



CRISPR Therapeutics

Creating transformative gene-based medicines for serious diseases

Corporate Overview

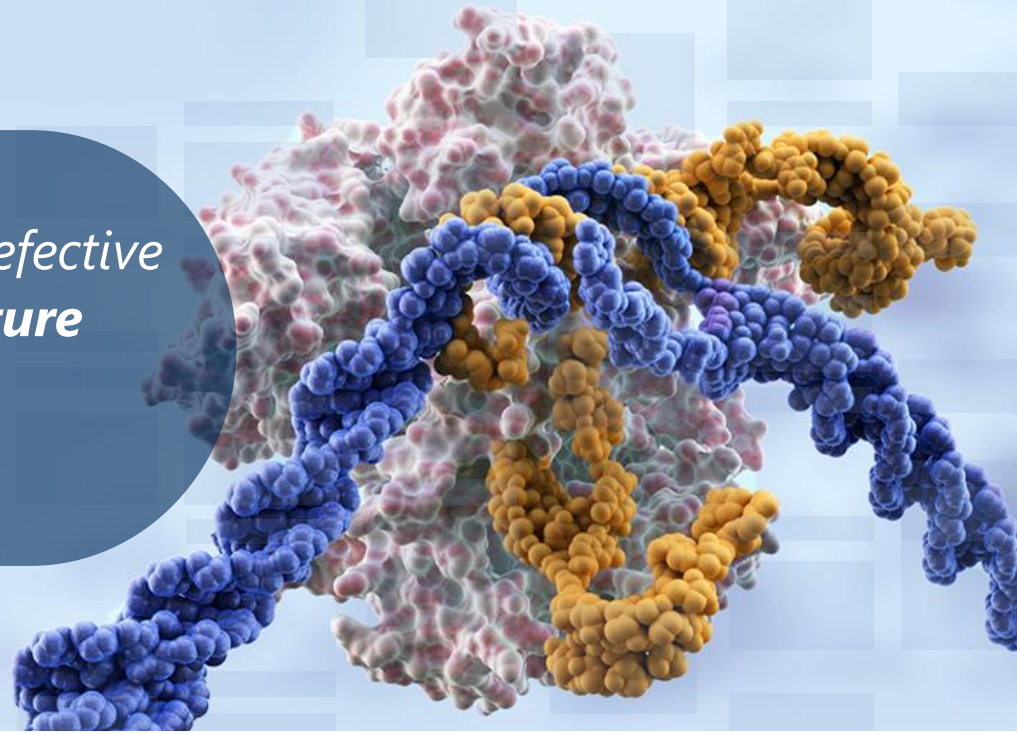
May 2018



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“A new technology for ‘editing’ defective genes has raised hopes for a **future generation of medicines**”
THE WALL STREET JOURNAL.

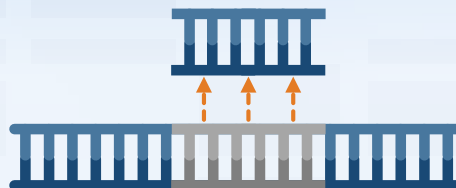


Specific, efficient, and versatile platform

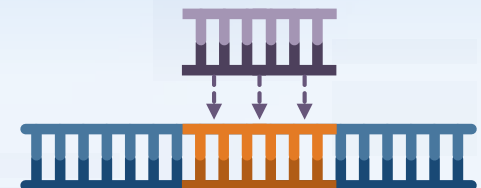
► DISRUPTION



► DELETION



► CORRECTION



CRISPR Therapeutics Highlights



LEADING GENE-EDITING COMPANY

Rapidly translating revolutionary CRISPR/Cas9 technology into transformative therapies



PIONEERING CRISPR IN THE CLINIC

Filed first company-sponsored CTA for a CRISPR-based therapeutic; CTX001 on track to initiate trials in 2018 in hemoglobinopathies



NEXT-GENERATION I/O PLATFORM

Advancing wholly owned, potentially best-in-class gene-edited allogeneic CAR-T products toward the clinic



ADVANCING *IN VIVO* APPLICATIONS

Pursuing select *in vivo* indications enabled by in-licensed technologies, platform improvement, and strategic partners



















UNIQUE CASEBIA JOINT VENTURE

50% ownership of Casebia broadens our pipeline and supports our platform improvement efforts; funded by ~\$265M from Bayer



