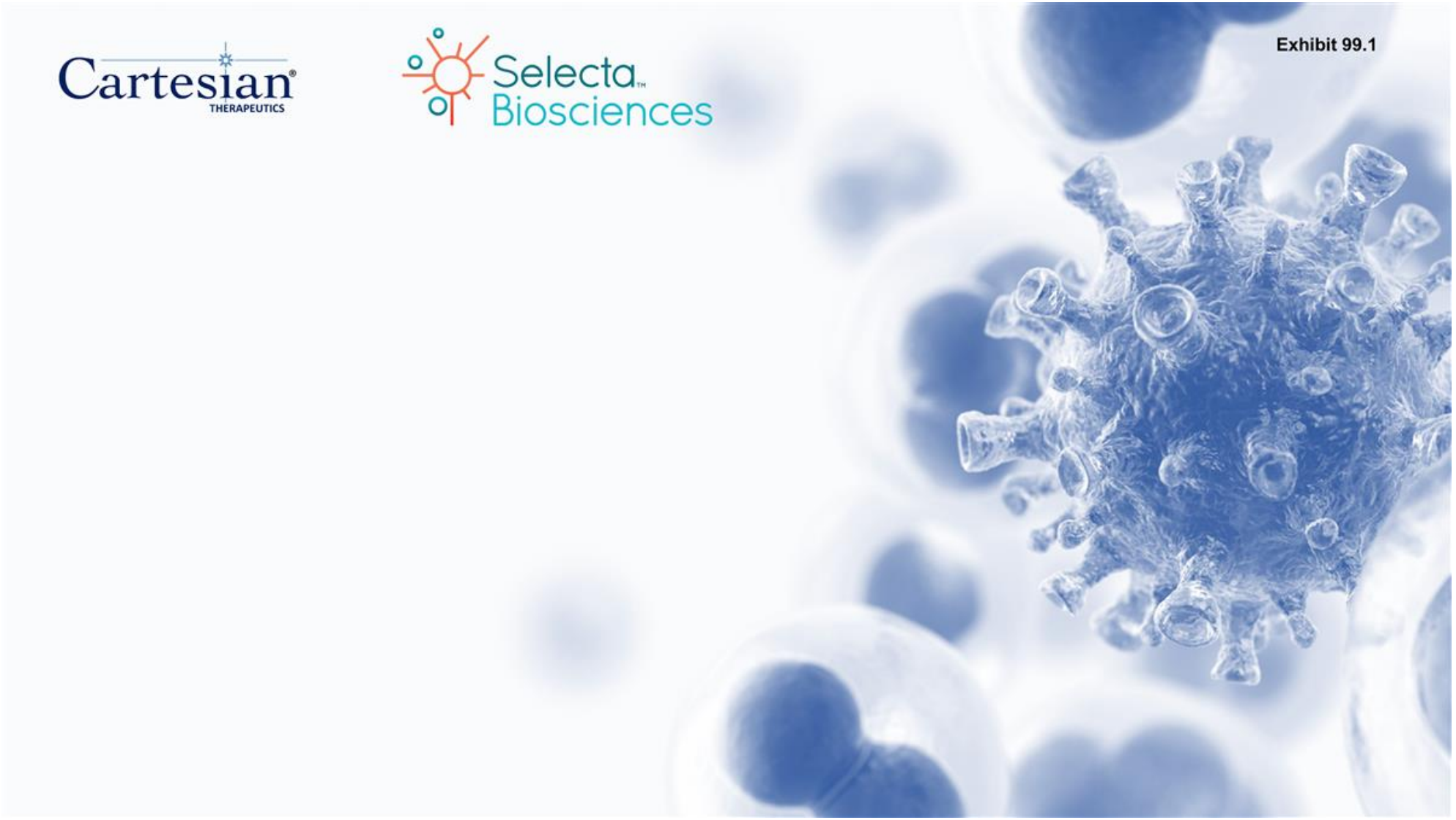
Exhibit 99.1

Cartesian THERAPEUTICS

Selecta Biosciences



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The combined company expects to file a proxy statement with the SEC relating to the proposals to be voted upon at an upcoming meeting of stockholders (the "Meeting Proposals"). The definitive proxy statement will be sent to all combined company stockholders. Before making any voting decision, investors and security holders of the combined company are urged to read the proxy statement and all other relevant documents filed or that will be filed with the SEC in connection with the Meeting Proposals as they become available because they will contain important information about the merger agreement and the related transactions and the Meeting Proposals to be voted upon. Investors and security holders will be able to obtain free copies of the proxy statement and all other relevant documents filed or that will be filed with the SEC by the combined company through the website maintained by the SEC at www.sec.gov.

Participants in Solicitation

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Selecta and Cartesian merger to create publicly traded company pioneering RNA cell therapy to treat autoimmune disease

Cartesian Opportunity	• Leader in RNA cell therapy with approach to treating autoimmune disease • Deep pipeline of autoimmune programs • Strong IP portfolio
Clinically Validated Lead Program	• Descartes-08: observed deep and durable clinical responses in myasthenia gravis (MG) patients in Phase 2a study
Integrated Capabilities	• Merger to create fully integrated organization with in-house cGMP manufacturing, R&D, regulatory, clinical operations, and existing public company infrastructure
Near-Term Catalysts	• Plan to initiate Phase 2 trial for Descartes-08 in SLE in 1H 2024 • Phase 2b data for Descartes-08 in MG expected in mid-2024 • Plan to initiate Descartes-08 ocular autoimmune basket trial in mid-2024 • Plan to initiate Descartes-08 vasculitic autoimmune basket trial in 2H 2024

Pro forma cash resources expected to fund continued clinical development of Descartes-08 through Phase 3 and multiple additional clinical programs

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Deal Overview

Planning to announce sign and close of Selecta/Cartesian stock for stock Merger on or about Nov 13, 2023

- Selecta to issue < 20% of voting common stock plus non-voting convertible securities as consideration
- Conversion of convertible securities to be subject to stockholder vote post-close
- Relative ownership split pre-PIPE is expected to be approximately 73% and 27% Cartesian and Selecta stockholders, respectively

Selecta stockholders to receive:

- Proportionate ownership in merged company
- CVR to receive future economic benefits related to legacy Selecta assets, net of certain Selecta liabilities

PIPE to be announced concurrently with deal announcement

- Anchored by Board member of Selecta, Tim Springer
- PIPE investment is in, and use of proceeds is to fund, Cartesian pipeline
- Expected pro forma cash of over $100 million

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Cartesian – Clinical-stage company pioneering RNA cell therapy for autoimmunity

Expanding the Reach and Potential of Cell Therapy	Promising Lead Asset	In-House Manufacturing and R&D	Robust Pipeline Based on Proprietary Platform
• RNA cell therapies do not require lymphodepletion • Designed to be dosed more reliably and repeatedly at safe therapeutic doses versus DNA analogs	• Descartes-08, a potential first-in-class RNA CAR T-cell (rCAR-T) therapy for autoimmune diseases • Successful Phase 2a trial using an engineered cell therapy to treat autoimmunity	• Wholly-owned, state-of-the-art GMP manufacturing • Designed to optimize processes rapidly and iteratively	• RNA Armory® designed to enable precision control and optimization of engineered cells for diverse cell therapies • Modalities include autologous, allogeneic, and *in vivo* transfection approaches

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Combined organization overview

Management

Carsten Brunn, PhD
President and CEO

Blaine Davis
CFO

Metin Kurtoglu, MD, PhD
COO

Emily English, PhD
VP, Quality

Chris Jewell, PhD
Chief Scientific Officer

Milos Miljkovic, MD
CMO

Matthew Bartholomae
General Counsel

Select Board Members

Carrie S. Cox
Chairman

Timothy Springer, PhD
Director

Murat Kalayoglu, MD, PhD
Director
Cartesian Co-Founder and pre-merger CEO

Michael Singer, MD, PhD
Director
Cartesian Co-Founder and pre-merger Chief Strategy Officer

Experienced management team to lead the RNA cell therapy company of the future

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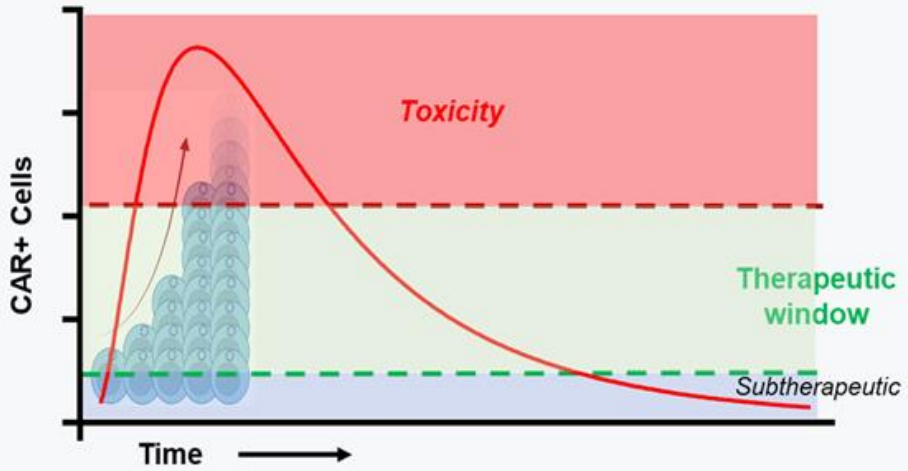
Conventional engineered cell therapy uses DNA, which can lead to toxicity and high cost

