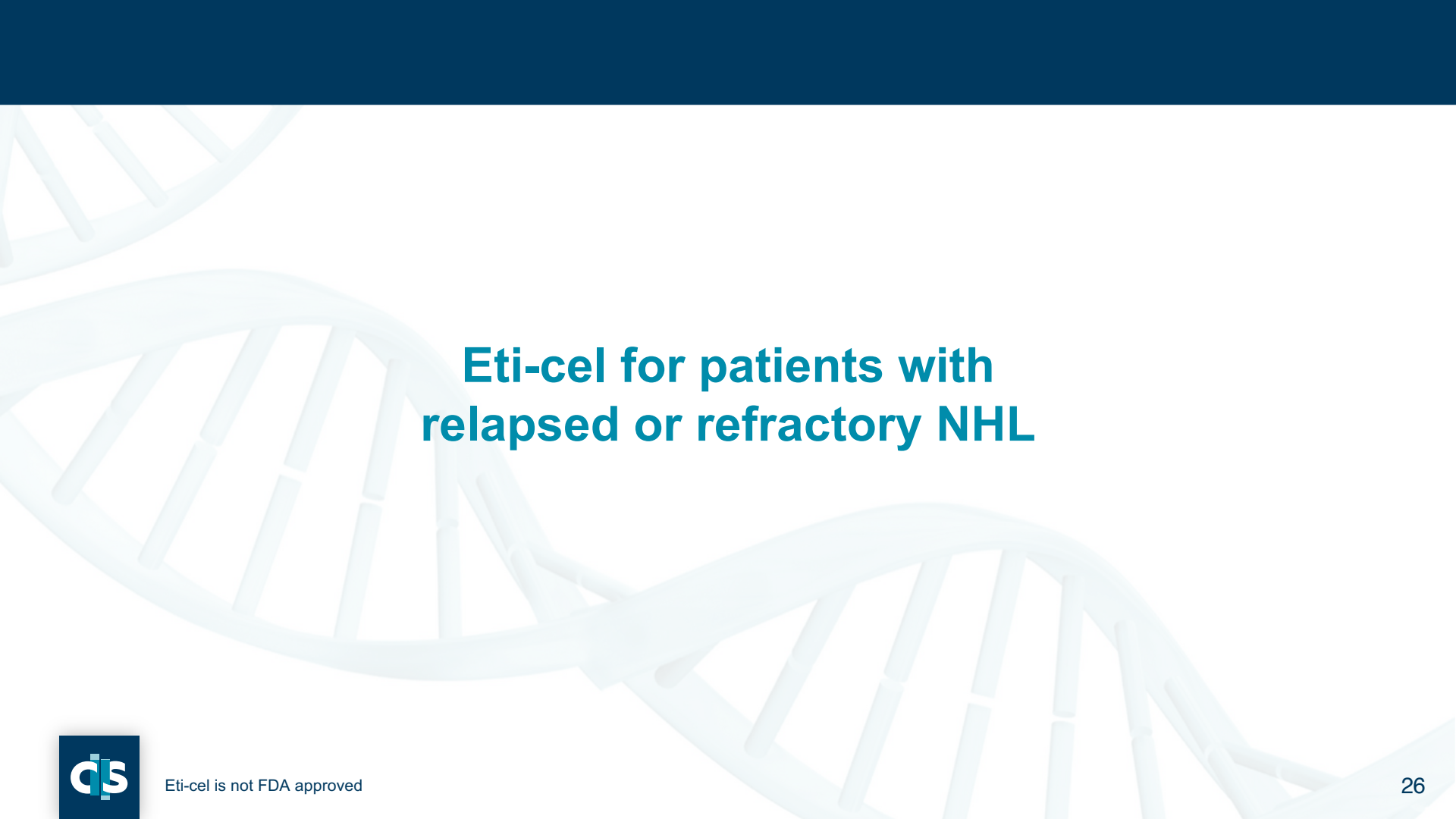
# Lasme-cel Could Achieve Up To ~\$700 M in Peak Gross Sales (U.S., EU4, UK)

