

A platform company in cell, gene-editing & cytokine therapies

mRNA Engineered Cell & Genetic Medicines

January 2022

Disclaimer



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Forward-Looking Statements. Certain statements presented below on pages 4, 8-11, 13, 16-17, 19, 21-22, 24-28 and 30 are forward-looking statements for purposes of the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Forward-looking statements are any statements that are not statements of historical fact and may be identified by terminology such as "expect," "plan," "potential," "project" or "will" or other similar words. Forward-looking statements are based on current beliefs and assumptions that are subject to risks and uncertainties and are not guarantees of future performance. Actual results may vary significantly from BTX's expectations based on a number of risks and uncertainties, including but not limited to the following: (i) the evolution of BTX's business model into a platform company focused on cellular, gene editing and cytokine programs; (ii) BTX's ability to successfully, cost effectively and efficiently develop its technology and products; (iii) BTX's ability to successfully commence clinical trials of any products on a timely basis or at all; (iv) BTX's ability to successfully fund and manage the growth of its development activities; (v) BTX's ability to obtain regulatory approvals of its products for commercialization; and (vi) uncertainties related to the impact of the COVID-19 pandemic on the business and financial condition of BTX, including on the timing and cost of its clinical trials. BTX cannot guarantee any future results, levels of activity, performance or achievements. The industry in which BTX operates is subject to a high degree of uncertainty and risk due to variety of factors, including those described in BTX's public filings with the Securities and Exchange Commission, including its Current Report on Form 8-K filed with the Securities and Exchange Commission on January 5, 2022 and any subsequently filed Quarterly Reports on Form 10-Q for a more complete discussion of these factors and other risks, particularly under the heading "Risk Factors." BTX expressly disclaims any obligation to update forward-looking statements after the date of this presentation.

BTX is Led by a Strong, Experienced Management Team



Howard Federoff MD, PhD Chief Executive Officer and President





Kevin D'Amour PhD Chief Scientific Officer





Roger Sidhu MD Chief Medical Officer





Jay Sial MBA Chief Administrativ e Officer



HOME OF SIDNEY KIMMEL MEDICAL COLLEGE





Sandra Gurrola VP of Finance

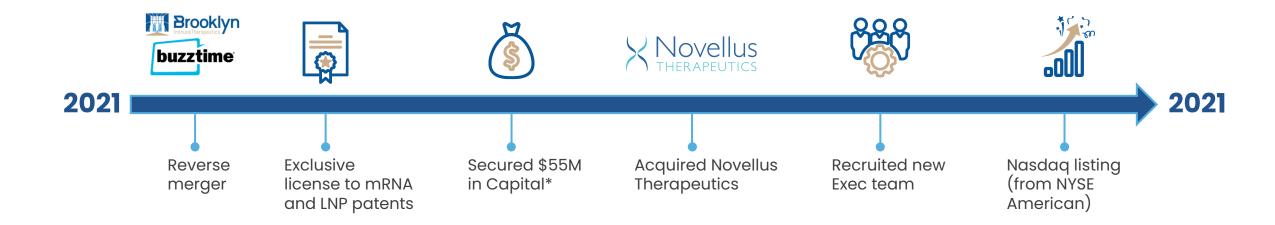
> STRATAGENE An Agilent Technologies Division





