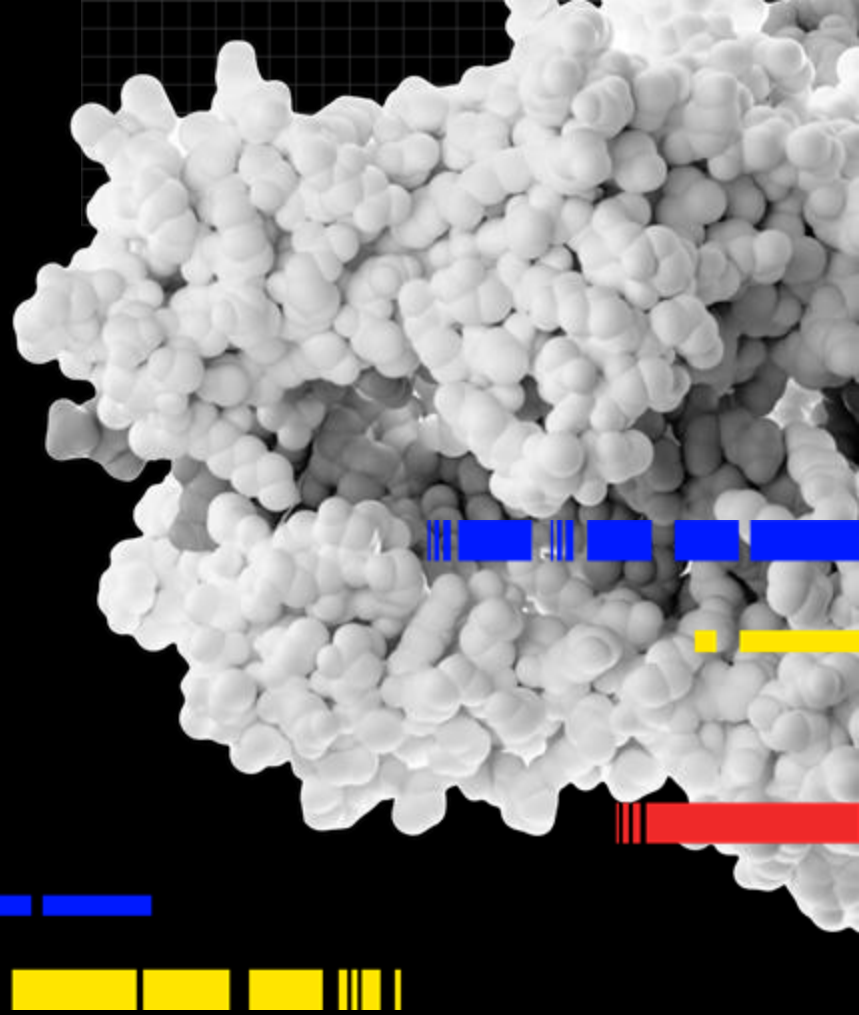
Rewriting the story of disease

Third Quarter 2026



scribe THERAPEUTICS

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Any statements made in this presentation that are not statements of historical fact, including statements about our beliefs and expectations, are forward-looking statements and should be evaluated as such. Forward-looking statements include information concerning the timing and results of our preclinical studies and clinical trials for our product candidates, estimates of the addressable patient population for our product candidates, our ability to use our CRISPR by Design approach and our ELXR and XE technologies to identify new product targets and advance such targets into clinical development, and our ability to establish and maintain third-party collaborations. These statements often include words such as "anticipate," "expect," "suggests," "plan," "believe," "intend," "estimates," "targets," "projects," "should," "could," "would," "may," "will," "forecast" and other similar expressions. These forward-looking statements are contained throughout this presentation. We have based these forward-looking statements on our current expectations, plans and assumptions that we have made in light of our experience in the industry, as well as our perceptions of historical trends, current conditions, expected future developments and other factors we believe are appropriate under the circumstances at such time. As you read and consider this presentation, you should understand that these statements are not guarantees of future performance or results. The forward-looking statements are subject to and involve risks, uncertainties and assumptions, and you should not place undue reliance on these forward-looking statements. Although we believe that these forward-looking statements are based on reasonable assumptions at the time they are made, you should be aware that many factors could affect our actual results or results of operations and could cause actual results to differ materially from those expressed in the forward-looking statements. Factors that may materially affect such forward-looking statements include: our limited operating history and that none of STX-1150, STX-1200 or STX-1400, our three product candidates, or any of our future product candidates have completed clinical trials or been approved for commercial sale; our significant net losses incurred since inception and the likelihood of incurring additional losses for the foreseeable future; our need for substantial additional funding; the early stages of clinical development of STX-1150 and of development of STX-1200 and STX-1400 and any future product candidates, and the possibility they may fail in development; legal and regulatory risks; and intellectual property-related risks, among others. These cautionary statements should not be construed by you to be exhaustive and are made only as of the date of this presentation. We undertake no obligation to update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise, except as required by applicable law.

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Team

Discipline Enabled by Expertise

Built with **Nobel Prize-winning science**

Our **founder-led focus** on developing highly engineered genetic medicines for all **drives disciplined and capital efficient execution**

Developed into a leading organization with a **strong and deep suite of industry experts**

~90 person team, ~30,000 sq. ft. HQ in Alameda, CA

Growing List of world-class investors & partners:

Andreessen Horowitz · Avoro · orbimed · T. Rowe Price · Perceptive Advisors · Wellington Management · RA Capital · Lilly · sanofi

Benjamin Oakes, PhD
Co-founder, CEO

Jennifer Doudna, PhD
Co-founder, SAB

Dave Savage, PhD
Co-founder, SAB

Brett Staahl, PhD
Co-founder, VP External Innovation

Svetlana Lucas, PhD
COO

David Parrot, MBA
CFO

Chitra Sharma, MS
SVP Development

Sunny Mok, PhD, MBA
SVP Operations

A Unique Mission

Founded to purpose-build *in vivo* CRISPR medicines to enable the treatment of us all

Starting with:

preventing leading cause of death: **ASCVD**

Enhancing CRISPR to evolve the opportunity: from restoring health to preventing disease with **Editing & Silencing**

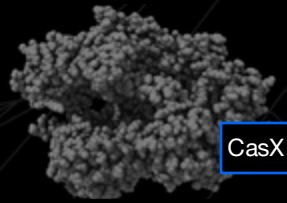
APPROACH:

CRISPR BY DESIGN™

CONTINUOUS SYSTEMATIC ITERATIONS THROUGH →

PROPRIETARY ENGINEERING ENGINES

FOUNDATION:



NOVEL BACTERIAL IMMUNE SYSTEM

TECHNOLOGIES:

ELXR: Epigenetic Silencing

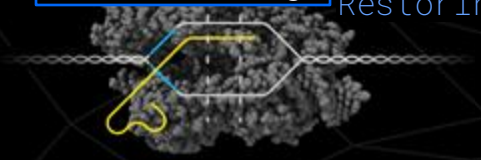
Improving health

Transferring protective genetic effects to prevent & treat disease via a ultra-long-acting silencing approach

ENHANCED:

POTENCY
SPECIFICITY
SAFETY

XE: Gene Editing

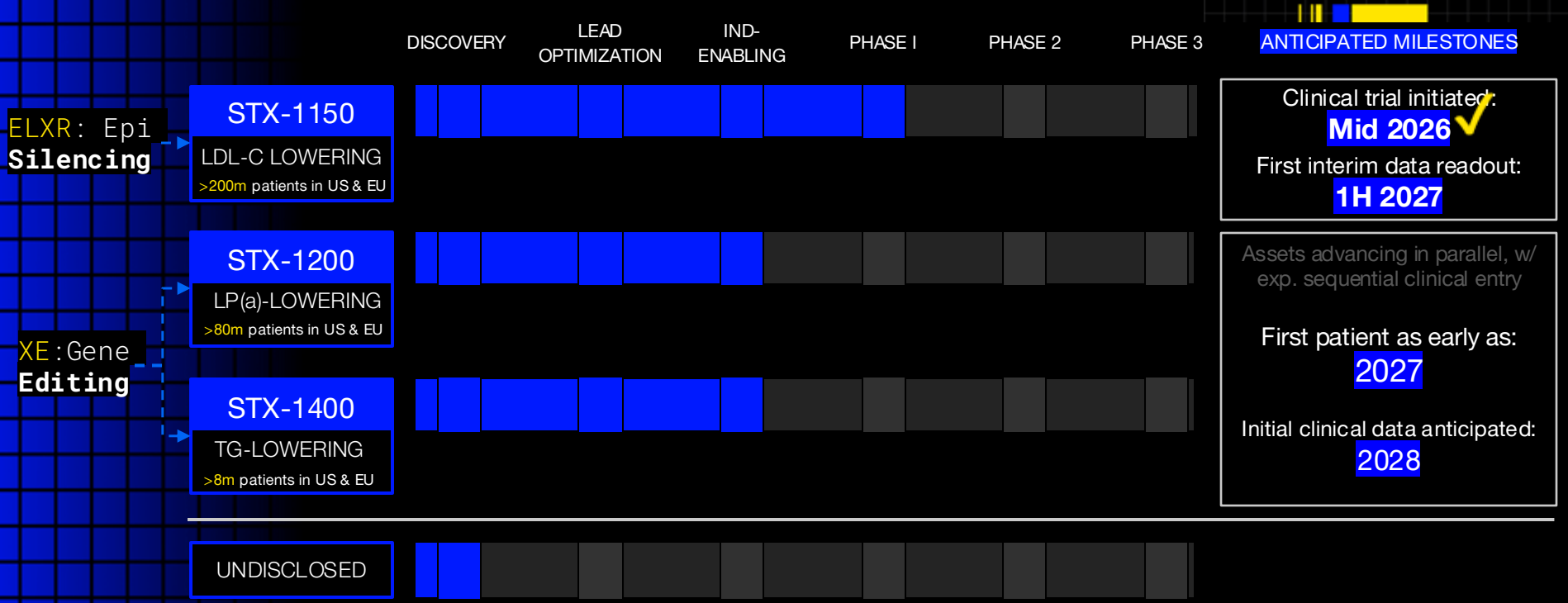


Restoring health

Enabling safer & more effective genetic solutions for the treatment of genetic diseases