- Effector function of cell therapy engineered with DNA amplifies exponentially with cell replication, frequently leading to uncontrollable PK/PD
- Cells administered at subtherapeutic levels quickly proliferate beyond therapeutic window



DNA transduced CAR-T associated with:

- Cytokine release syndrome (CRS)
- Neurotoxicity and parkinsonism
- Infections
- Death
- Cytopenia (from pre-treatment chemo)

DNA CAR-T cell therapy is expensive

- Direct costs high due to viral vector manufacturing and release of final product
- Indirect costs high due to monitoring/treatment of toxicities

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Limited experience with DNA CAR-T in autoimmunity shows significant toxicity that can be incompatible with outpatient treatment

DNA CAR-T in neuromyelitis optica[1]
- 12 of 12 patients with Grade 3-4 cytopenias
- 12 of 12 patients with CRS
- 7 of 12 patients with Grade ≥3 infections

DNA CAR-T in systemic lupus erythematosus[2]
- 5 of 5 patients with Grade 3-4 cytopenias
- 3 of 5 patients with CRS;1 requiring tociluzimab

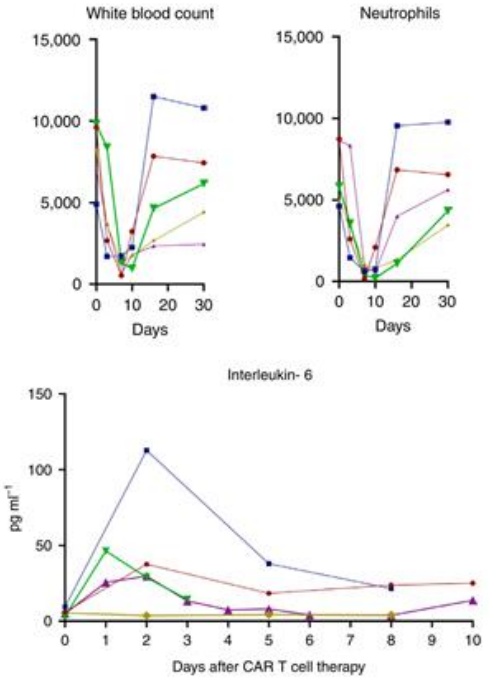
DNA CAR-T in antisynthetase syndrome[3]
- 1 of 1 patient with Grade ≥3 cytopenia
- 1 of 1 patient with CRS treated with tociluzimab
- 1 of 1 requiring IVIg

DNA CAR-T in severe systemic sclerosis[4]
- 1 of 1 patient with cytopenia
- 1 of 1 patient with CRS

DNA CAR-T in neuromyelitis optica (Phase 1 study)

Variable	All patients ($N = 12$)	
	Any-grade	Grade 3 or higher
	Number of patients (%)	
Adverse event		
Any	12 (100)	12 (100)
Hematologic	12 (100)	12 (100)
Leukopenia	12 (100)	12 (100)
Neutropenia	12 (100)	12 (100)
Anemia	10 (83)	6 (50)
Thrombocytopenia	3 (25)	3 (25)
Lymphocytopenia	12 (100)	12 (100)
Platelet count increased	1 (8)	0 (0)
Leukocytosis	1 (8)	0 (0)
Neutrophilia	1 (8)	0 (0)
Gastrointestinal	4 (33)	1 (8)
Nausea and vomiting	3 (25)	0 (0)
Diarrhea	4 (33)	1 (8)
Infectious	7 (58)	7 (58)
Upper respiratory infection	1 (8)	1 (8)
CMV infection	5 (42)	5 (42)
Urinary infection	4 (33)	3 (25)
Oral herpes	1 (8)	0 (0)
Pneumonia	1 (8)	1 (8)
EBV infection	1 (8)	0 (0)
BKV infection	1 (8)	0 (0)

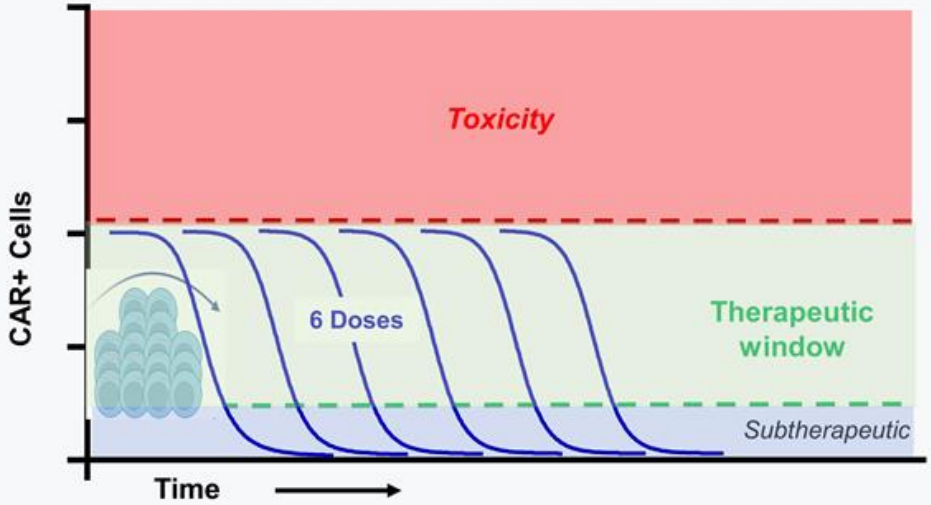
DNA CAR-T in lupus (compassionate use only)



[1]Qin et al *Sig Transduction Targeted Ther* 2022, [2]Mackensen et al *Nature Med* 2022, [3]Muller et al *Lancet* 2023, [4] Bergmann *Ann Rheum Dis* 2023

Cartesian's RNA approach designed to expand reach of cell therapy to autoimmunity with safer, potent, and less expensive therapies

- mRNA does not replicate → predictable half-life with more controllable PK/PD defined by the dose
- No requirement for cell proliferation → no expected need for pre-treatment chemo → no Grade 3-4 cytopenias



Descartes-08 has been **administered to 66 patients** with autoimmune diseases and cancer[1] with **no CRS, neurotoxicity, or infections** observed

Treatment with potential to be **administered in community clinics**

Expectation for cells to be **administered in multiple doses** and, if needed, **in more than one cycle**

rCAR-Ts have potential to be **less expensive than DNA CAR-Ts**

- Lower manufacturing costs
- Lower treatment costs since no expected need for expensive hospitalization, toxicity management, and monitoring

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[1]All open-label patients treated with Descartes-08 as of Oct 30, 2023

Wholly-owned pipeline targets autoimmune disease

Asset	Indications	Discovery/ Preclinical	Phase 1	Phase 2	Pivotal
Descartes-08 Autologous rCAR-T	Myasthenia Gravis	Data from Phase 2b study expected in mid-2024			
	SLE, other AAAD	Expect to initiate Phase 2 studies in SLE, ocular and vasculitic autoimmune diseases in 2024			
Descartes-15 Autologous rCAR-T	AAAD	Next-gen anti-BCMA rCAR-T with >10x preclinical potency			
Descartes-33 Allogeneic rMSC	AAAD				
In vivo LN transfection	Undisclosed				