BTX Transforms into Regenerative Medicine Company with Platform Technology





Leveraging In-licensed Patent Portfolio to Advance Medicine



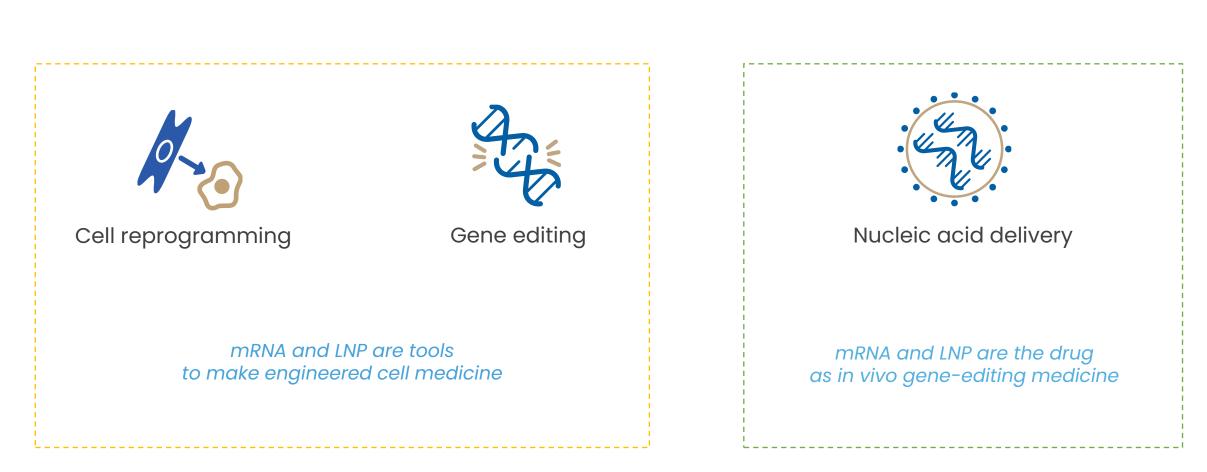
- BTX has an exclusive license from Factor Bioscience to a portfolio of granted patents around mRNA-based cell engineering that will provide a competitive advantage
- Major platform components:
 - mRNA Cell Reprogramming (25 patents, extensive cellular data)
 - mRNA Gene Editing (15 patents, extensive cellular data)
 - NoveSlice™ Gene-Editing Protein (15 patents, extensive cellular data)
 - ToRNAdo™ mRNA Delivery (4 patents, extensive cell and animal data)

BTX has a Broad Technology Landscape





Footnote: doesn't represent ex vivo gene editing space



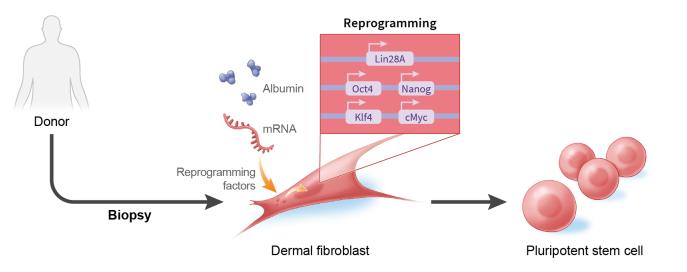
BTX's Licensed mRNA-Based and LNP Technologies



The Foundational mRNA Cell Reprogramming Platform



- 5 factors, rapid protein expression
- Low toxicity, high percentage transfected
- Custom reprogramming media
- Safe: no chance of genome integration
- Can combine reprogramming with gene editing to streamline autologous therapies in genetic disease
- Extensive in-licensed patent protection

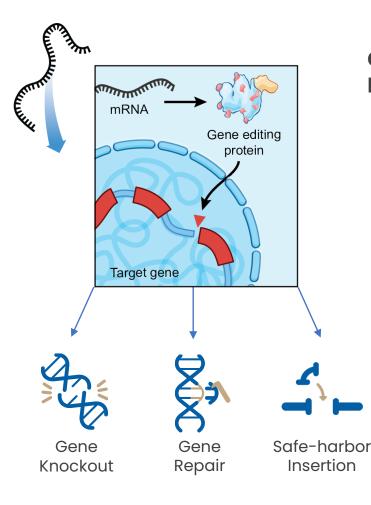




Unique mRNA-Based Delivery of a Novel Gene Editing Platform



- Rapid, high expression (efficiency)
- Transient expression (specificity)
- Amenable to non-viral delivery
- No risk of vector insertion
- Multiple in-licensed patents cover mRNA encoding CRISPR, TALEN, ZFN, etc



Chromatin Context-Sensitive Gene Editing Endonuclease

Brooklyn

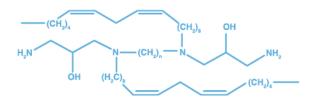
- Novel nuclease (clear IP landscape)
- High specificity (36-40 base site)
- Blocked by histone modifications (specificity)
- Unlimited genomic sites (no PAM)

Novel Lipid with Effective mRNA Delivery In Vitro and In Vivo

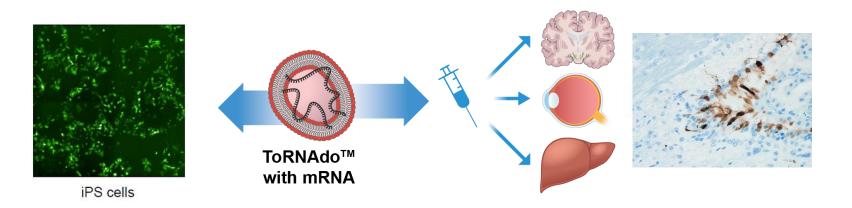
Novel, single lipid component LNP

- Novel lipid, composition of matter IP
- Low toxicity enables repeated transfection
- Cargo delivery directly to cytosol without processing via endosomal pathway
- Efficient transfection in context of serum
- Transfection of many cell types demonstrated