Pipeline

Fully committed to delivering cardioprotective genetics for the prevention and treatment of disease: LDL-C, Lp(a) & TGs

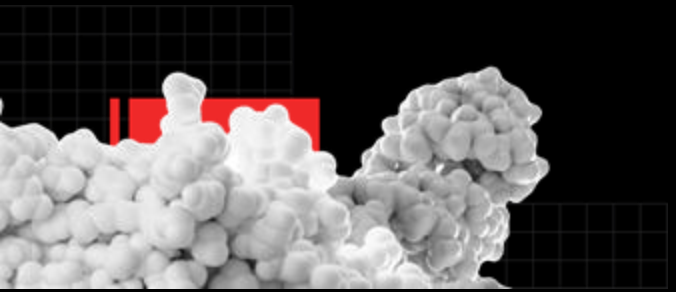


STX-1200 and STX-1400 programs are partially supported by grants from California Institute for Regenerative Medicine (CIRM)

Strategic Collaborations

Expanding our impact through strategic collaborations

A portfolio of partnership programs aimed at accelerating CRISPR medicines into rare and common diseases outside of cardiovascular indications



sanofi

***In vivo* Sickle Cell Disease & Other Therapies**

$65m	2	$1.2b+
UPFRONT PAYMENTS	ANNOUNCED PROGRESS MILESTONES TO DATE	FUTURE MILESTONES + CO-PROMOTE OPTION

Lilly

***In vivo* Neurological & Neuromuscular Diseases**

$75m	2	$1.1b+
UPFRONT PAYMENTS & INVESTMENTS	ANNOUNCED PROGRESS MILESTONES TO DATE	FUTURE MILESTONES & RESEARCH FUNDING +PROFIT-SHARE OPTION

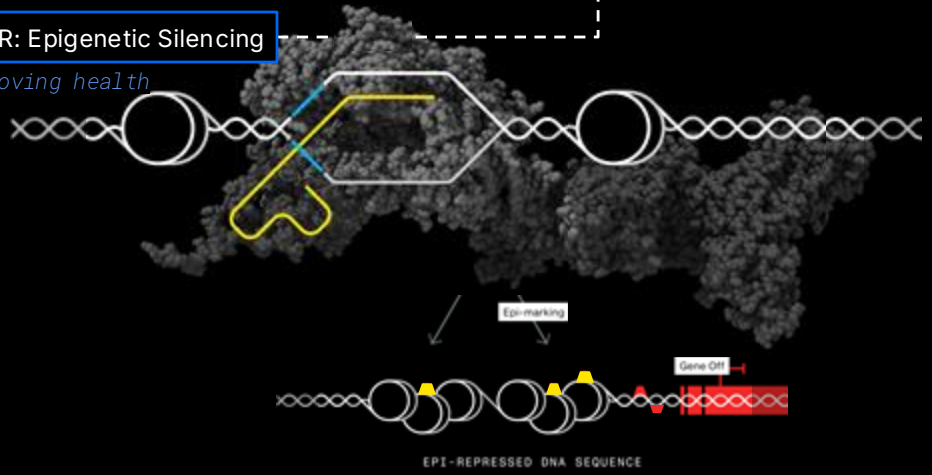
Broadly delivering cardioprotective genetics: **Silencing** PCSK9 for LDL-C lowering, ASCVD prevention, and treatment

STX-1150

Epigenetic Silencing of PCSK9 for LDL-C Lowering

ELXR: Epigenetic Silencing

Improving health



STX-1200

STX-1400

Current modalities to treat and prevent ASCVD may appear clinically effective but fall short in real-world situations

Current approaches to LDL-C Lowering

Max. LDL-C Lowering in clinical setting

- **Small molecules** 60%[1]
- **mAbs** 60%[4]
- **RNAi** 50%[4]
- **Combinations** 90%[7]

Fundamental limitations

Discontinuation rate over 1 year

- **Small molecules** 70%[6]
- **mAbs** 50%[6]
- **RNAi** ~20%[3]

Study:
1M+ patients Real-world retrospective in Europe[6]

Day 300: **only 29%** of patients remained on Statins

Average **length of treatment** before discontinuation:

Statins: **265** days

Ezetimibe: **255** days

PCKS9i: **387** days

Challenge: Persistence & adherence > 1 year **must** be achieved to meaningfully shift risk and disease outcomes in ASCVD

*Sources: (1) Law et al. BMJ. 2003 (2) Turkmen et al 2025 BMC Med (3) Rosenson et al. 2025 ACC. Novartis Poster #12209 (4) FDA labels for Repatha, Praluent, LEQVIO (5) Toth et al Lipids Health Dis. 2019 (6) Koenig et al Clin Res in Cardiology 2023 (7) Mach et al EHJ 2025

The solution: 1-3% of the population are **born "lucky"** with natural **genetic cardioprotection via PCSK9 modifications**

↓ 28% lower mean LDL-C

↓ 88% lower risk of CHD

STX-1150: Ultra-long-acting PCSK9 Silencing to recapitulate genetic cardioprotection

Engineered to deliver the potency, persistence, and safety required to provide broad, durable access to preventative cardioprotection

→ **Designed as the end state of RNAi-like therapies:**
Imagine RNAi but with years to decades of durability

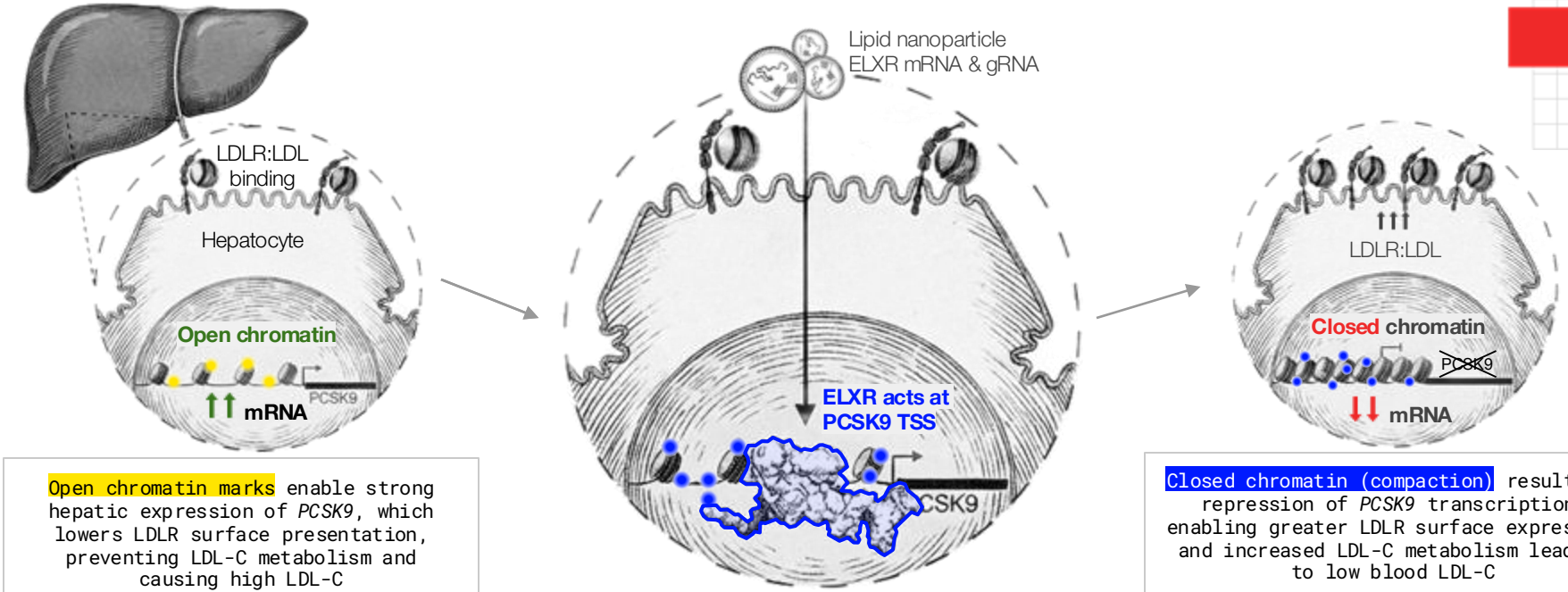
→ **Achieving > 50% LDL-C reduction for 2 years:**
After a single dose in NHPs (>4x durability of siRNA, 50x vs Abs)

→ **Tolerable & specific at relevant doses:**
Without meaningful off-target transcriptomic or LFT changes

→ **Less than 12 mo to initial clinical data:**
Data anticipated 1H2027

LFT = liver function test

ELXR Silencing: lowers mRNA levels similar to RNAi with the potential for substantial advantages in durability and efficacy