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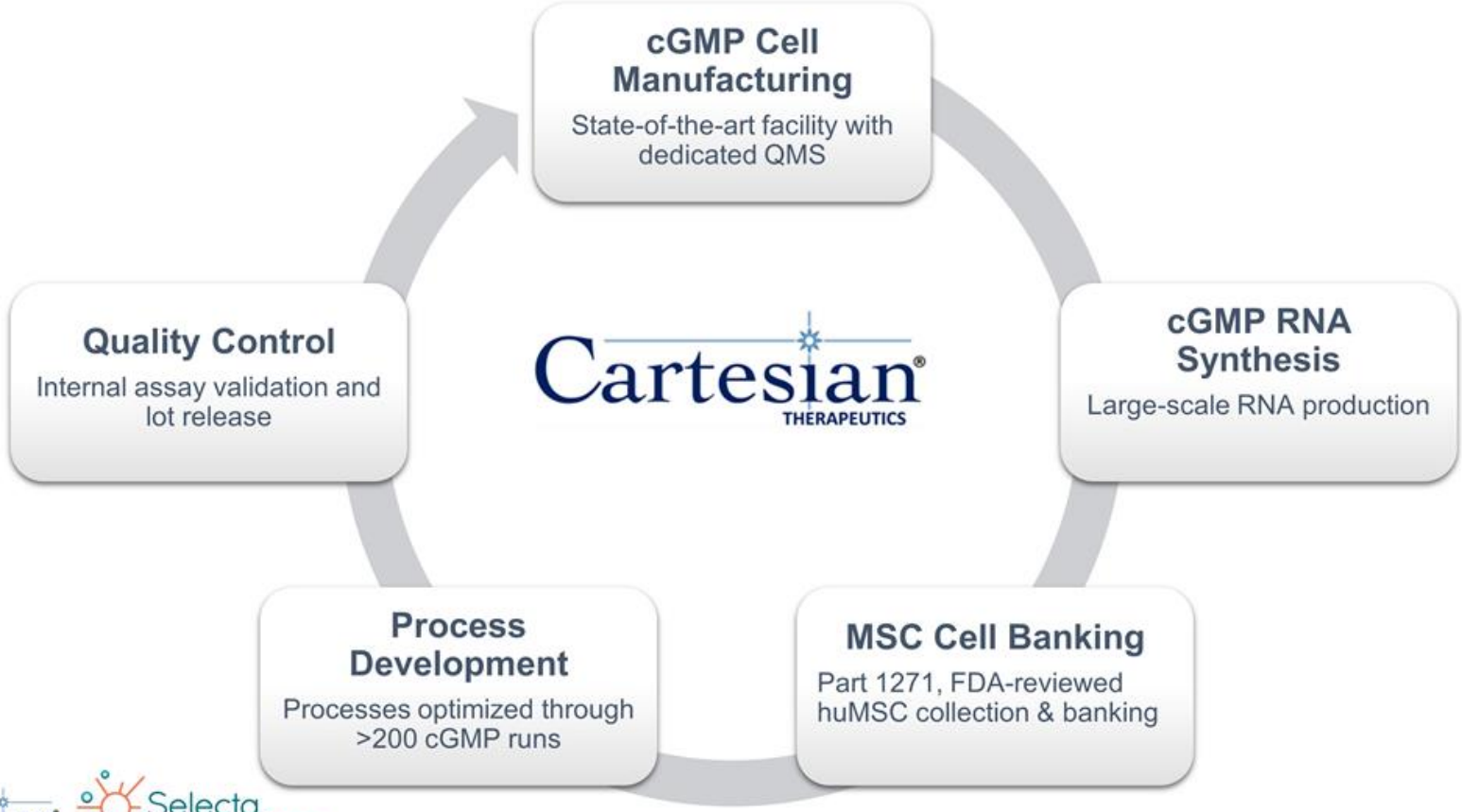
AAAD, autoantibody-associated autoimmune diseases
rMSC, Mesenchymal Stem Cells transfected with mRNA

SLE, Systemic Lupus Erythematosus
LN, Lymph node

In-house manufacturing enhances control of product quality, production schedules and costs



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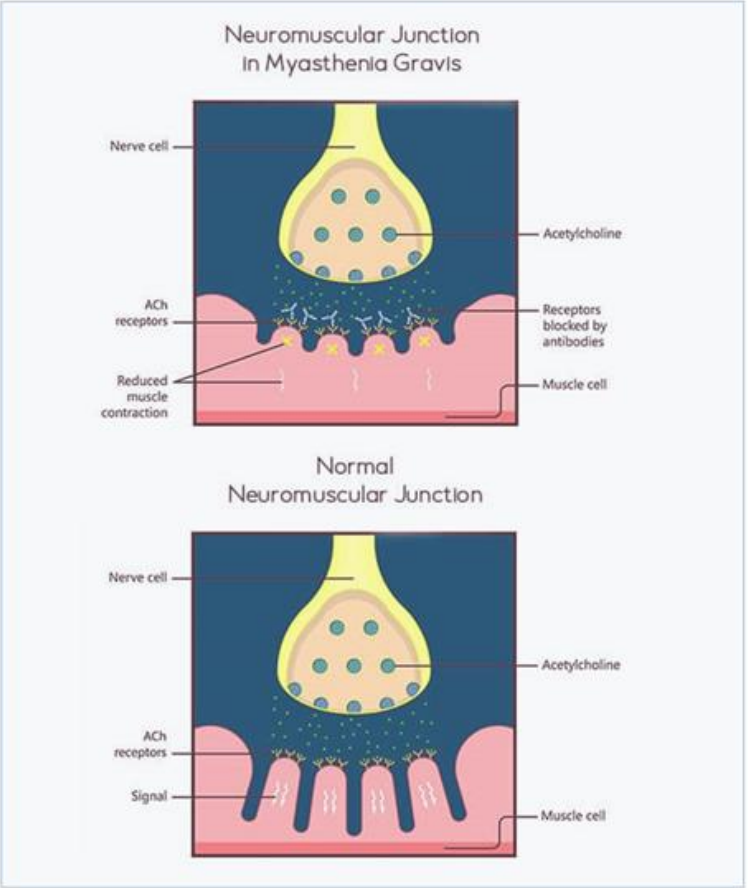
Initial indication for Descartes-08: Myasthenia gravis

- Affects **over 120,000 patients** in US and EU
- Characterized by debilitating weakness: limbs, respiratory, ocular, facial muscles
- **Standard of care** includes **chronic use of immunosuppressants**, which are **often toxic**
  - Progressive disease that is fatal in 1/3 of patients without immunosuppressants
- Newer agents include **complement inhibitors and anti-FcRn mAbs**, which only offer **modest responses** and must be **administered chronically** to maintain those responses
- **Pathogenesis is similar across many autoimmune diseases;** involves attack on self by both T cells and B/plasma cells



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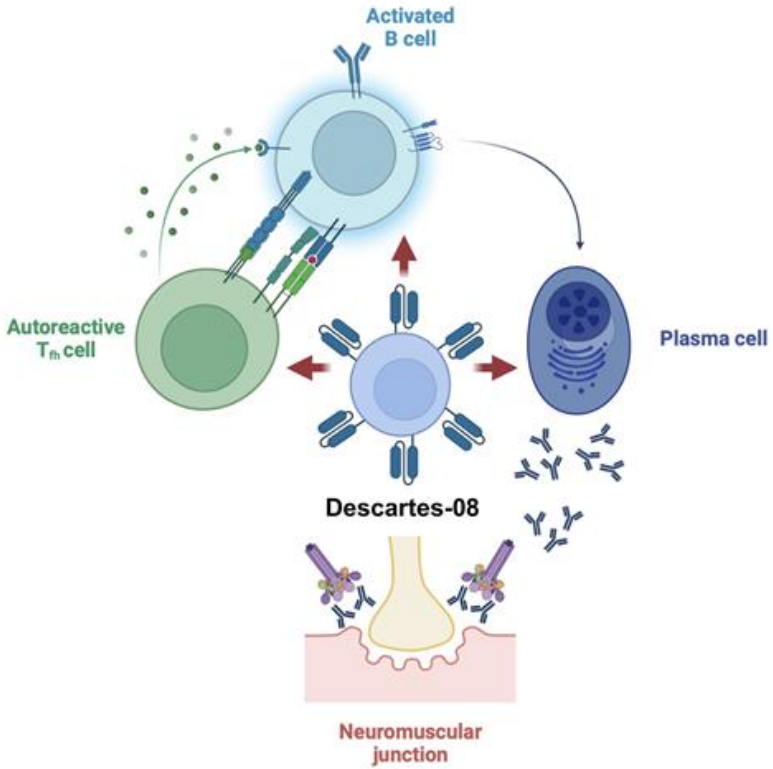
Descartes-08 is believed to be the first rCAR-T in clinical development for autoimmune disease

- Engineered by transfection of autologous CD8+ T cells with mRNA encoding anti-BCMA CAR
- Typical lot **processed for infusion within ~3 weeks**
- Observed to **enhance killing and suppression of inflammatory cytokine secretion** versus T cell therapies derived from pan T cell sources
- **Positive Phase 2a data** in myasthenia gravis underscores potential for deep and durable responses versus current agents
- Granted **U.S. FDA orphan designation** for generalized myasthenia gravis (2022)



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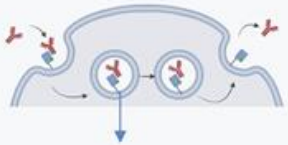
CAR-T in autoimmunity offers differentiated, multi-modal mechanism of action

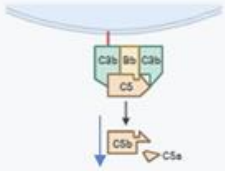
Conventional Approach

FcRn Inhibitors



Reduces autoantibody

Complement Inhibitors



Reduces complement

Modest responses

CAR-T Cell Therapy

CAR-T Cells

Designed to:

- Reduce target cell populations (BCMA+ or B cells)
- Reduce plasma cell ligands (Descartes-08 only)
- Reduce autoantibody
- Reduce inflammatory cytokines
- Induce dramatic shifts in T- and B- cell repertoires