U.S. Pat. No. 10,501,404 A compound of Formula (I)

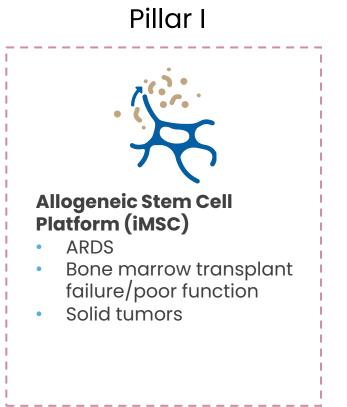


Wherein n is 1, 2, 3, 4, 5, 6, 7, 8, 9,10, 11, 12, 13, 14, or 15.





Platform Technology Deployed in Four Regenerative Medicine Pillars



Pillar II



Autologous, Gene Edited Platform

- Hemoglobinopathies
- Opportunities in many genetic diseases

Pillar III



Autologous iPSC Platform

- Paroxysmal nocturnal hemoglobinuria
- Partnership opportunities



Pillar IV



In Vivo Gene Editing Platform

- Transthyretin
 amyloidosis
- Stargardt disease
- Non-syndromic
 hearing loss
- Opportunities in many genetic diseases



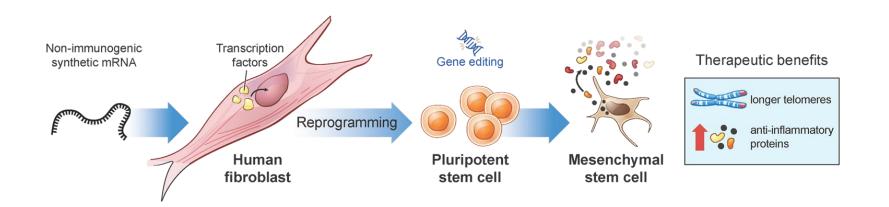
Allogeneic iMSC Therapies

Allogeneic iMSC Product Platform



iPSC-derived Mesenchymal Stem Cells (iMSC)

- Low risk of toxicity, proven across many clinical studies
- Low immunogenicity, no need for immunosuppressive drugs
- Leveraging decades of work with MSC process development and manufacturing
- A single Drug Product can be used across multiple and varied indications
- iPSC can be gene edited to program the iMSC with additional properties, expanding indications
- MSC therapies have had inconsistent clinical efficacy due to product heterogeneity



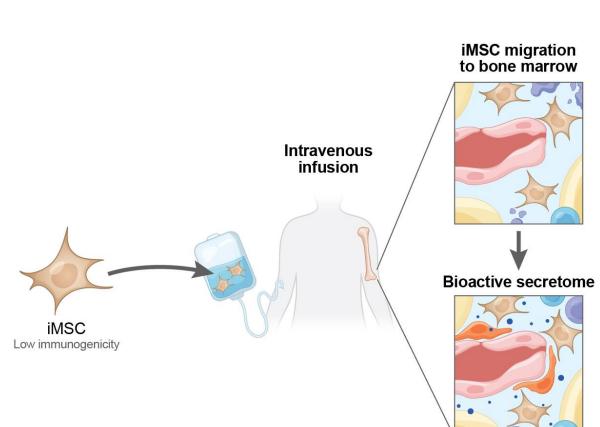
Brooklyn's iMSC Address Issues with Tissue-derived MSC



Historical Issues with MSC field	Tissue-derived MSC	Brooklyn's iMSC
Donor to donor variability	×	
Tissue source variability	×	
Manufacturing variability	×	
Limited or inconsistent characterization	×	
Poor mechanistic understanding	×	
Capacity to precisely genetically modify	×	

iMSC Application in Graft Failure/Poor Graft Function

- MSCs modulate immunological responses, support hematopoiesis, and repair bone marrow stroma
- Clinical applications in hematopoietic stem cell transplant (HSCT)
 - Treating engraftment failure or poor graft function
 - Promoting HSC engraftment
- Working with world class KOLs in HSCT to focus on best clinical population(s) and trial design
- Anticipate FIH in 4Q-2023