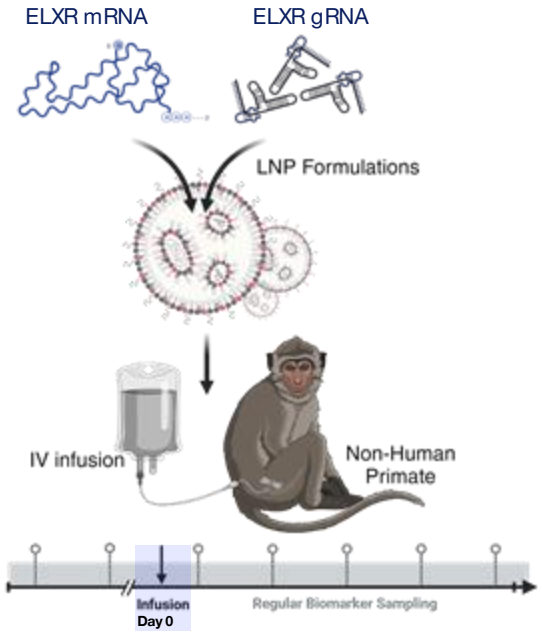


Open chromatin marks enable strong hepatic expression of *PCSK9*, which lowers LDLR surface presentation, preventing LDL-C metabolism and causing high LDL-C

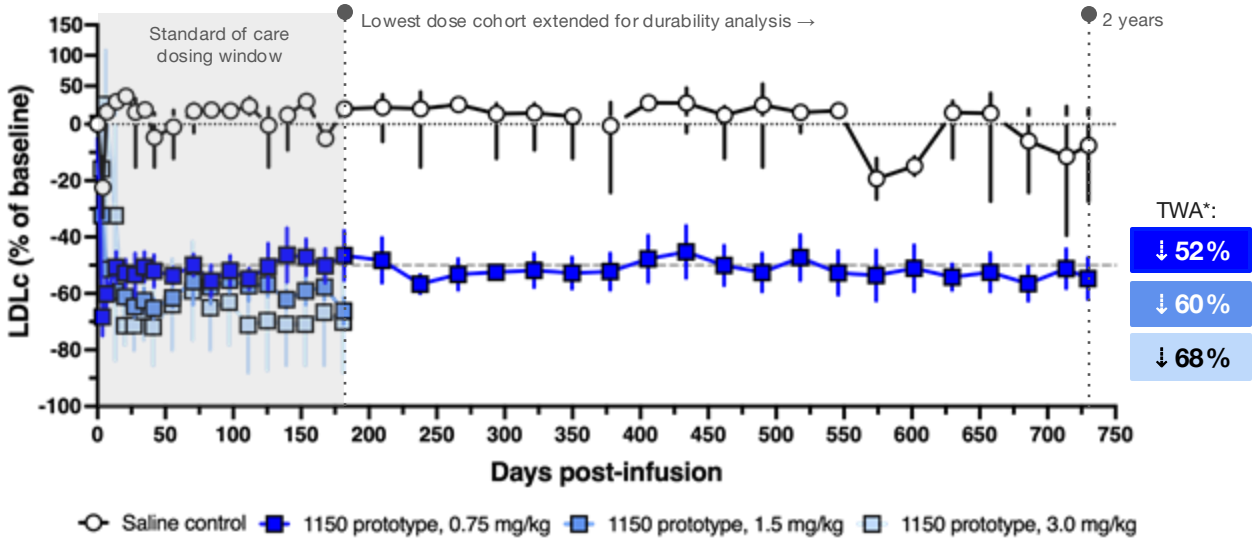
LNP delivery of ELXR mRNA & gRNA to the hepatic *PCSK9* locus modifies epigenetic marks on **DNA** and **Chromatin**

Closed chromatin (compaction) results in repression of *PCSK9* transcription, enabling greater LDLR surface expression and increased LDL-C metabolism leading to low blood LDL-C

NHP Efficacy: A single dose of a STX-1150 prototype reduces LDL-C by 52-68% for at least two years in non-human primates



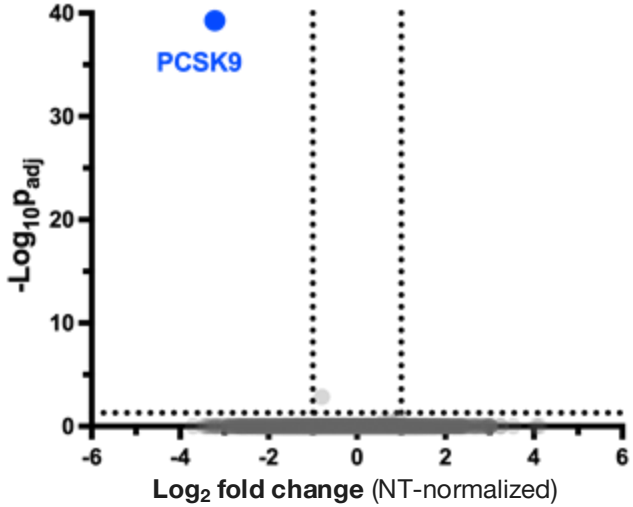
Robust, durable, LDL-C reduction observed at all doses



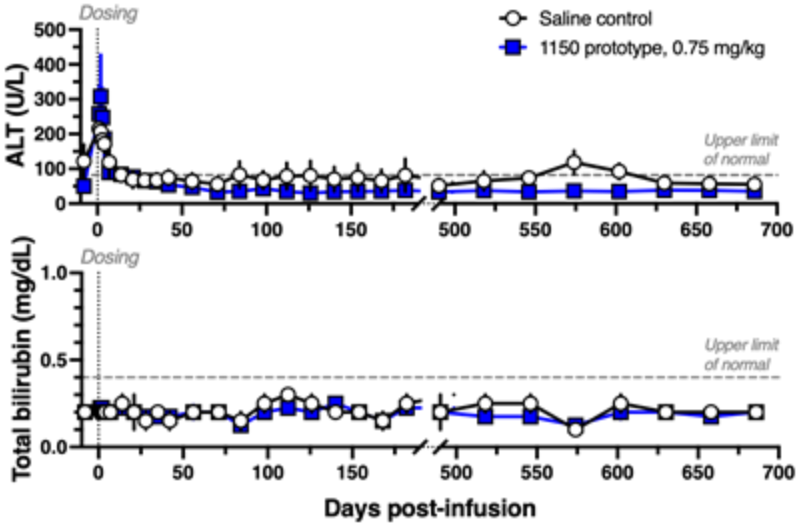
*TWA = time-weighted average as shown were calculated starting from D21

Tolerability: Orthogonal assessments demonstrate target specific knockdown *in vitro* and strong *in vivo* primate tolerability

No off-target gene expression changes observed at 3X EC90* in human hepatocytes



ALT and TBIL elevation at 0.75mg/kg are indistinguishable from saline control*

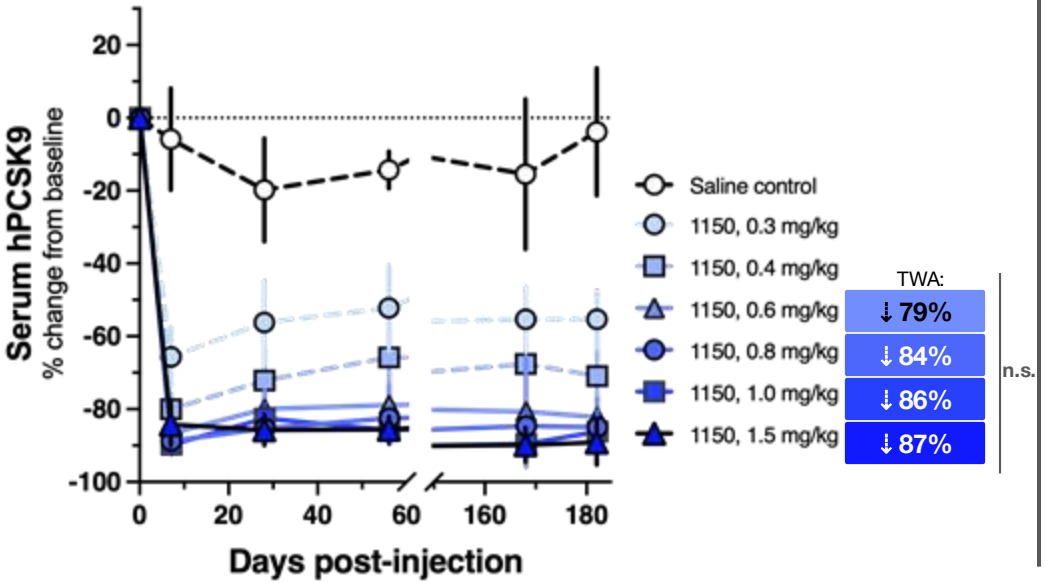


1150 GLP tox: No test-article related adverse findings observed across evaluated dose levels

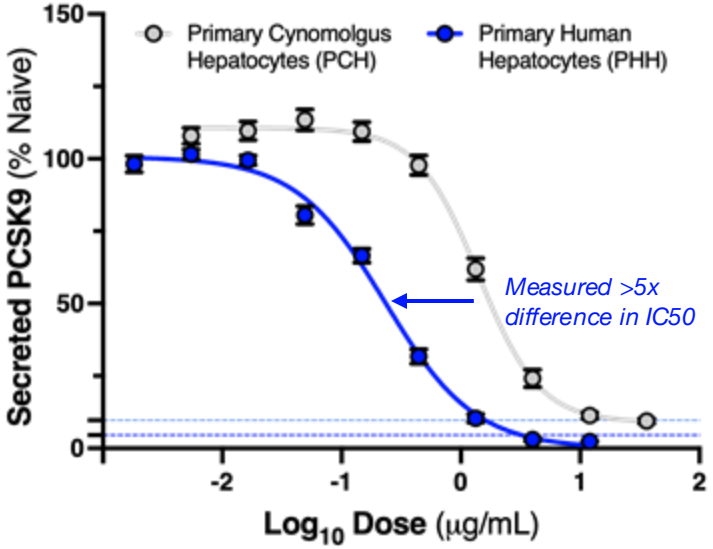
*Treatment with STX-1150 prototype

Dose translation: Manufacturing and potency testing on the human genome demonstrates the potential for silencing at lower doses