Goal: Deep, durable responses

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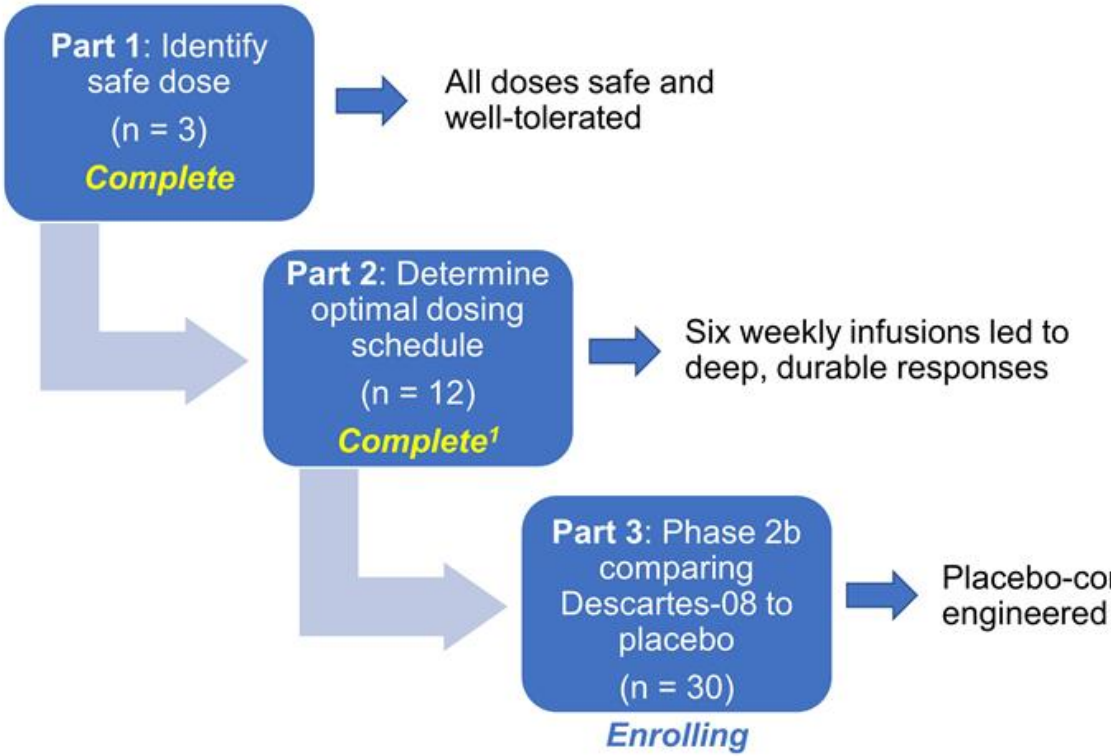
Phase 2 study of Descartes-08 in MG (NCT04146051)



Patient eligibility

- MG-ADL ≥ 6
- MGFA Class II-IV
- Stable medication dosing ≥ 8 wks prior to infusion
- 4-week washout for biologics
- IVIg and plasma exchange not allowed after starting Descartes-08

Patients on immunosuppression or complement inhibitors expected to be able to continue their treatment while receiving Descartes-08

Cell manufacturing platform tolerates most standard immunosuppressive therapies

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[1] Continues to enroll patients with MuSK MG and subjects who are otherwise not eligible for Part 3
MG-ADL, Myasthenia Gravis Activities of Daily Living scale
MGFA, Myasthenia Gravis Foundation of America

Phase 2a study population comprises patients with significant disease

THE LANCET
Neurology
Volume 22, Issue 7, July 2023, Pages 578-590

- Baseline MG-ADL mean score of 10
- 79% were MGFA Class III-IV at screening
- All patients presented with disease that was not well-managed under standard of care therapies

Age, years	52 (18)
Sex	
Female	10 (71%)
Male	4 (29%)
Weight, kg	84 (21)
BMI, kg/m²	31·6 (8·1)
Race and ethnicity	
White, non-Hispanic	11 (79%)
White, Hispanic	1 (7%)
Asian	2 (14%)
MGFA class at screening	
II	3 (21%)
III	10 (71%)
IV	1 (7%)
Age at disease onset, years	40 (14-79)
Duration of disease, years	14 (3-27)
Myasthenia gravis antibody status	
Anti-AChR antibody	11 (79%)
Anti-MuSK antibody	2 (14%)
Seronegative (for AChR, MuSK, and LRP4 antibodies)	1 (7%)

Baseline score	
QMG	15·3 (4·1)
MG-ADL	10·0 (3·2)
MGC	21·9 (5·7)
MG-QoL-15r	19·9 (5·8)
Previous myasthenia gravis therapies (standard of care)	
Pyridostigmine	14 (100%)
Prednisone	14 (100%)
Other immunosuppressants	14 (100%)
Eculizumab	2 (14%)
Rituximab	2 (14%)
Previous intravenous immunoglobulin	12 (86%)
Previous plasma exchange	8 (57%)
Diagnosis of thymoma	0
Previous thymectomy	6 (43%)
Previous myasthenia gravis crisis requiring intubation	4 (29%)
Myasthenia gravis ongoing therapy	
Pyridostigmine	11 (79%)
Prednisone	10 (71%)
Azathioprine	1 (7%)
Mycophenolate mofetil	1 (7%)

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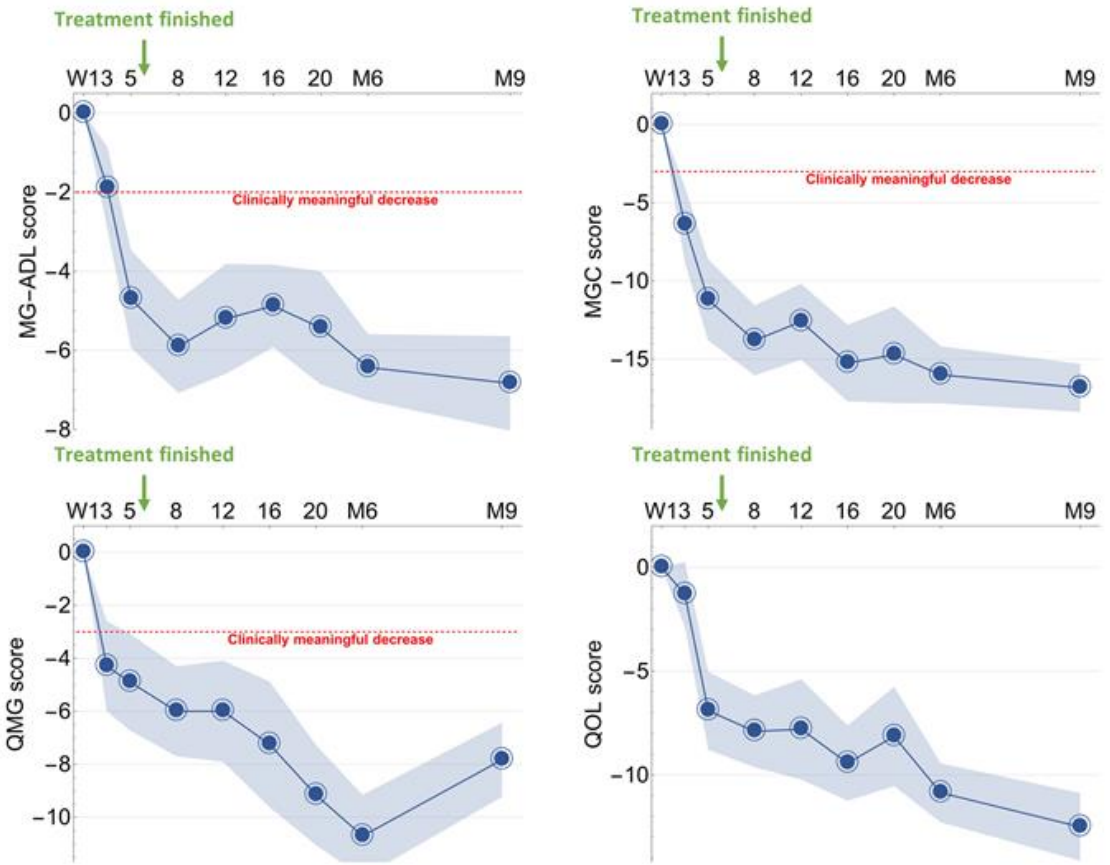
Descartes-08 observed to induce deep and durable clinical improvement in MG

THE LANCET Neurology

Volume 22, Issue 7, July 2023, Pages 578-590

- ***Unprecedented*** **magnitude and duration of response** across all 4 standard MG severity scales
- Responses appear **to *deepen* after completing treatment** at Week 6



Efficacy dataset includes all MG patients completing the 6-dose regimen (n=10). Data are mean score improvement (point) and standard error (light blue shading). Note that QOL scale does not have an agreed-upon threshold for clinically meaningful disease improvement; MG-ADL, MGC and QMG scales are validated, quantitated, standardized instruments of disease severity and have been acceptable endpoints for registration studies.