Assumption			Source / Rationale
Addressable Patients (#)	~1.1 K	~840	Represents expected 3L CAR-T eligible patients in 2035
	x	x	
Preference Share (%)	~65%	~65%	• Triangulated using physician-reported preferences and average market share of preferred oncology treatment classes with superior efficacy (e.g., PD-1 in NSCLC, PARPi in HRD OC, CAR-T vs HSCT in lymphoma) <sup>1</sup>
	x	x	
Market Access (%)	~90%	~90%	• Based on industry standard assumption in oncology, triangulated with Yescarta access for both the U.S. and EU4+UK
	=	=	
Treated Patients (#)	~620	~490	
	x	x	
Gross Price (\$)	~\$840 K	~\$365 K	• Price anchored on 2025 references for Kymriah, Tecartus, and Aucatzyl (Navlin), with 2035 projections using ~5% CAGR in the U.S. and flat pricing across EU4+UK
	=	=	
Peak Gross Sales (\$)	~\$520 M	~\$180 M	

**2035E Potential Peak Gross Sales (U.S., EU4, UK)**

**Up to ~\$700 M**

Note: Values may not multiply exactly due to rounding. <sup>1</sup>Based on average class share among NSCLC PD-(L)1 inhibitors (48 – 66%), NSCLC Targeted EGFR (~86%) and ALK (~75%) inhibitors, PARP inhibitors in HRD+ ovarian cancer (56 – 63%), and Lymphoma CAR-T (~45%). NSCLC: Non-small Cell Lung Cancer. Source: Carroll. Cancer Treat Res Commun. 2023; Veluswamy. Cancer Med. 2022; Steeghs. Lung Cancer. 2022; Chan. J of Clin Onc. 2022; Chase. Fut Onc. 2025; CIMBTR 2024 Report; Navlin; Physician Interviews; ClearView Analysis.



## **Eti-cel for patients with relapsed or refractory NHL**



Eti-cel is not FDA approved

# Eti-cel: Study Design

## Key inclusion criteria:

- Age 18–80 years
- Mature B-cell NHL except CLL/SLL, Richter's from CLL/SLL, Burkitt's lymphoma, or Waldenstrom's macroglobulinemia
- Tumor positive for CD20 and/or CD22
- Received  $\geq 2$  prior lines including CD19 CAR T if eligible

## Primary objective:

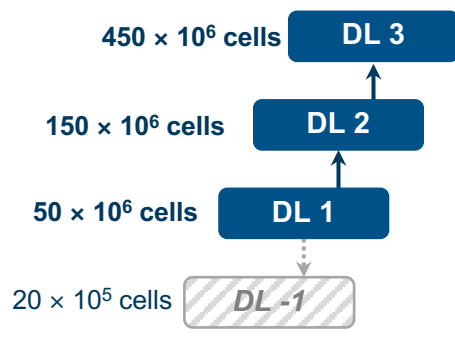
- Safety, tolerability, & MTD/RP2D of Eti-cel

## Additional objectives:

- Investigator-assessed response by Lugano
- Eti-cel expansion in PB
- Immune reconstitution