STX-1150 achieves saturating reduction of serum hPCSK9 in at 0.6 mg/kg dose



STX-1150 demonstrates at least 5x greater potency in PHHs vs. PCHs



STX-1150 aims to substantially improve on adherence and persistence by mimicking cardioprotective genetics, without genetic changes

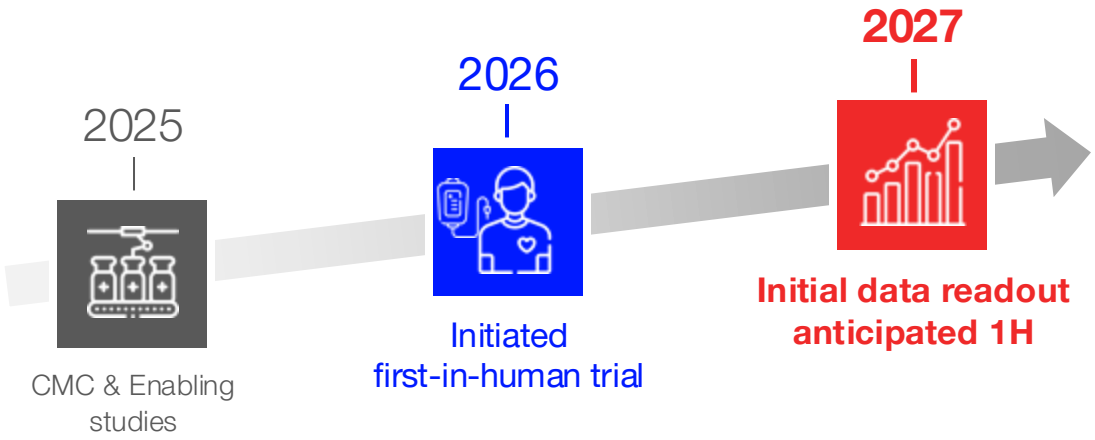
	Atorvastatin and other orals *Small molecule*	Evolucumab *Monoclonal antibody*	Inclisiran *siRNA*	STX-1150 *Epigenetic silencer*
LDL-C lowering in clinical trial setting	55%[1]	63%[4]	51%[4]	51-68% in NHPs (low to high dose)
Treatment burden (over 5 years)	1,825 pills (daily)	120 injections (bi-weekly)	11 injections (twice yearly)	1 Infusion (est*)
% patients still on therapy (1 year)	29%[6]	45%[6]	80%[3]	100%
1 year adherence adj. LDL-C lowering	15%[2]	23%[3]	35%[3]	>> 36% *targeted*

Note: These results may not be directly comparable. Differences exist between trial design and subject characteristics, and caution should be exercised when comparing data across unrelated studies.

*Sources: (1) Law et al. BMJ. 2003 (2) Turkmen et al 2025 BMC Med (3) Rosenson et al. 2025 ACC. Novartis Poster #12209 (4) FDA labels for Repatha, Praluent, LEQVIO (5) Toth et al Lipids Health Dis. 2019 (6) Koenig et al Clin Res in Cardiology 2023

First-in-human focuses on patients with hypercholesterolemia & elevated CV risk; interim data readout projected for 1H 2027

Study Design	
	Study population: **Adult pts with elevated LDL-C & elevated CV risk**
	Primary objective: Safety and tolerability
	Secondary objective: LDL-C & PCSK9 reduction
Part 1: Single Ascending Dose	
Part 2: Dose expansion	

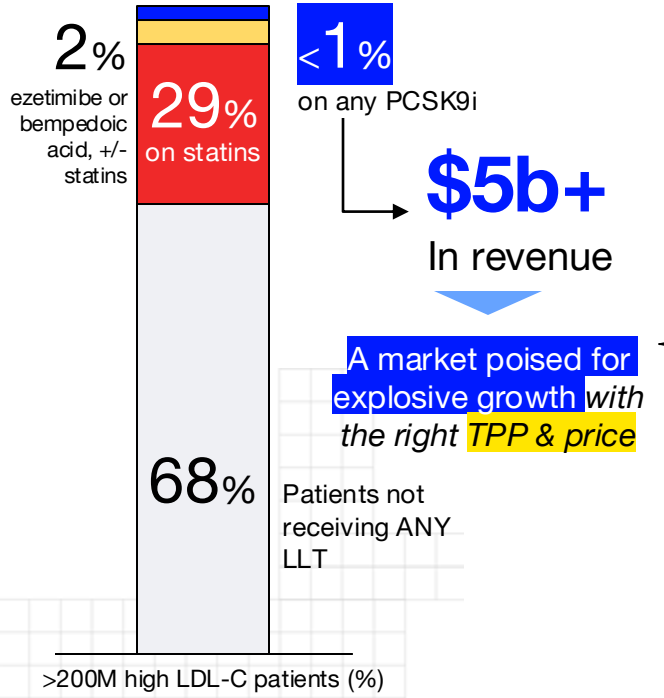


Phase 1 is underway in Australia, with additional sites planned in New Zealand

ClinicalTrials.gov ID: NCT07428473

STX-1150 has the unique potential to return value to stakeholders across the full ecosystem of ASCVD care

LLT treatment landscape today[1]



$5b+
In revenue

A market poised for explosive growth *with the right TPP & price*

Patients not receiving ANY LLT

Is there an unmet need?

1.5m
Heart attacks and strokes despite available treatments

ASCVD is the number 1 killer, and **it's not even close**

Do physicians want STX-1150?

75% of patients never reach their treatment goals[3]

> *"With this [STX-1150] therapy, **you would essentially eliminate non-compliance.**"*
> *- Surveyed US Cardiologist[5]*

Will payers want STX-1150?

$400 billion
In annual CV related medical cost to the US…[2]

…and expected to grow by 2050 to **$1.8 trillion**

Will patients take STX-1150?

90% of patients already on PCSK9i would consider switching to gene editing[4]

Can we access the market?

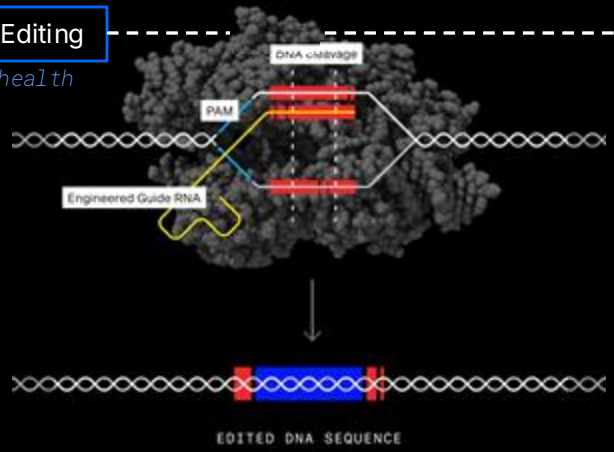
Attractive COGS via non-viral delivery allows for **competitive pricing vs. standard of care**

*Sources: (1) DRG Dyslipidemia Market Forecast 2020-2030, (2) AHA 2026 Heart Disease and Stroke Statistics, (3) Gu et al Am J Prev Cardio 2022 (4) LifeSci Capital US Population Survey, April 2023, (5) Scribe Sponsored KOL Qual Market Research

Restoring genetic health associated with ASCVD risk:
Solving for the genetics of severely elevated Lp(a) & Triglycerides

XE: Gene Editing

Restoring health



STX-1150

Genetic solutions for genetic disease

STX-1200

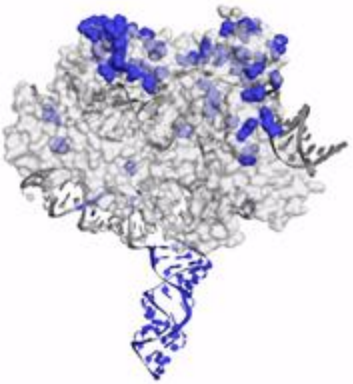
LPA GENE EDITING

STX-1400

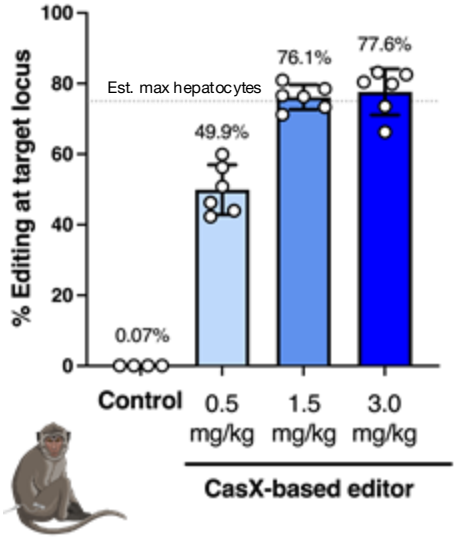
APOC3 GENE EDITING

Engineering XE for safer and broader use: Achieving saturating editing in NHP liver with greater safety than Cas9 and other previous systems