STRONG IP & FINANCIAL POSITION

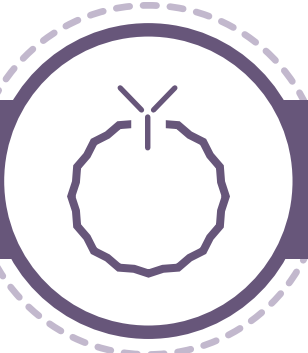
Strong IP and robust financial position: \$341.8 million in cash as of 3/31/18

Program	Editing approach	Research	IND-enabling	Ph I/II	Partner	Structure
Ex vivo: Hematopoietic						
CTX001: β -thalassemia	Disruption			First CTA Approved 1Q18		Collaboration
CTX001: Sickle cell disease (SCD)	Disruption			IND filing 1H18		Collaboration
Hurler syndrome (MPS-1)	Correction					Wholly-owned
Severe combined immunodeficiency (SCID)	Correction					Joint venture
Ex vivo: Immuno-oncology						
CTX101: CD19-positive malignancies	Various			IND filing YE18		Wholly-owned
Anti-BCMA Allogeneic CAR-T	Various					Wholly-owned
Anti-CD70 Allogeneic CAR-T	Various					Wholly-owned
In vivo: Liver						
Glycogen storage disease Ia (GSD Ia)	Correction					Wholly-owned
Hemophilia	Correction					Joint venture
In vivo: Other organs						
Duchenne muscular dystrophy (DMD)	Disruption					Wholly-owned
Cystic fibrosis (CF)	Correction					License option