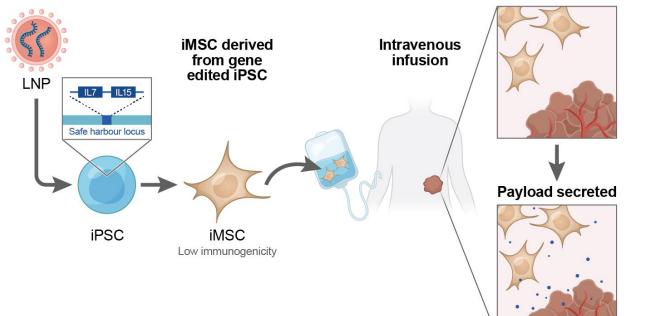
Brooklyn

Developing a Family of Geneedited iMSC Products To Address High Unmet Need Solid Tumors

- Gene-editing iPSC and thorough characterization; followed by differentiation to iMSC
- Multiple engineered iMSC products to deliver agents locally and avoid systemic toxicities
 - IL-7 & IL-15 drive expansion and engraftment
- Combination with CAR-T and checkpoint inhibitors



iMSC migration to tumor site



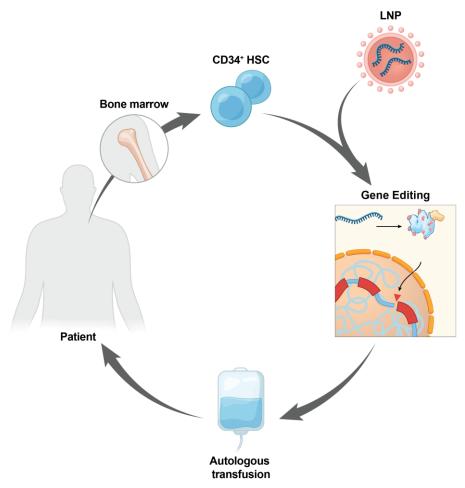


Autologous Cell Therapies

Autologous Cell Therapy, Efficient mRNA Gene Editing

- Autologous HSC-based gene therapy for many addressable indications
 - Hemoglobinopathies
 - Primary immunodeficiencies
 - Congenital cytopenias
- Leverages 30 years of clinical experience and isolation techniques for CD34+ HSC; robust engraftment and safety
- mRNA-based gene editing is less complex than viral methods, safer than integrating viral vectors
- Future partnering possibilities







Autologous iPSC Therapies

Autologous iPSC Cell Therapy Platform



Licensed technology is the safest, most efficient, and fastest method for iPSC derivation

- Safe: Non-integrating method using synthetic mRNA to produce reprogramming factors
- Efficient: Uses LNP for repeated in vitro delivery with low toxicity
- Efficient: Can combine reprogramming and gene editing in single step derivation
- Fast: Reprogramming and iPSC colony formation within 2 weeks

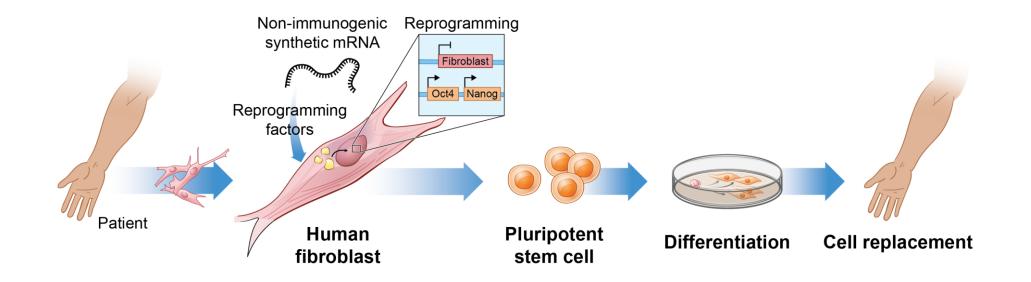
The safety, reliability and speed enable autologous iPSC programs

- Efficiency of reprogramming permits low quantity of cells from biopsy and simultaneous correction of gene defects
- Can quickly produce multiple iPSC clones per patient
- Absence of genome integration facilitates screening to identify and characterize a safe clone

Autologous cells from iPSC



- Autologous iPSC / Gene-modified autologous iPSC for:
 - Paroxysmal nocturnal hemoglobinuria (*PIG1A*) no gene editing required
 - Infectious disease (CCR5)
 - Monogenic diseases





In Vivo Gene Editing Therapies

Genetic Medicine Product Platform

- Proprietary lipid nanoparticle for nucleic acid delivery
- Novel lipid with composition of matter IP

- Properties can be tuned to target different cell types and tissues
- Can deliver RNA or DNA; facilitates gene correction approaches
- Proprietary site-specific nuclease delivered using mRNA
- Can target any gene through design of protein binding domains
- High specificity to target genomic site
- Achieves high level but transient expression, enhancing safety