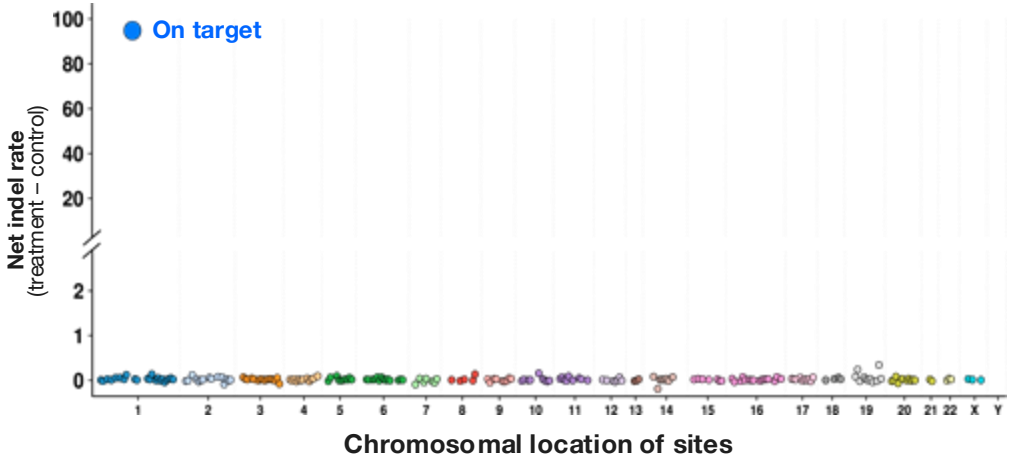
XE is >125 changes from WT CasX



XE is the first non-Cas9 CRISPR demonstrated to achieve saturating editing in NHP liver

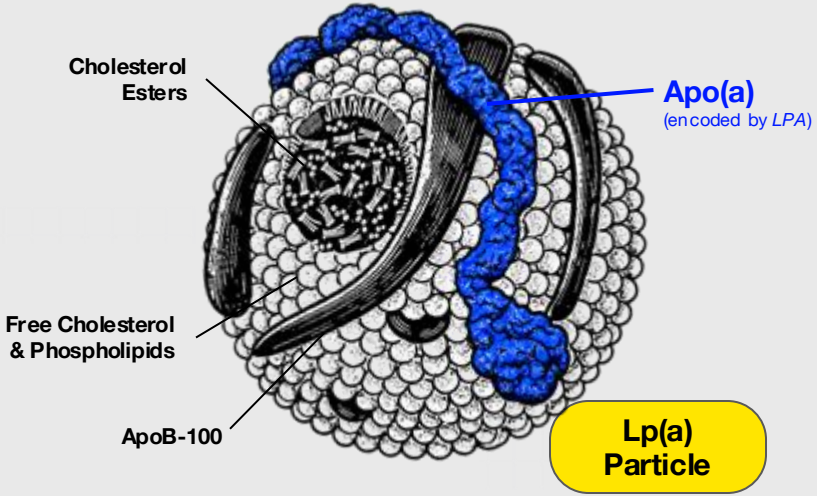


XE has no observed off-targets at 10x supersaturating doses in primary human hepatocytes cells



Lp(a) is a strong risk factor for various Cardiovascular Diseases driven by genetic changes in the *LPA* gene

Lp(a) particle levels are genetically dictated by copy number of kringle repeats in the Apo(a) protein encoded for by the *LPA* gene (where a smaller number of repeats = 4-5x or greater concentration of Lp(a))



>80m

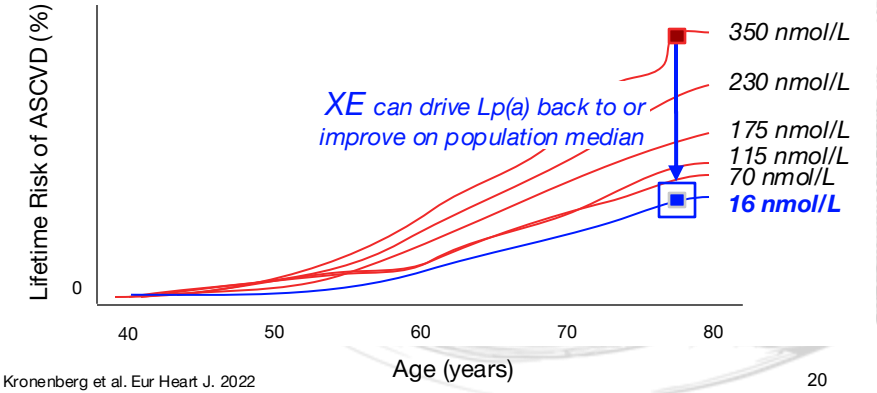
PATIENTS LIVING WITH ELEVATED Lp(a) IN THE US & EU

Lp(a) is genetically controlled: lifestyle changes do not impact Lp(a) levels

2x higher risk of premature MI

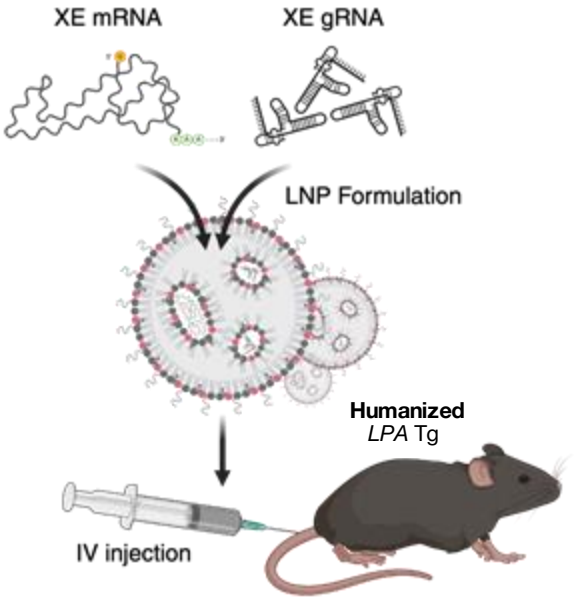
4x higher risk of aortic stenosis

This lifetime risk of ASCVD could be driven down with effective gene editing

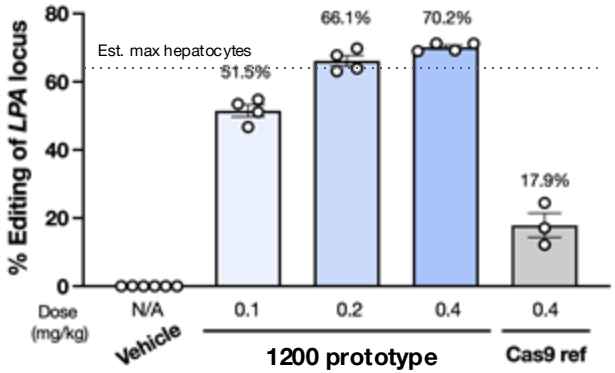


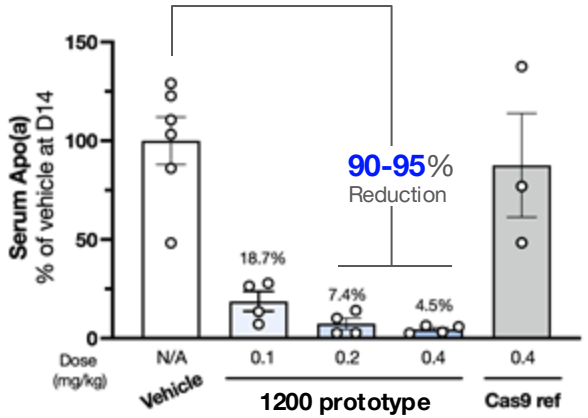
Source: Kronenberg et al. Eur Heart J. 2022

A STX-1200 prototype has been shown to potently edit and reduce serum Apo(a) protein in a transgenic mouse model at 0.2-0.4mpk



Saturating hepatocyte editing achieved by STX-1200 prototype substantially reduces Apo(a) protein secretion by >90% in vivo





No observable off-target editing at >125 candidate off-target sites in primary human hepatocytes treated with STX-1200 prototype

No candidate off-target sites showed significant editing at a 10X supersaturating dose