Hemoglobinopathies

Ex vivo lead candidate in genetically-defined disease



Immuno-oncology

Expand cell therapy platform with allo CAR-T pipeline

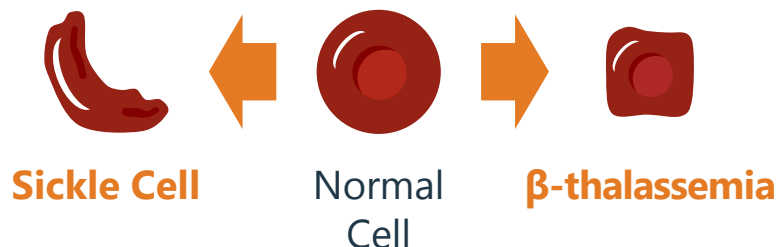


In vivo

Enable in vivo applications through platform advancements

SICKLE CELL DISEASE (SCD) AND β -THALASSEMIA

Blood disorders caused by *mutations* in the β -globin gene



Significant worldwide burden

300,000 Annual births
in SCD and β -
thalassemia,
respectively

60,000

High morbidity and mortality



Anemia



Pain



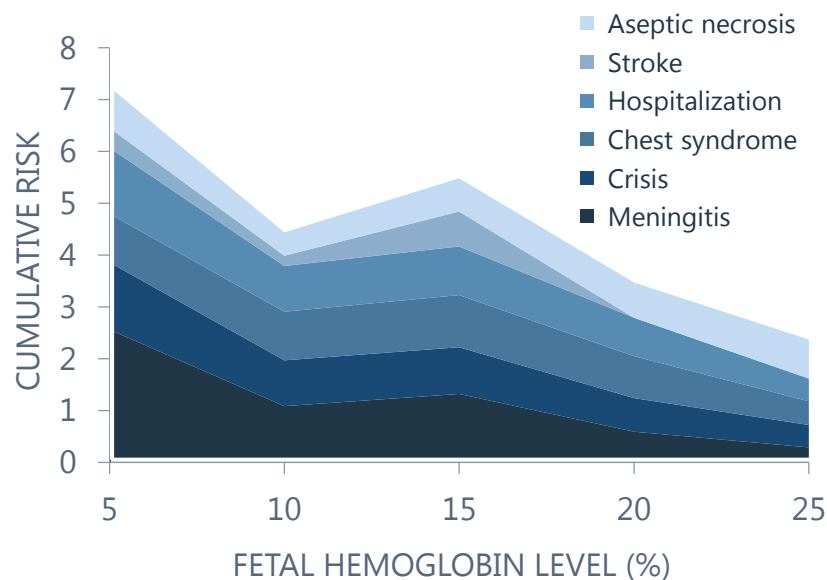
Early death

Heavy burden of patient care

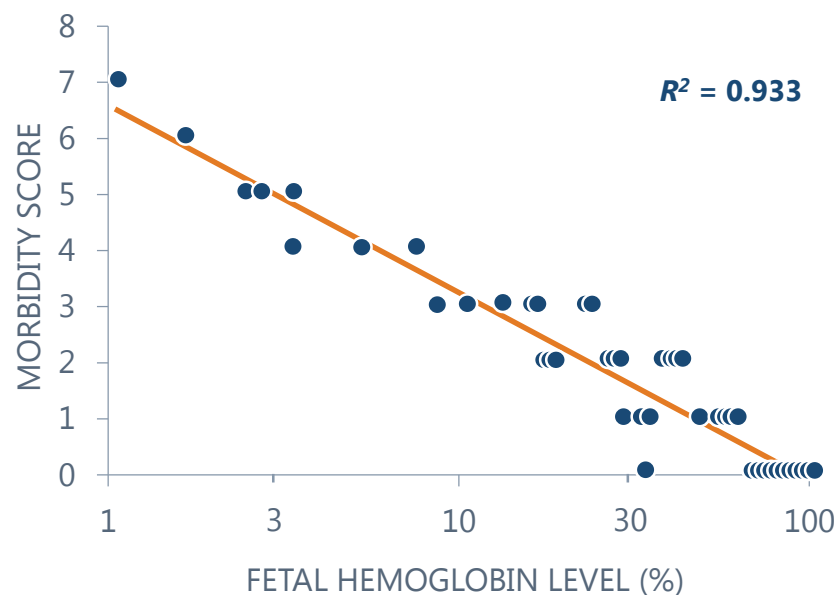


Frequent
**transfusions &
hospitalizations**

REDUCED RISK OF EVENTS IN SICKLE CELL DISEASE¹



REDUCED SYMPTOMS IN β -THALASSEMIA²

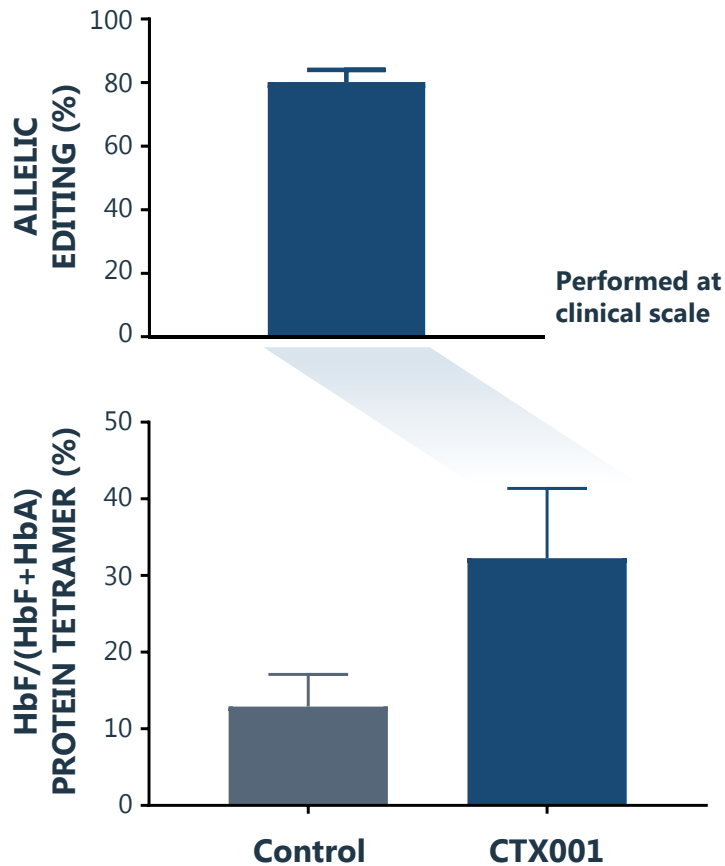


- › **Naturally occurring genetic variants** cause **hereditary persistence of fetal hemoglobin** (HPFH), and **lead to reduced symptoms** in patients with sickle cell disease and β -thalassemia
- › Our gene editing strategy aims to **recreate these variants** in symptomatic patients — an approach **supported by well-understood genetics**