Descartes-08 was observed to be safe and well-tolerated in MG

THE LANCET
Neurology

Volume 22, Issue 7, July 2023, Pages 578-590

Key observations:

- No dose-limiting toxicities
- No cytokine release syndrome
- No neurotoxicity

- No pre-treatment chemo, so no induced hematological toxicities

- Outpatient treatment

	Grade*	Part 1 (n=3)	Part 2: all groups (n=11)	Part 2: group 1 (n=3)	Part 2: group 2 (n=7)	Part 2: group 3 (n=1)
Hand numbness	2	1 (33%)	0	0	0	0
Headache	1	1 (33%)	5 (45%)	1 (33%)	3 (43%)	1 (100%)
Muscle soreness	1	1 (33%)	1 (9%)	0	1 (14%)	0
Nausea	1	1 (33%)	4 (36%)	2 (67%)	2 (29%)	0
Rash	3	0	1 (9%)	1 (33%)	0	0
Itchy throat	1	0	2 (18%)	0	1 (14%)	1 (100%)
Vomiting	1	0	3 (27%)	2 (67%)	1 (14%)	0
Weakness	1	0	2 (18%)	2 (67%)	0	0
Line infiltration	1	0	1 (9%)	1 (33%)	0	0
Fever	1	0	4 (36%)	1 (33%)	3 (43%)	0
Shortness of breath†	1	0	2 (18%)	1 (33%)	1 (14%)	0
Chills	1	0	2 (18%)	1 (33%)	1 (14%)	0
Diarrhoea	1	0	1 (9%)	1 (33%)	1 (14%)	0
Gum inflammation	1	0	1 (9%)	0	1 (14%)	0
Teeth sensitivity	1	0	1 (9%)	0	1 (14%)	0
Night sweats	1	0	1 (9%)	0	1 (14%)	0
Restless leg	1	0	1 (9%)	0	1 (14%)	0
Light-headedness	1	0	1 (9%)	0	1 (14%)	0

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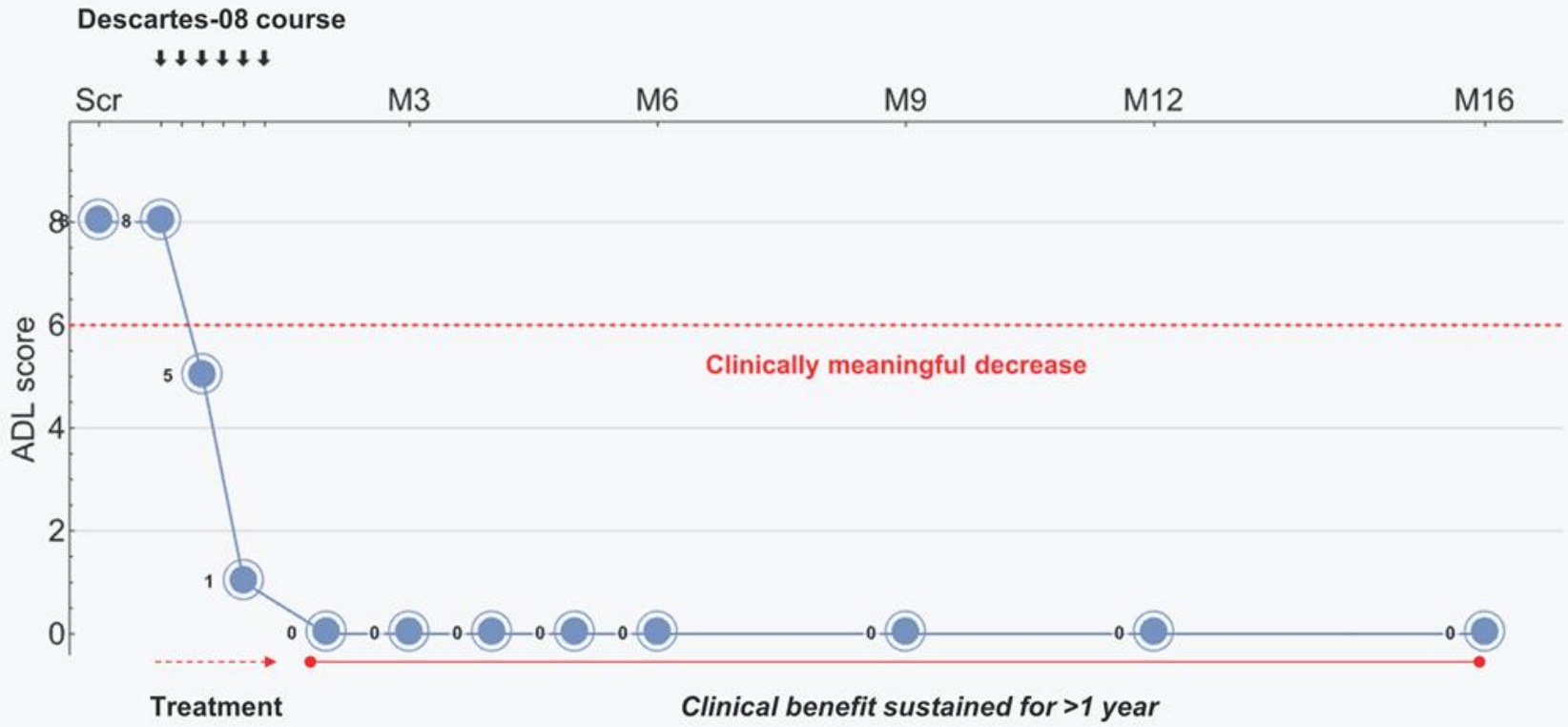
Phase 2a case study: sustained dramatic clinical response for >1 year



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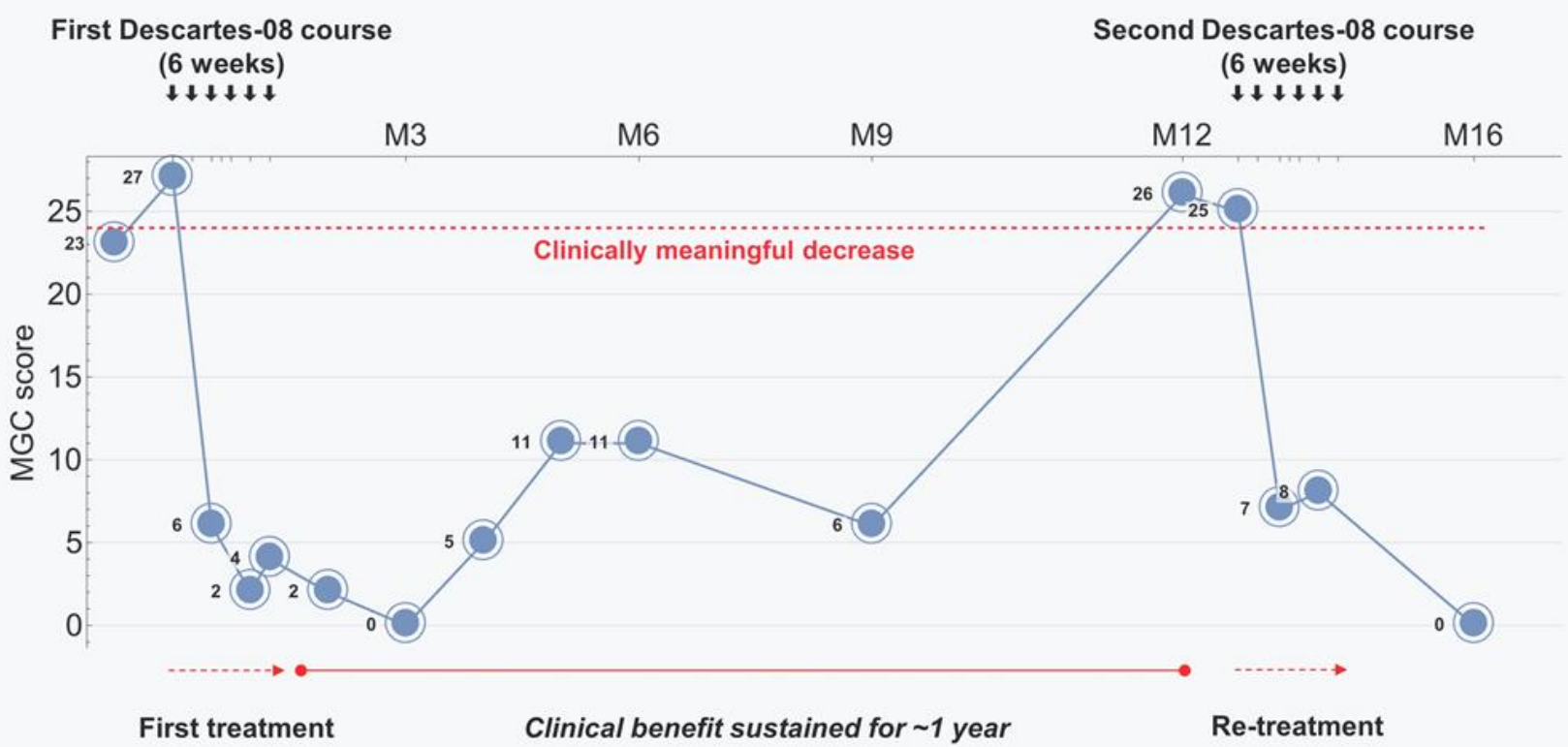
Phase 2a case study: re-treatment at 1 year restores dramatic response