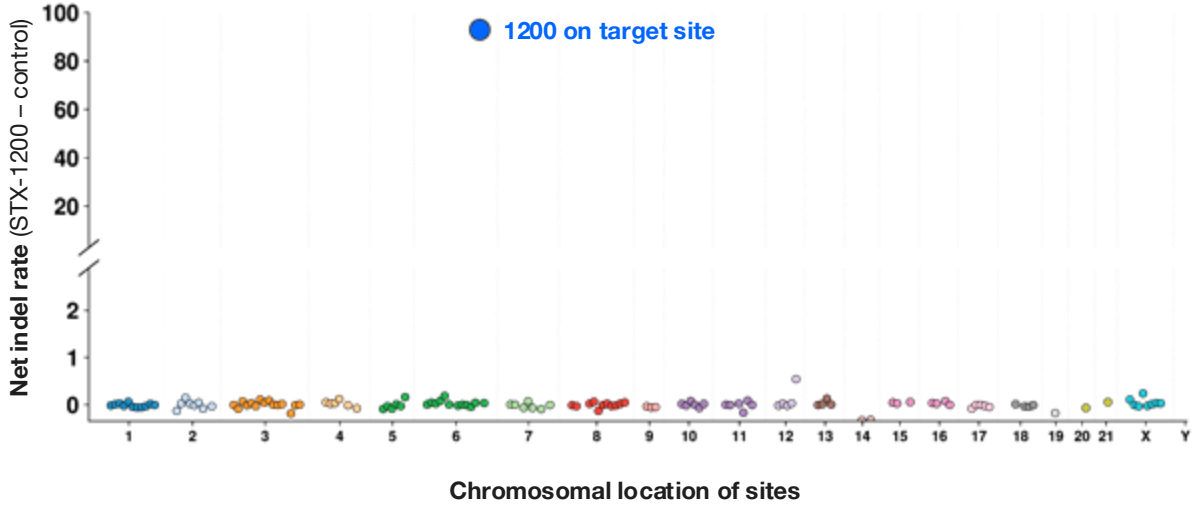
Off-target site nomination

↓

Selection of top enriched sites from nomination assays

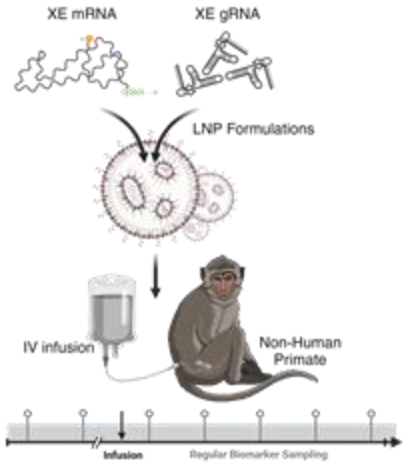
↓

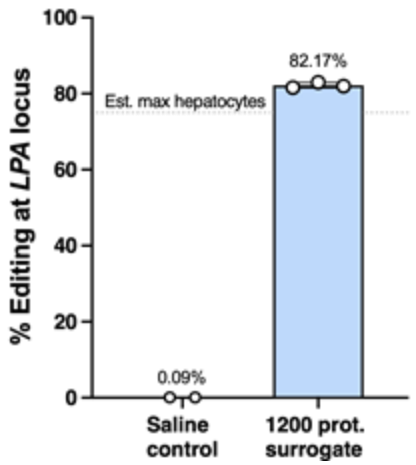
Validation of off-target site editing

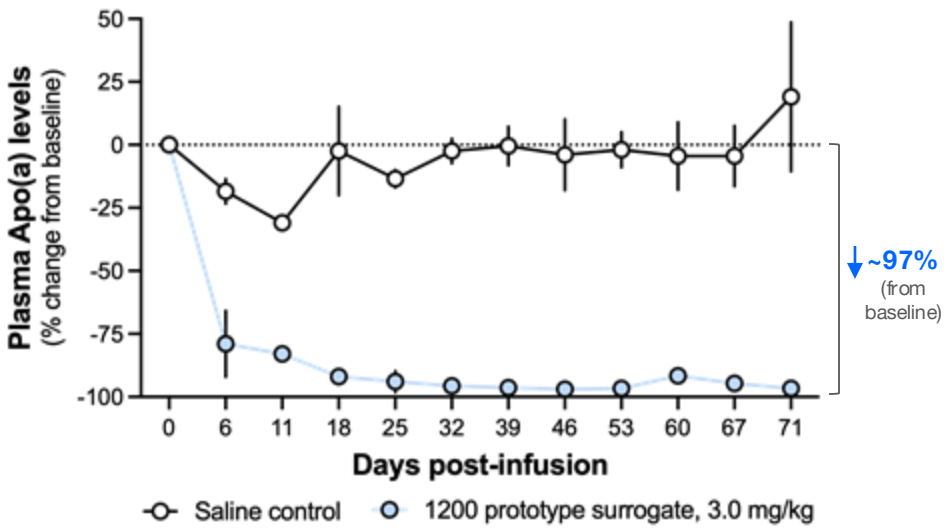


Primary human hepatocytes (PHHs) were treated with LNPs encapsulating STX-1200 prototype at a supersaturating dose of 10X EC90. Post-treatment, cells were harvested for gDNA extraction, and editing activity at nominated off-target sites was validated using rhAmpSeq

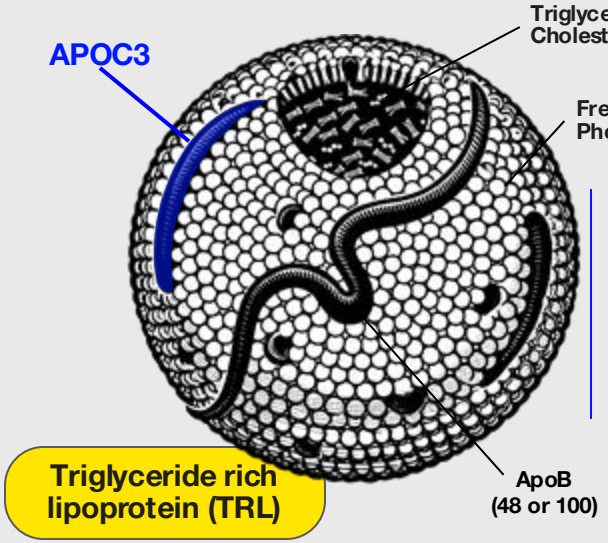
A STX-1200 prototype surrogate potently reduces plasma Apo(a) levels in the liver of non-human primates







Severely elevated TGs are a significant risk factor for acute pancreatitis in FCS & SHTG and potentially transformative for risk modification in CVD



APOC3 is a primary inhibitor of **Lipoprotein Lipase degradation of TGs** and a therapeutic target for restoring TG homeostasis due to its role in increasing plasma TG levels

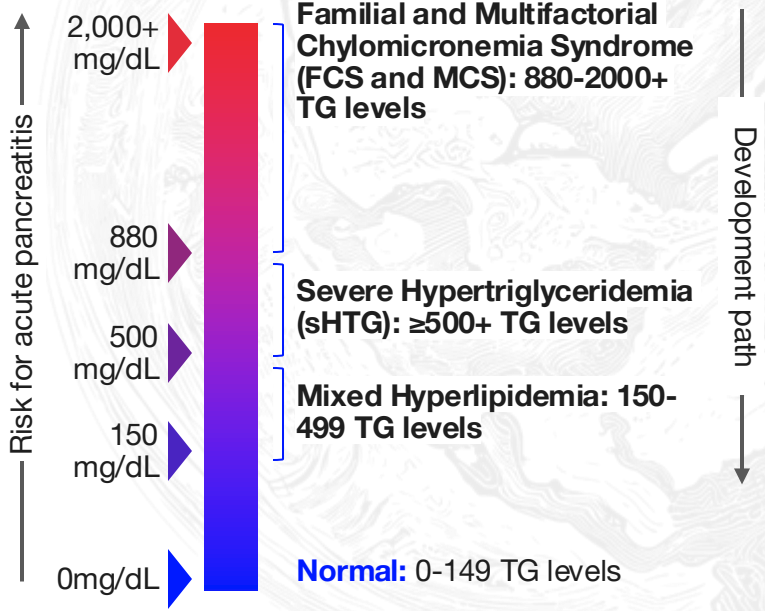
AP: acute pancreatitis; FCS: familial chylomicronemia syndrome; TRL: triglyceride-rich lipoproteins

Rewriting the story of disease.

High TG levels are controlled by genetics in the severe FCS and MCS populations

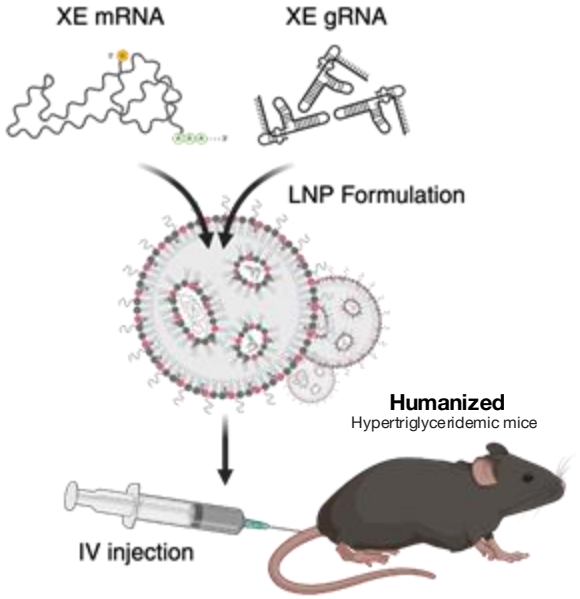
Epidemiological studies show an association between higher TRLs and risk of ASCVD