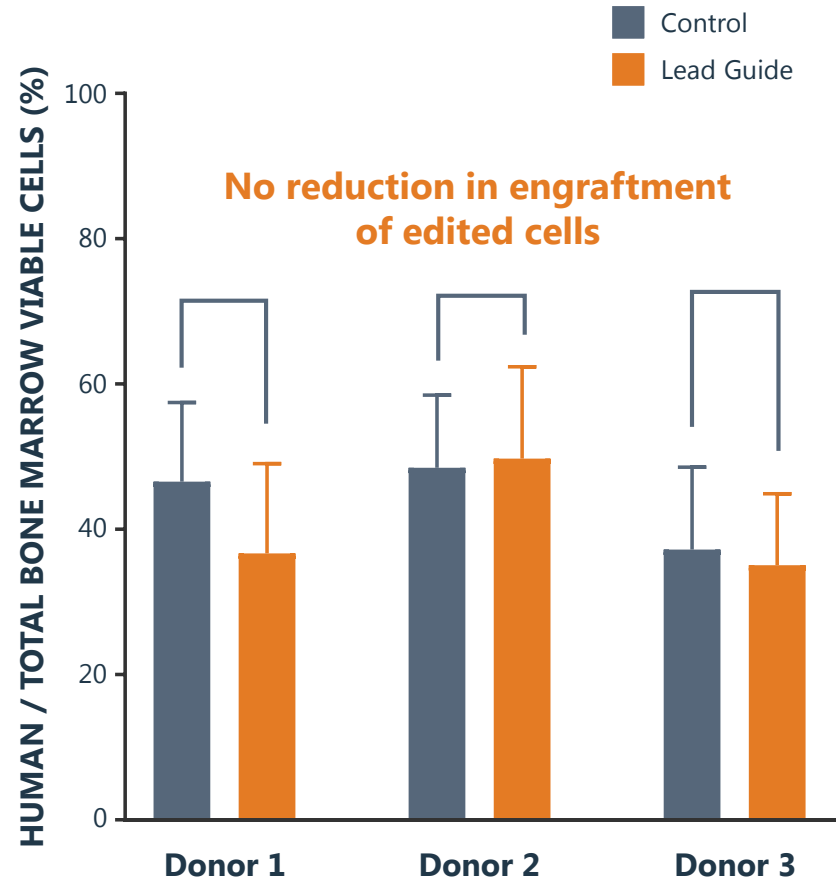
1. Powars, *et al.* Blood 1984; 2. Musallam, *et al.* Blood 2012