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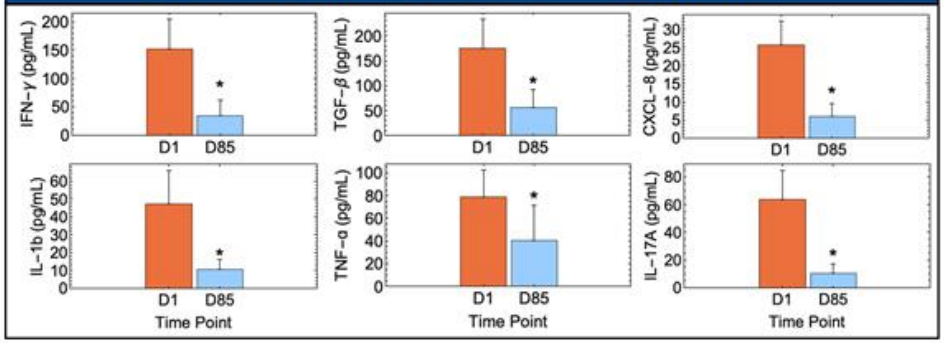
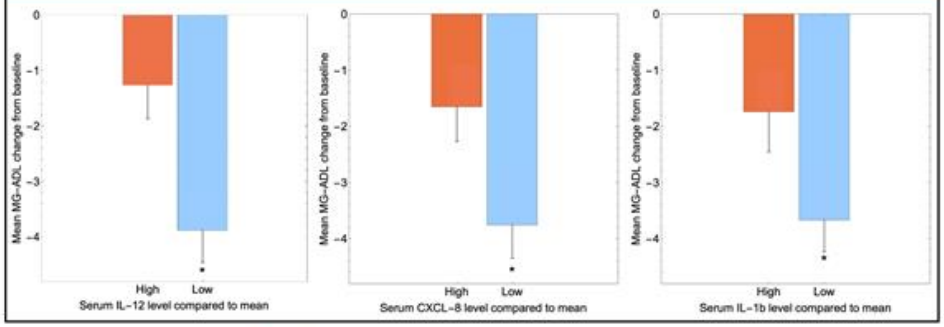
Phase 2a data show potential of Descartes-08 treatment to transform the immunologic autoimmune environment

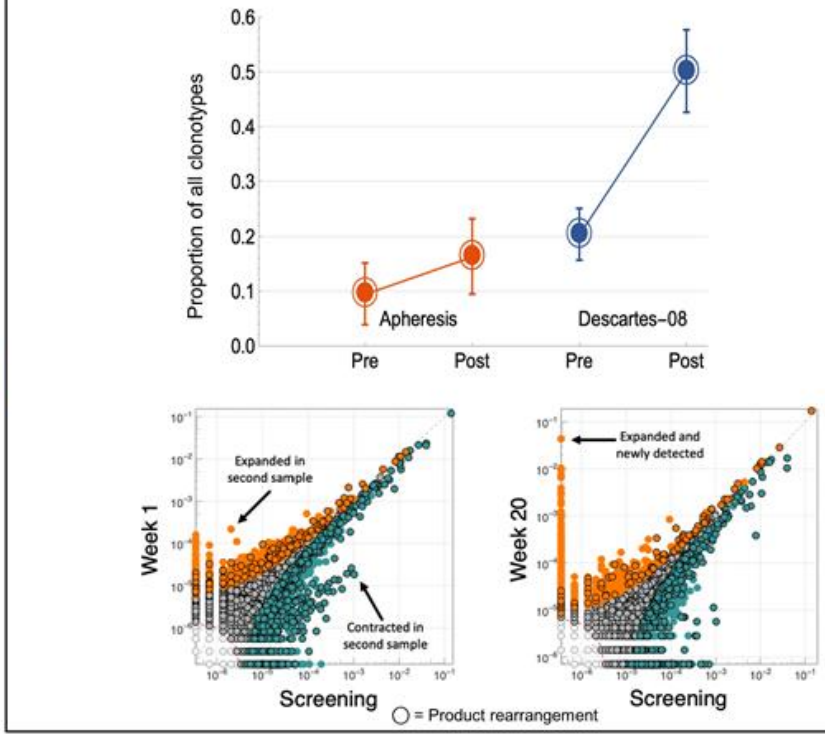
Reduction in pro-inflammatory cytokines



Cytokine levels correlate with symptom severity



Post-infusion changes in T cell repertoire



Cartesian THERAPEUTICS Selecta Biosciences

Phase 2b randomized, placebo-controlled, double-masked study of Descartes-08 in MG

Plan to treat ~30 patients

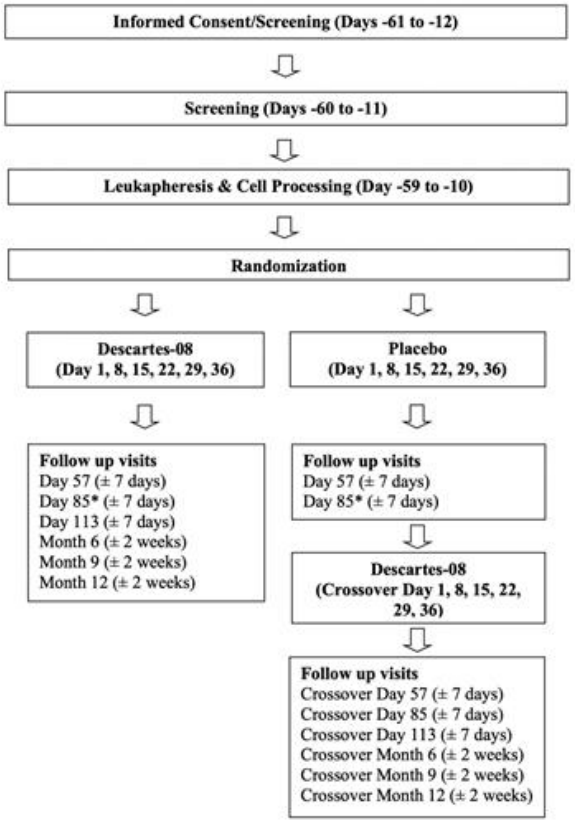
Primary endpoint

- Proportion of **MG ADL** responders (**≥6-point** reduction) at Day 85

Secondary objectives

- Safety and tolerability
- Quantify clinical effect of Descartes-08 over 1 year
- QMG, MG QoL 15R, MG Composite, and MG PIS (change from baseline to Day 85)
- Compare effect of Descartes-08 versus placebo on MG scales (change from baseline to Day 85) in patients who cross over from placebo to Descartes-08

Enrollment underway, with top-line results expected in mid-2024



Cartesian Therapeutics | Selecta Biosciences

Exploring additional applications for Descartes-08 in autoantibody-associated autoimmune diseases

Clinical data suggest that Descartes-08 can lead to clinical benefit along with disappearance of disease-associated autoantibodies, suggesting potential in additional autoimmune indications

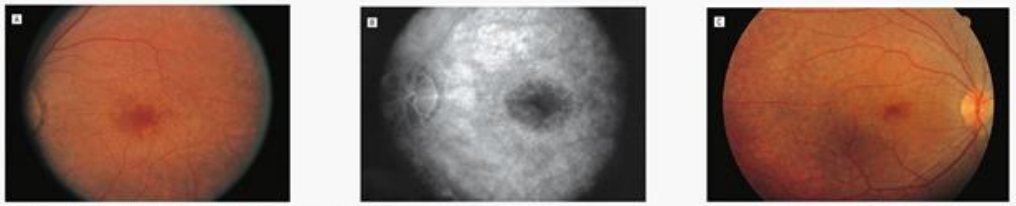
Next steps:

- Plan to initiate Phase 2 in SLE in 1H 2024
- Plan to initiate Phase 2 ocular autoimmune basket trial in mid-2024
- Plan to initiate Phase 2 vasculitic autoimmune basket trial in 2H 2024

Potential significant Descartes-08-associated improvement observed in a patient with autoimmune retinitis (AIR)

61-year-old man with DPPX antibody-positive AIR, colitis, encephalitis refractory to prednisone, rituximab, bortezomib, IVIg; positive for 5/5 disease-associated autoantibodies pre-treatment

Post-treatment: experienced a clinically-significant, 2-line improvement in visual acuity; 3 of 5 autoantibodies became undetectable



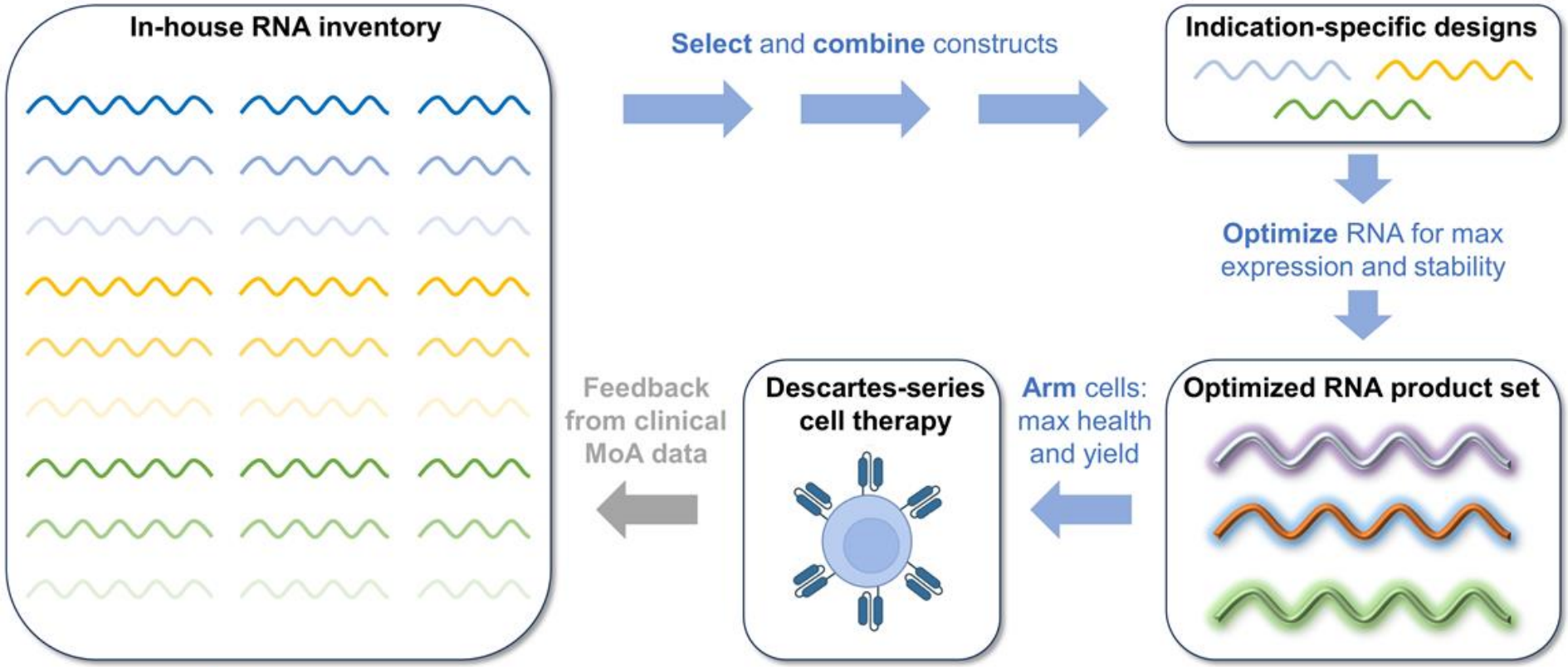
Heckenlively, JAMA Ophthalmology, 2000.