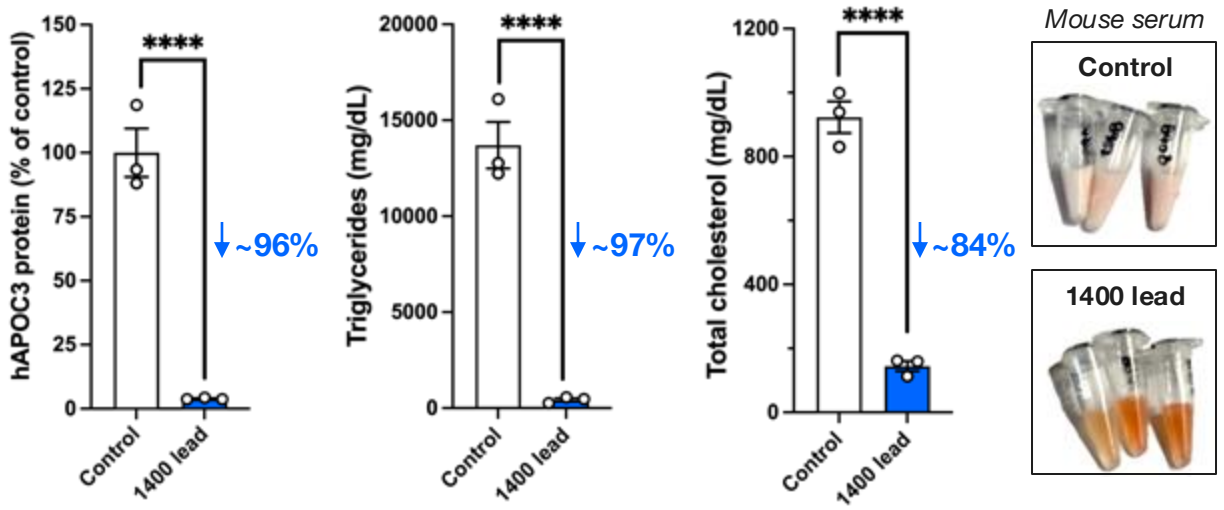
ELEVATED TGs AND ASSOCIATED DISORDERS



Source: 1. Malick WA, et al. J Am Coll Cardiol. 2023; 2. Larouche M, et al. Curr Atheroscler Rep. 2023. 3. Nordestgaard BG, et al. Lancet. 2014. 4. Mach F, et al. Eur Heart J. 2020. 5. Lloyd-Jones DM, et al. J Am Coll Cardiol. 2022 6. McGowan MP, et al. J Am Heart Assoc. 2019. 7. Yang Z, et al. Front Cardiovasc Med. 2022. 8. Romandini A, et al. Pharmaceuticals (Basel). 2023. 9. Virani SS, et al. J Am Coll Cardiol. 2021. 10. Gaudet D, et al. N Engl J Med.

STX-1400 prototype readily reduces APOC3 protein and triglycerides by >90% and total cholesterol by >80% in mouse model of disease





Targeting gRNAs with XE reduce hAPOC3 protein, triglycerides, and total cholesterol in the hypertriglyceridemic mouse model.
Image is representative of the serum of treated vs untreated controls; N=3

No observable off-target editing at >200 candidate off-target sites in primary human hepatocytes treated with STX-1400 prototype

No candidate off-target sites showed significant editing at a 10X supersaturating dose

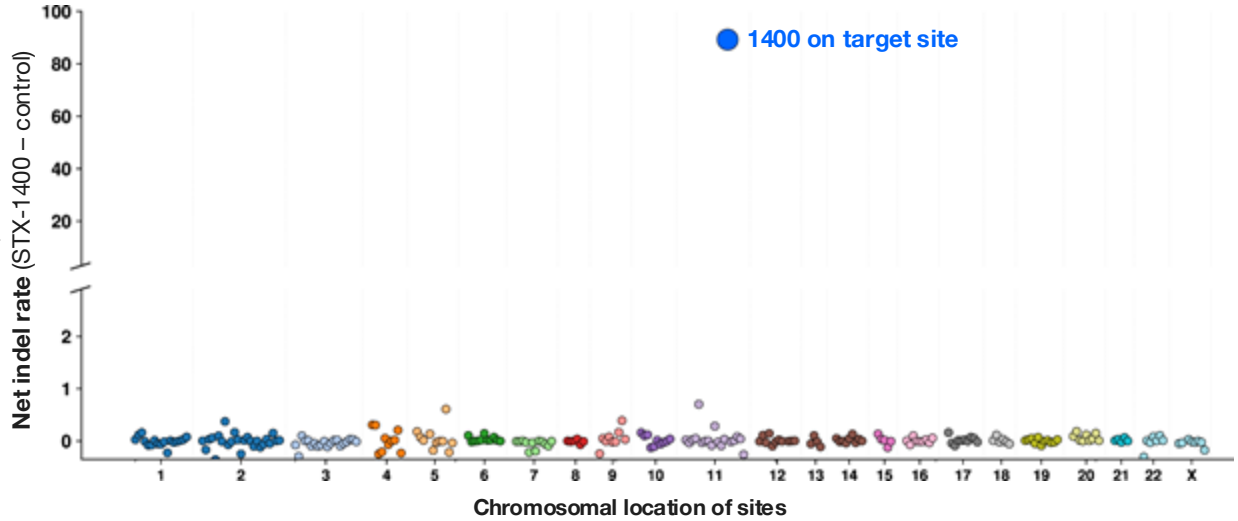
Off-target site nomination

↓

Selection of top enriched sites from nomination assays

↓

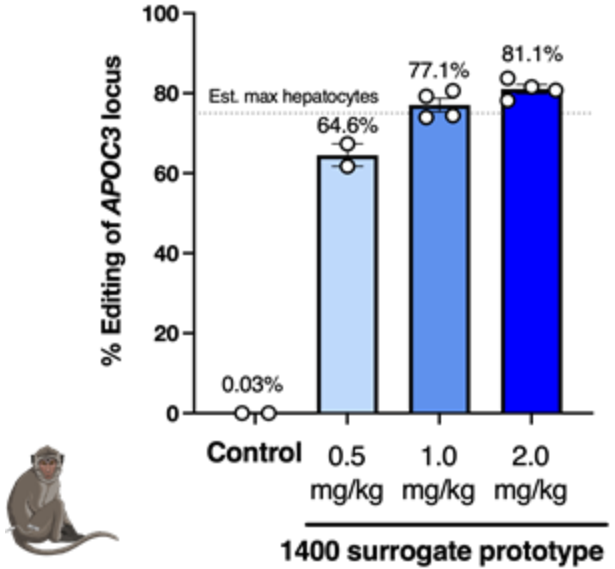
Validation of off-target site editing



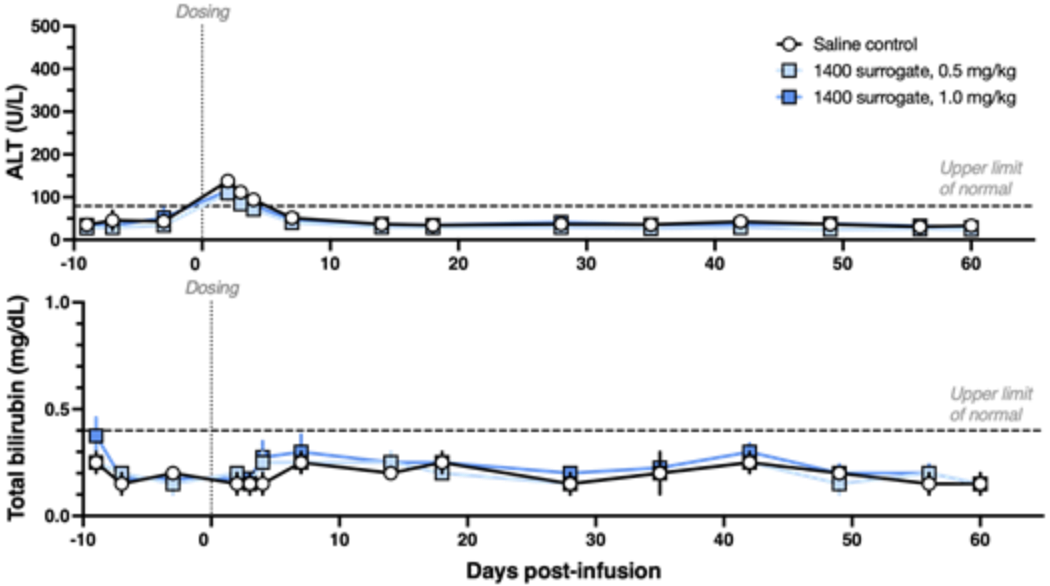
Primary human hepatocytes (PHHs) were treated with LNPs encapsulating STX-1400 prototype at a supersaturating dose of 10X EC90. Post-treatment, cells were harvested for gDNA extraction, and editing activity at nominated off-target sites was validated using rhAmpSeq.