CTX001 Upregulates Fetal Hemoglobin and Engrafts in Mice

HIGH EDITING RATES LEAD TO ROBUST HbF INDUCTION¹



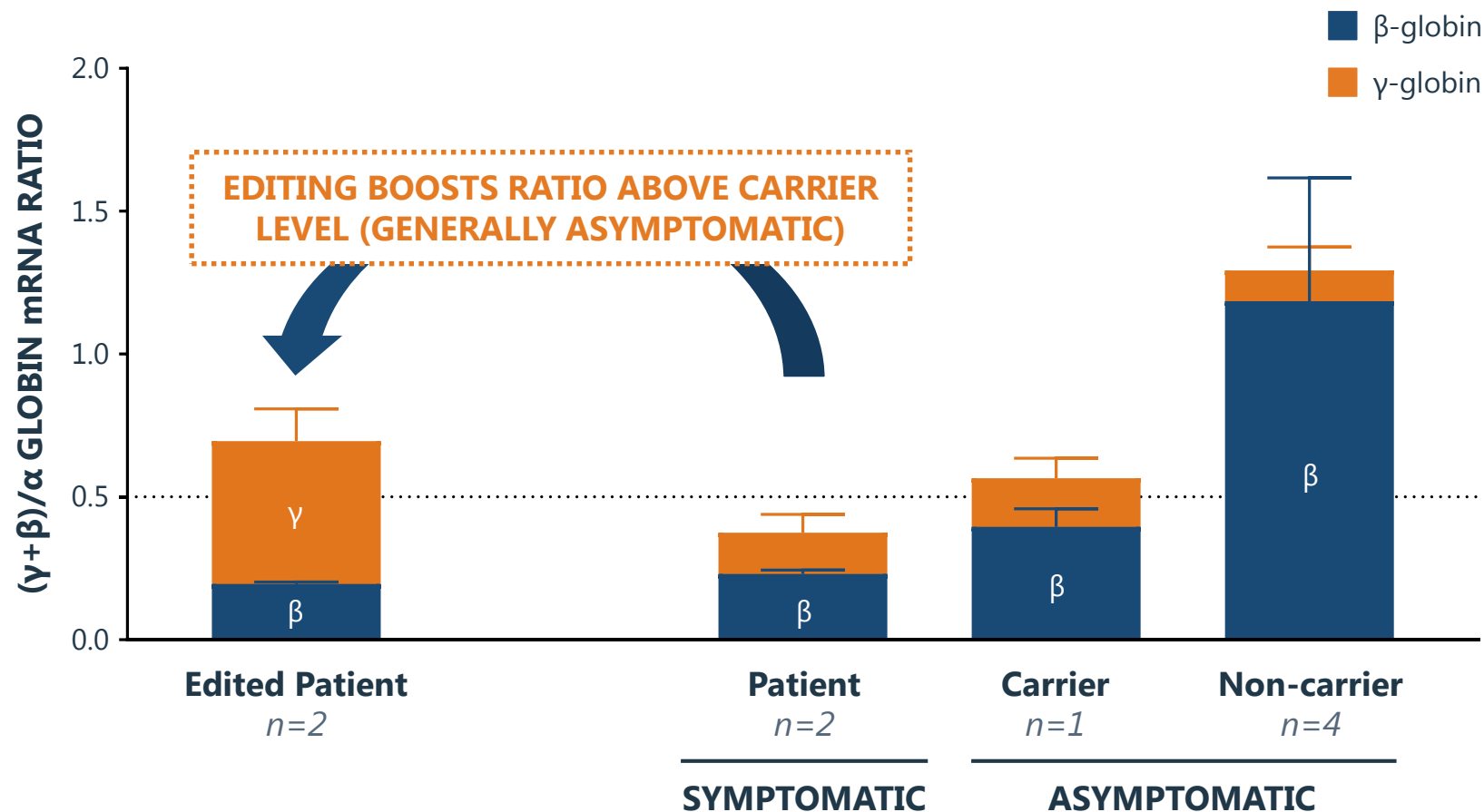