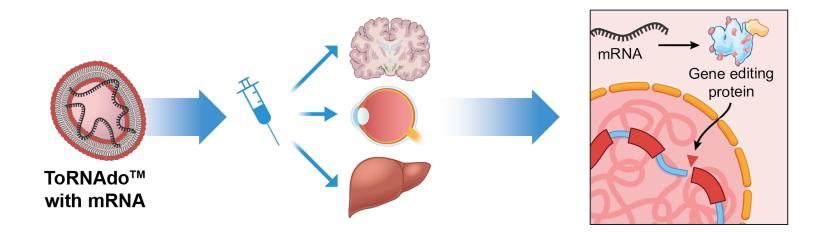




Developing In Vivo Gene-editing Products Addressing Rare Disease Indications (Orphan Designation)



- Direct gene editing in the liver, brain or eye for monogenic disorders
- Ability to knock-out or correct the target gene
- Initial gene target is knock-out of TTR for Familial Transthyretin Amyloidosis (ATTR)



ToRNAdo[™] is a trademark of Factor Bioscience Inc.

Amyloidosis Caused by Transthyretin (ATTR)

3 sites of TTR

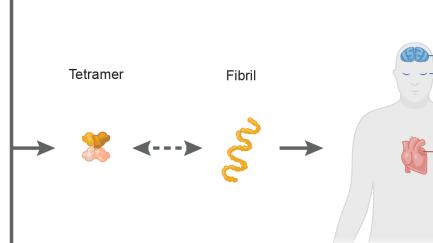
synthesis

Choroid plexus

Retina

Liver

- Caused by misfolded transthyretin aggregating into toxic oligomeric forms
- Death 5-15 years after onset of symptoms is typical
- Non-Familial (200,000-500,000 worldwide)
 - Owing to tissue deposition of normal TTR amyloid
 - Common clinical feature is peripheral neuropathy
- Familial (~50,000 worldwide): BTX Focus
 - Autosomal dominant
 - Owing to mutations in TTR (>140)
 - Mutations increase amyloidogenic property



TTR protein aggregation and

amyloid deposition



Clinical manifestations

CNS symptoms

Cardiovascular

symptoms

Peripheral neuropathy

BrainOcular

BTX In Vivo Editing Addresses all ATTR Manifestations



	Polyneuropathy	Cardiomyopathy 🕚	Retinopathy	Cognitive deficits
Subtype	Observed across subtypes (<u>except leptomeningeal</u>)	Observed across subtypes (except leptomeningeal)	Chiefly leptomeningeal subtype	Restricted mutations + observed across subtypes
Epidemiology	Most common, hATTR and senile (WT) disease	25% of ATTR population over age 80	Rare restricted mutations; small other subsets	Rare restricted mutations; small other subsets
Approved/ R&D synthesis inhibitors siRNA, ASO, CRISPR	IV/SC (hepatocytes)	IV/SC (hepatocytes)	×	×
BTX: in vivo gene editing	IV (hepatocytes)	IV (hepatocytes)	Subretinal injection (Retinal Pigment Epithelium)	Intracisternal injection (Choroid Plexus)

BTX can treat all known ATTR regardless of mutation

BTX Cell Therapy and Gene-Editing Pipeline Summary



Indication	Gene targets	Delivery	Discovery	Preclinical	IND- enabling	Clinical	Comments
iMSC: iPSC-derived mesenchymal stem cells							
ARDS (all etiologies)	n/a	I.V. injection					NoveCite program
BMT/HSCT setting	n/a	I.V. injection					
TBD	n/a	I.V. or local					
Solid tumors	IL7, IL15	I.V					
Oncology	Undisclosed	I.V					
Autologous HSC, gene edited							
Undisclosed	Undisclosed	I.V.					
Autologous iPSC-derived cell therapy							
PNH	PIG1A	I.V.					
In vivo gene editing							
Transthyretin Amyloidosis	TTR	IV, CNS, retina					
Stargardt Disease	ABCA4	Retina					

BTX Will Leverage Best In Class mRNA-based Technologies to Deliver Transformative Regenerative Medicines







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- Diversified product strategy for multiple clinical applications
- Experienced management team with deep expertise in C>



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Strong partnership for translational execution and future innovation



In-licensed patent portfolio offers sub-licensing opportunities



A platform company in cell, gene-editing & cytokine therapies

mRNA Engineered Cell & Genetic Medicines

January 2022