In non-human primates, STX-1400 prototype surrogate potently edited *APOC3* locus in the liver, without significant LFT elevations

STX-1400 surrogate prototype saturates editing at 1.0 mg/kg

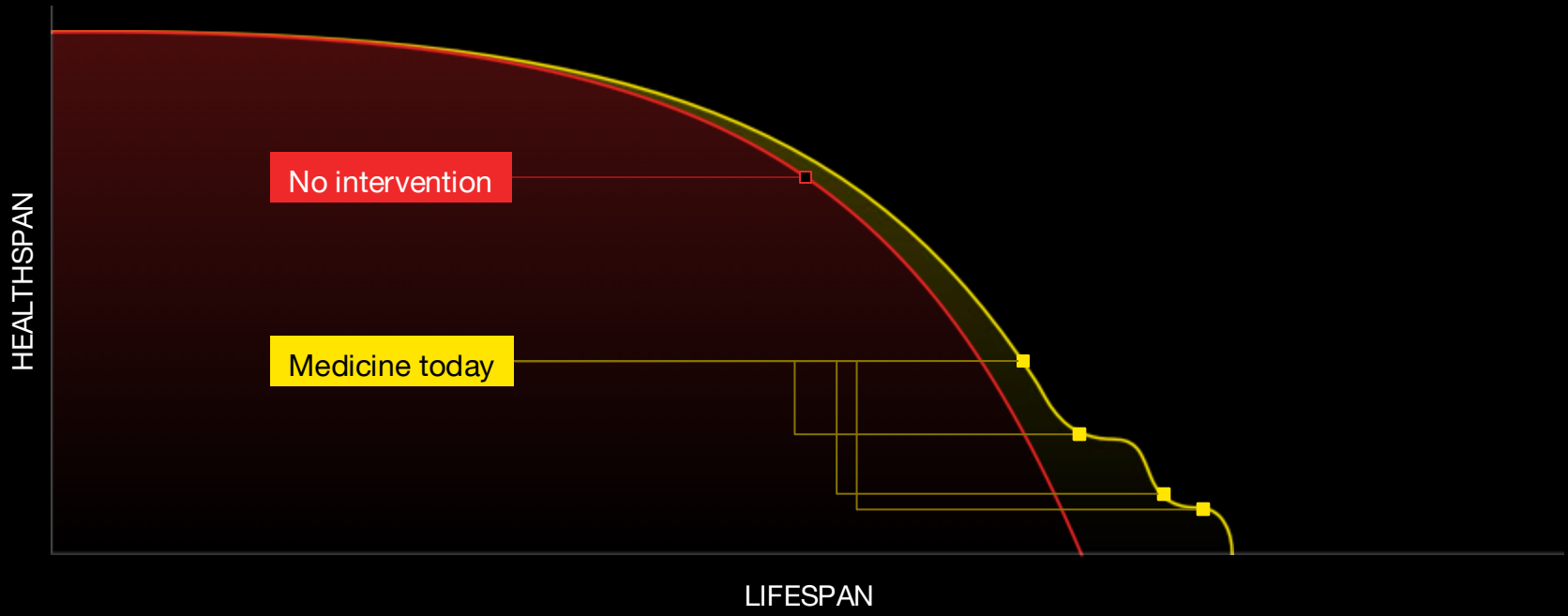


ALT and total bilirubin levels at therapeutically relevant doses are indistinguishable from control



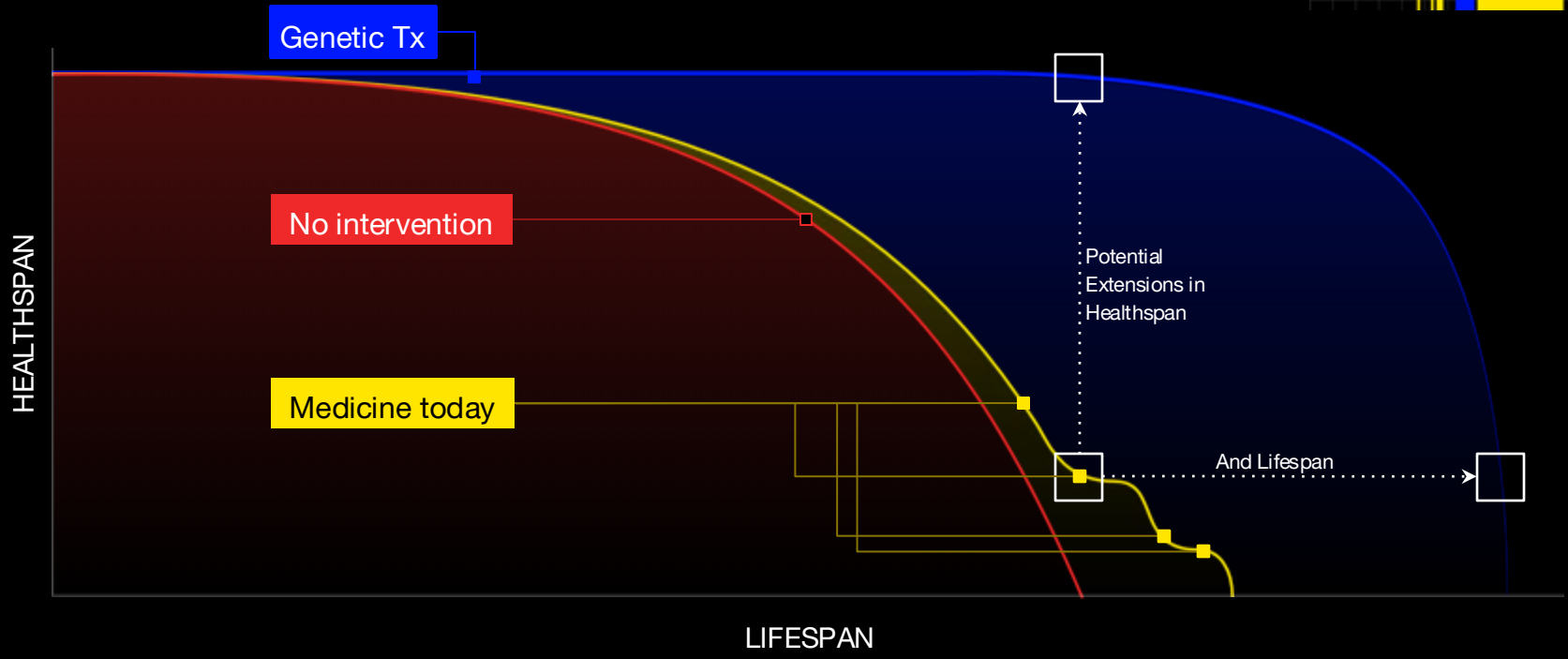
LFT = liver function test

Rewrite the story of disease: from late symptom intervention



Rewrite the story of disease: To Genetic Prevention

with genetic medicines safe and effective enough to be preventative for all



Anticipated Key Milestones

STX-1150
LDL-C

- ☑ First patient for elevated LDL-C in mid-2026
- ☐ Initial clinical data in 1H2027

STX-1200
Lp(a)

STX-1400
TG

- ☐ Clinical entry as early as 2027
- ☐ Initial data 2028

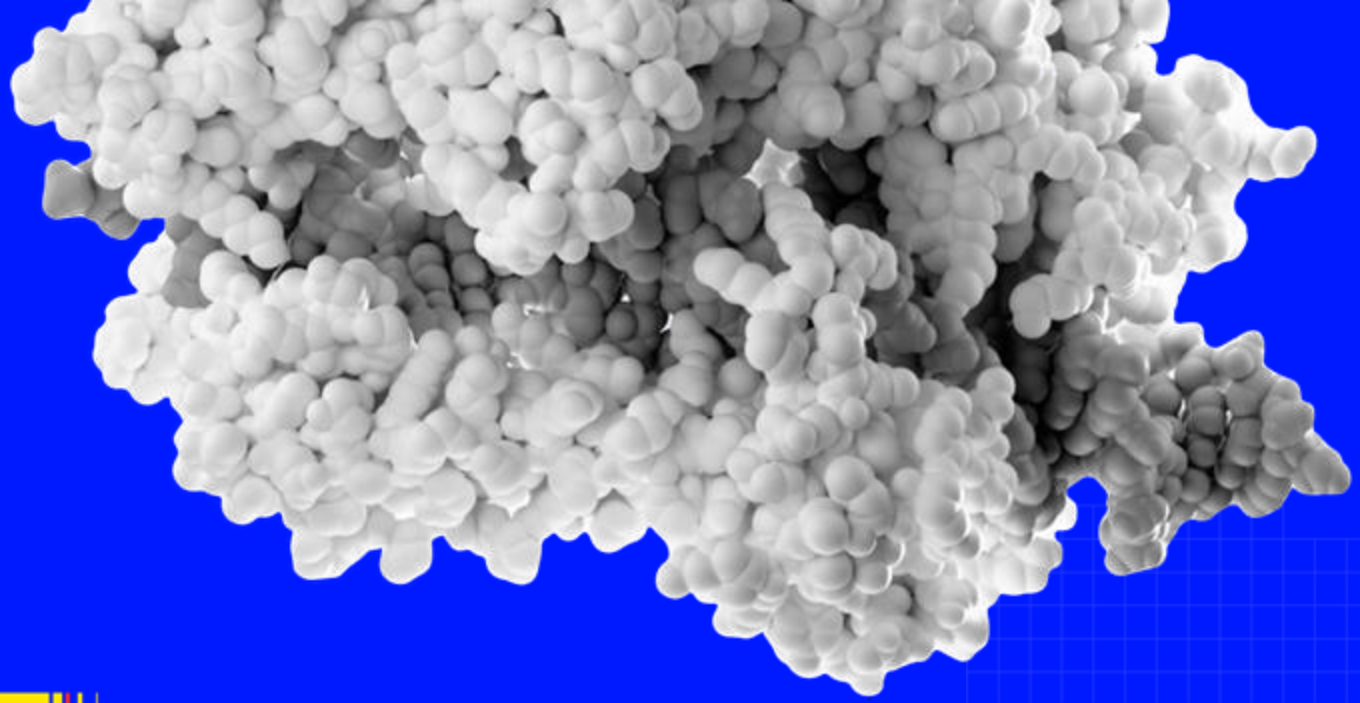
Partnerships

- ☐ Sanofi and Eli Lilly partnership updates

Technology

- ☐ Continued engineering and evolution of novel CRISPR

scribe THERAPEUTICS



Thank you

Lipid nanoparticle technology provided by ACUITAS