CTX001 ENGRAFTS *IN VIVO* IN MICE²



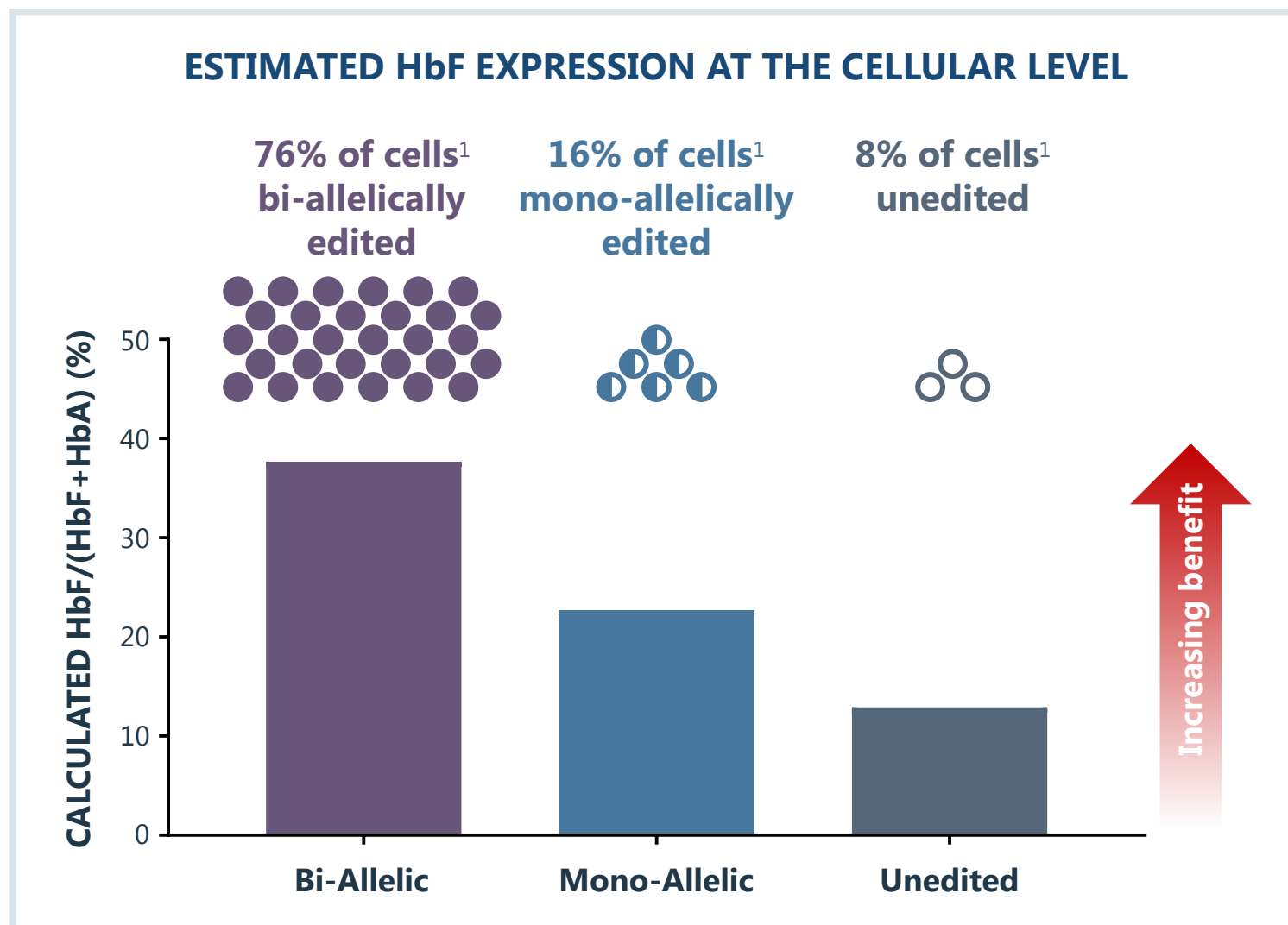
1. n=6 healthy donors; 2. 16-week engraftment data