Test	Pre-treatment	Month 2	Month 4	Month 6
Visual acuity	20/60	20/40	20/40	20/40
Carbonic anhydrase II Ab	+	-	-	NP*
Tubulin Ab	+	-	-	NP
PKM2 Ab	+	-	-	NP
Aldolase Ab	+	+	+	NP
Enolase Ab	+	+	+	NP

*NP – not performed

Cartesian Therapeutics | Selecta Biosciences

Proprietary technology and manufacturing platform, RNA Armory®: Designed for precision control and optimization of engineered cells for diverse cell therapies

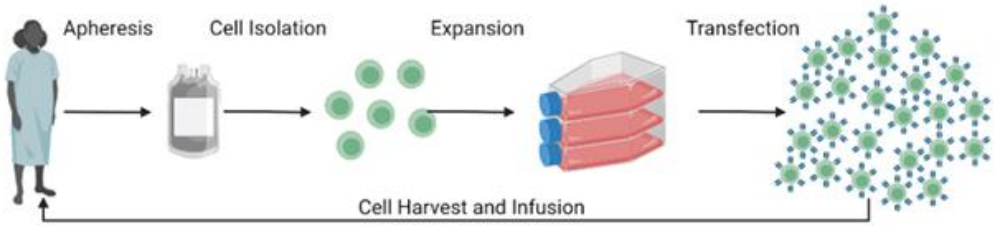


Cartesian THERAPEUTICS Selecta Biosciences

Platform offers potential development opportunities via three modalities: autologous, allogeneic and *in situ*

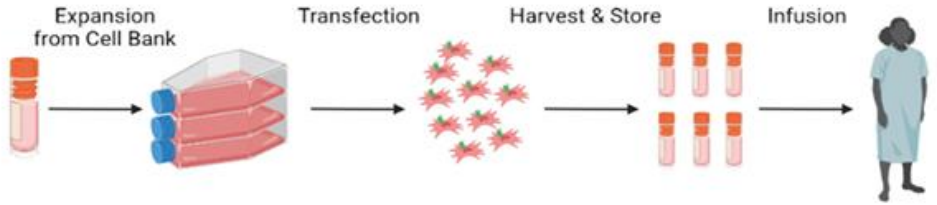
rCAR-T: Autologous RNA cell therapy

- Descartes-08
- Descartes-15: next generation anti-BCMA rCAR-T with >10x potency



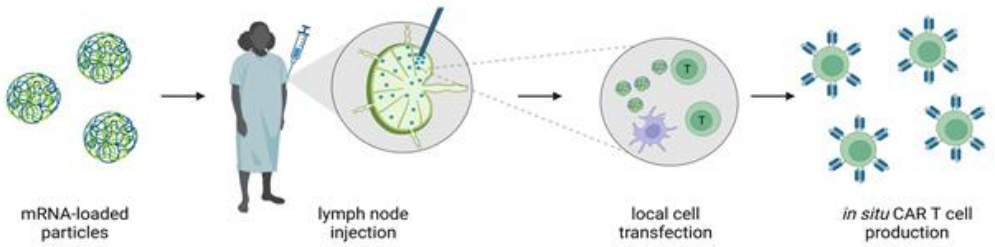
rMSC: Allogeneic RNA cell therapy

- Descartes-33



rLN: *In vivo* lymph node transfection

- Undisclosed program



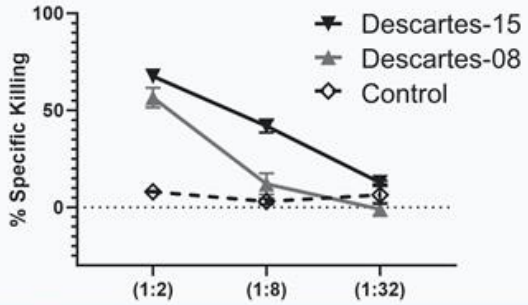
Cartesian THERAPEUTICS Selecta Biosciences

RNA Armory® example: Descartes-15, a next generation anti-BCMA rCAR-T with >10x potency

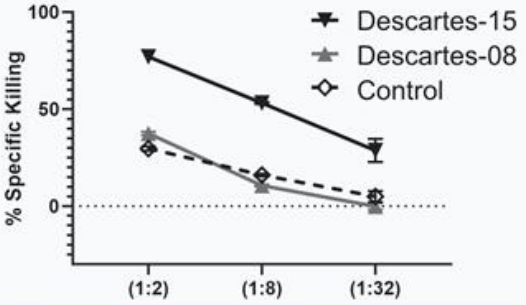
Descartes-15 is an anti-BCMA CAR with disruptive features:

- Engineered for maximum potency and CAR stability, even in the presence of target-driven suppression of CAR
- Clinical strategy expected to leverage strong safety and efficacy data from Descartes-08

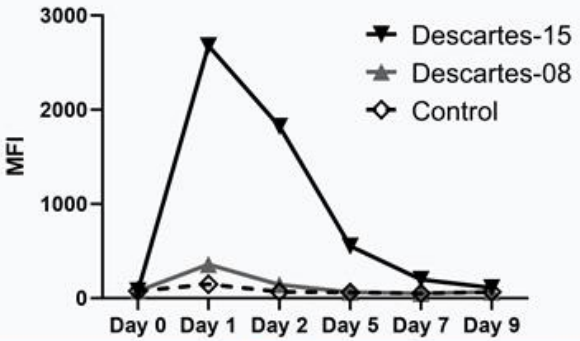
Potent killing (single target exposure)



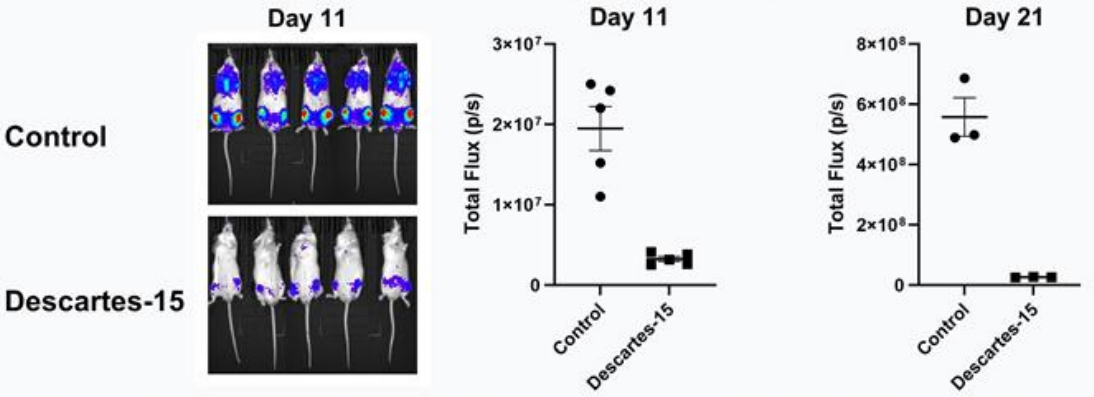
Persistent killing (multiple exposures)



Superior CAR expression



Efficient killing of BCMA+ target cells[1]