## Dose Escalation

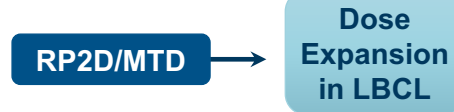
BOIN design • 2-4 pts/cohort



## FCA LD regimen:

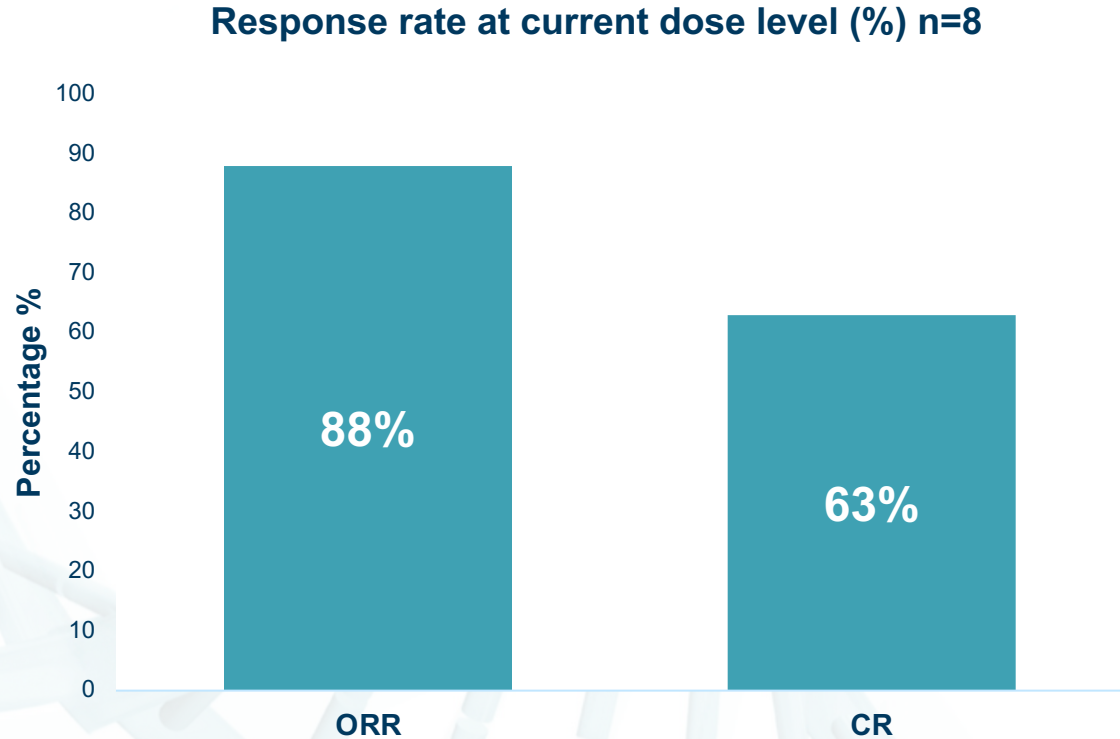
- Fludarabine  $30 \text{ mg/m}^2 \times 3\text{d}$
- Cyclophosphamide  $0.5 \text{ g/m}^2 \times 3\text{d}$
- Alemtuzumab 60 mg total over 3 days

## Dose Expansion



# Eti-cel: High Response Rates in R/R NHL

**5/8 CR at  
Current  
dose level**



**Presented at ASH 2025**



## Expected 2026 Catalysts

**Lasme-cel Phase 2 first Interim Analysis**

**Eti-cel Potential EoP1 in r/r NHL**

**Preclinical PoC for *In Vivo* Gene Therapy**

# Thank You

Reach us at:  
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Raleigh, NC, 27616 – USA



# Diversified Partnerships with Industry Leaders



## CAR-T CD19 (cema-cel)

Exclusive worldwide license to CD19-directed allogeneic CAR T-cells

U.S. rights exclusively sublicensed to Allogene by Servier<sup>1</sup>

Up to \$340M in Development & Sales Milestones  
+ Low Double-Digit Royalties on Sales



## CAR-T BCMA, CD70 + 13 targets

Exclusive worldwide license to 15 allogeneic CAR T-cell targets<sup>1</sup>

Up to \$2.8B in Development & Sales Milestones  
+ High Single-Digit Royalties on Sales



## TILs

Research collaboration and exclusive worldwide license agreement to develop gene-edited TILs

Undisclosed Financials



## Cell and Gene Therapies

Joint Research and Collaboration agreement to develop up to 10 novel products in oncology, immunology and rare diseases and investment agreement

\$25M upfront. Milestones from \$80M to \$253M per product and tiered royalties. \$220M equity investment.