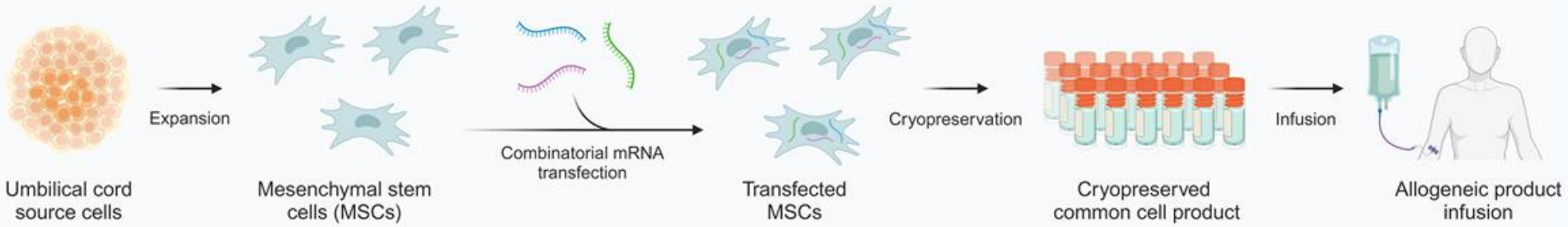


Cartesian THERAPEUTICS Selecta Biosciences

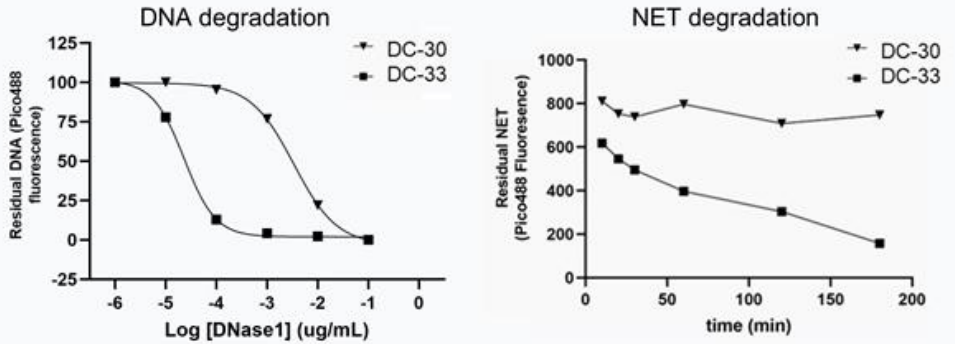
[1] MM1-S disseminated myeloma model in NSG mice infused with either control T-cells or Descartes-15

RNA Armory® example: allogeneic RNA stem cell therapies (rMSC)

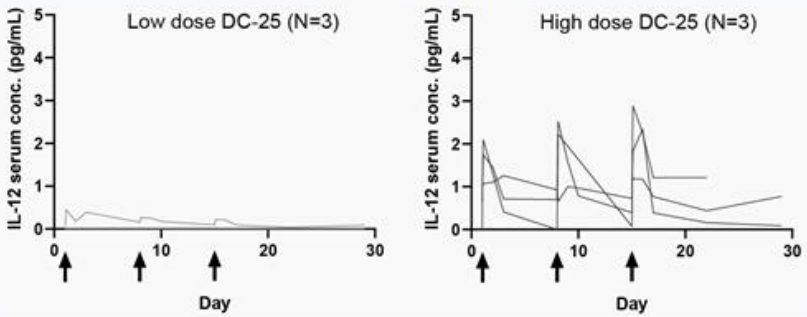
Platform for off-the-shelf RNA cell therapy



rMSCs engineered for potent degradation of disease-enabling NETs



rMSCs engraft and function without alloreactive clearance in patients



Cartesian THERAPEUTICS Selecta Biosciences

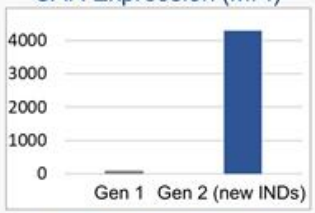
Advanced R&D infrastructure to support pipeline

Discovery and Preclinical

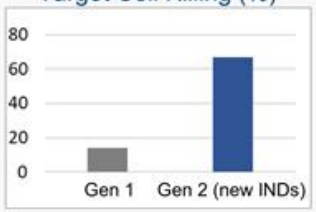
1. Engineer RNA **constructs**

Example: Addition of RNA Armory® elements to enhance CAR features

CAR Expression (MFI)



Target Cell Killing (%)



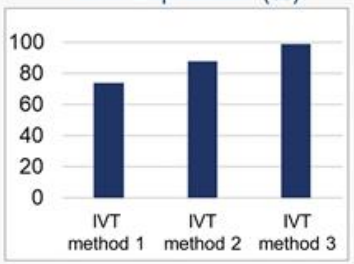
Observed dramatic improvements in expression and killing

2. Tune construct **delivery**

Investing in multiple levers:

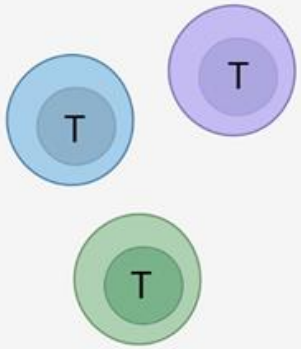
- RNA dose and concentration
- Kinetics of delivery
- Media and supplements
- Expanded throughput
- Technology approach

CAR Expression (%)



Optimizing IVT methods, while exploring new technologies

3. Enhance CAR **cell** features

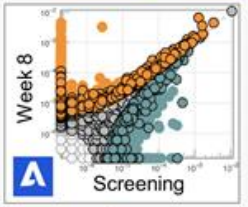


Integrating RNA/soluble cues to further direct CAR T cell function

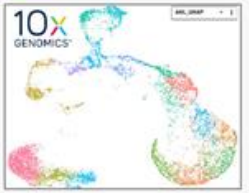
Clinical

4. Support trial **design** & **MoA**

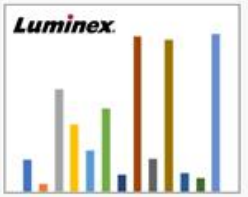
TCR/BCR sequencing



Single cell gene expression



Multiplexing cytokine profiling



Cartesian THERAPEUTICS Selecta Biosciences

Considerable regulatory, manufacturing, and clinical operations experience

Regulatory

6 RNA cell therapy INDs allowed in the past 5 years

Indications
- Autoimmune diseases
- Cancer
- Respiratory disease

Products
- Autologous T-cells
- Off-the-shelf MSCs
- Cells engineered with up to 3 RNAs

Manufacturing/QA

In-house cGMP facility with PhD-level operations staff

>200 cGMP runs
- Autologous T-cells
- Allogeneic MSCs

Large scale cGMP RNA production

Tens of billions of viable, functional cells from each manufacturing run

Dedicated QMS tailored for RNA cell therapy

Clinical Operations

Internal team of MDs qualifies, trains and manages all clinical sites

Initiated, trained, and managed over 40 sites with internal clinical operations team
- U.S. and international sites
- Academic centers and community clinics

Developed best practices for intradepartmental coordination at large academic centers to introduce cell therapy beyond oncology

Cartesian THERAPEUTICS Selecta Biosciences

Products and platform are supported by a strong IP portfolio

Composition-of-Matter IP Wholly Owned by Cartesian	Multiple NIH Licenses	Extensive Trade Secrets on Production of RNA-Modified Cell Therapies
• US and ROW patents issued and pending on target-binding proteins • Other pending applications covering assets in development • Coverage through 2039 or later plus PTE/PTA where applicable	• Dozens of issued patents in US and ROW cover CAR-T programs • Coverage typically through 2033, plus PTE/PTA where applicable	• Hard-won know-how learned from >200 manufacturing runs • Many of these trade secrets are contrary to ”conventional wisdom”

Cartesian THERAPEUTICS Selecta Biosciences

Maturing pipeline offers potential for multiple value creating events

Funding to support development of Descartes-08 through Phase 3 and advance additional programs

Anticipate >$100 million at close, including proceeds from potential PIPE financing

Descartes-08 in MG
- Expect to report Phase 2b data mid-2024

Descartes-08 in SLE
- Plan to initiate Phase 2 in 1H 2024

Descartes-08 Basket Studies
- Plan to initiate ocular autoimmune basket in mid-2024
- Plan to initiate vasculitic autoimmune basket in 2H 2024

Descartes-15 Autoimmune Study
- Plan to initiate Phase 2 study in 2H 2024

Descartes-33 Autoimmune Study
- Plan to submit IND in 2H 2024

Cartesian THERAPEUTICS Selecta Biosciences

Selecta and Cartesian merger to create publicly traded company pioneering RNA cell therapy to treat autoimmune disease

Cartesian Opportunity	• Leader in RNA cell therapy with approach to treating autoimmune disease • Deep pipeline of autoimmune programs
Clinically Validated Lead Program	• Descartes-08: observed deep and durable clinical responses in myasthenia gravis (MG) patients in Phase 2a study
Integrated Capabilities	• Merger to create fully integrated organization with in-house cGMP manufacturing, R&D, regulatory, clinical operations and existing public company infrastructure
Near-Term Catalysts	• Plan to initiate Phase 2 trial for Descartes-08 in SLE in 1H 2024 • Phase 2b data for Descartes-08 in MG expected in mid-2024 • Plan to initiate ocular autoimmune basket planned in mid-2024 • Plan to initiate vasculitic autoimmune basket in 2H 2024

Pro forma cash resources expected to fund continued clinical development of Descartes-08 through Phase 3 and multiple additional clinical programs

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Cartesian® THERAPEUTICS

Selecta™ Biosciences