β -thal: Editing Increases Globin Expression to Carrier Levels

GLOBIN mRNA RATIO AFTER GENE EDITING OF β -THAL PATIENT SAMPLES



SCD: Bi-Allelic Editing Leads to High HbF Protein Levels



1. n=163 single erythroid colonies derived from edited CD34⁺ cells from healthy donors

CTX001-111

A single arm Phase 1/2 study to assess the safety and efficacy of CTX001 in patients with β -thalassemia



Patients

Up to 30 adult
transfusion-dependent
patients



Sites

Sites with extensive
transplant experience in E.U.
countries with significant
disease burden



Endpoints

HbF levels and transfusion
requirements are clinically
relevant and easily
measurable

Potential to expand into a registrational trial, as well as to additional
genotype and age cohorts, if supported by safety and efficacy

Autologous CAR-T is Transformative, but has Limitations

CAR-T has generated **tremendous excitement** . . .

“*The first-ever treatment that genetically alters a patient’s own cells to fight cancer, a milestone that is **expected to transform treatment in the coming years***”

The New York Times

. . . But there are still **significant limitations** to autologous CAR-T

Patients progress or die while waiting

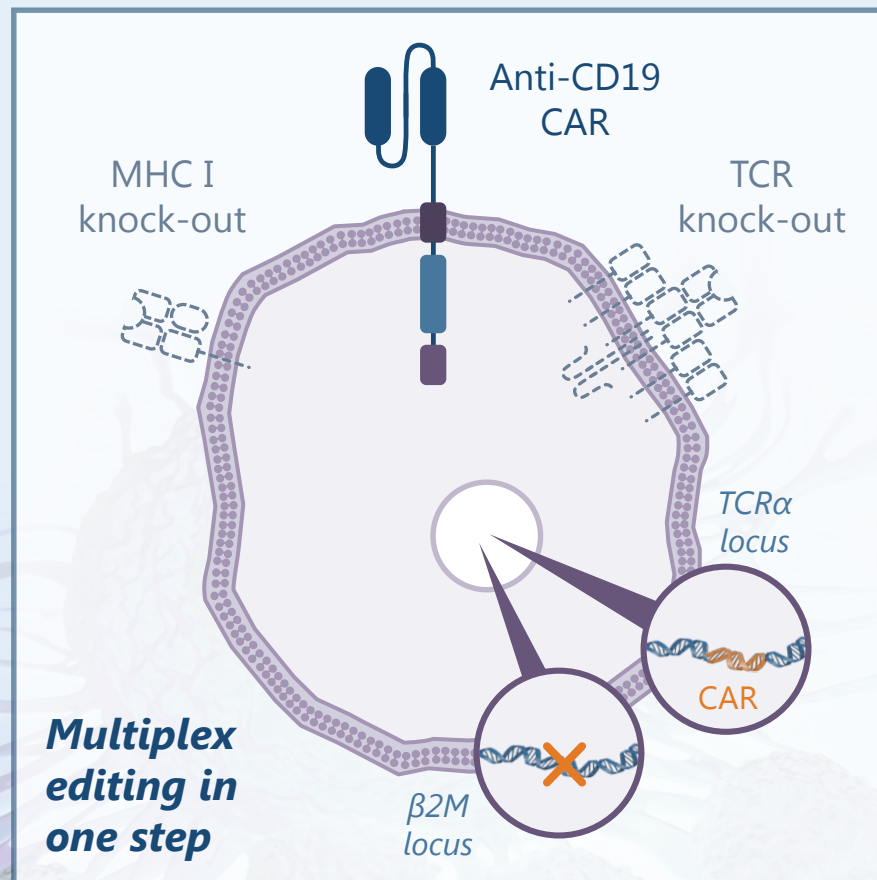
Patient-to-patient variability

Costly, complicated manufacturing

Commercial challenges of bespoke therapy

Our Approach: Gene-Edited Allogeneic CD19 CAR-T

CTX101 – our initial immuno-oncology product candidate



CRISPR enables an allogeneic approach that **remedies issues with autologous CAR-T**

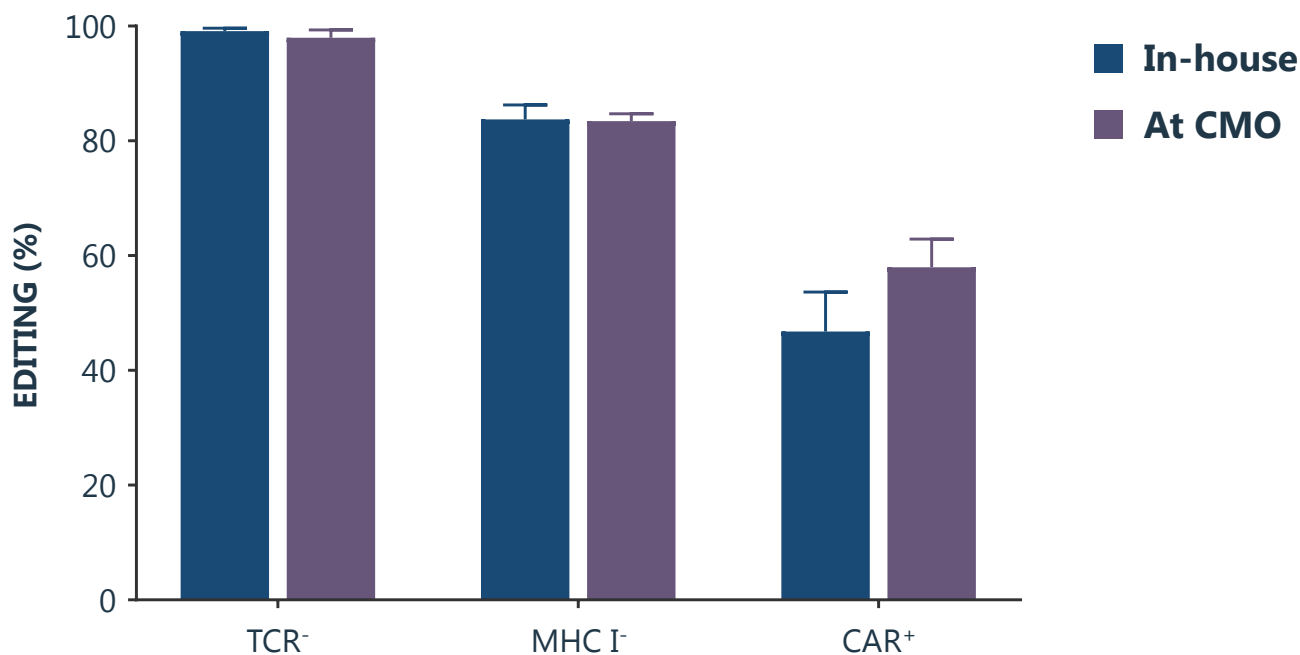
Product available immediately

Consistent healthy-donor lymphocytes

Low COGs and simpler manufacturing

Off-the-shelf product – broader access

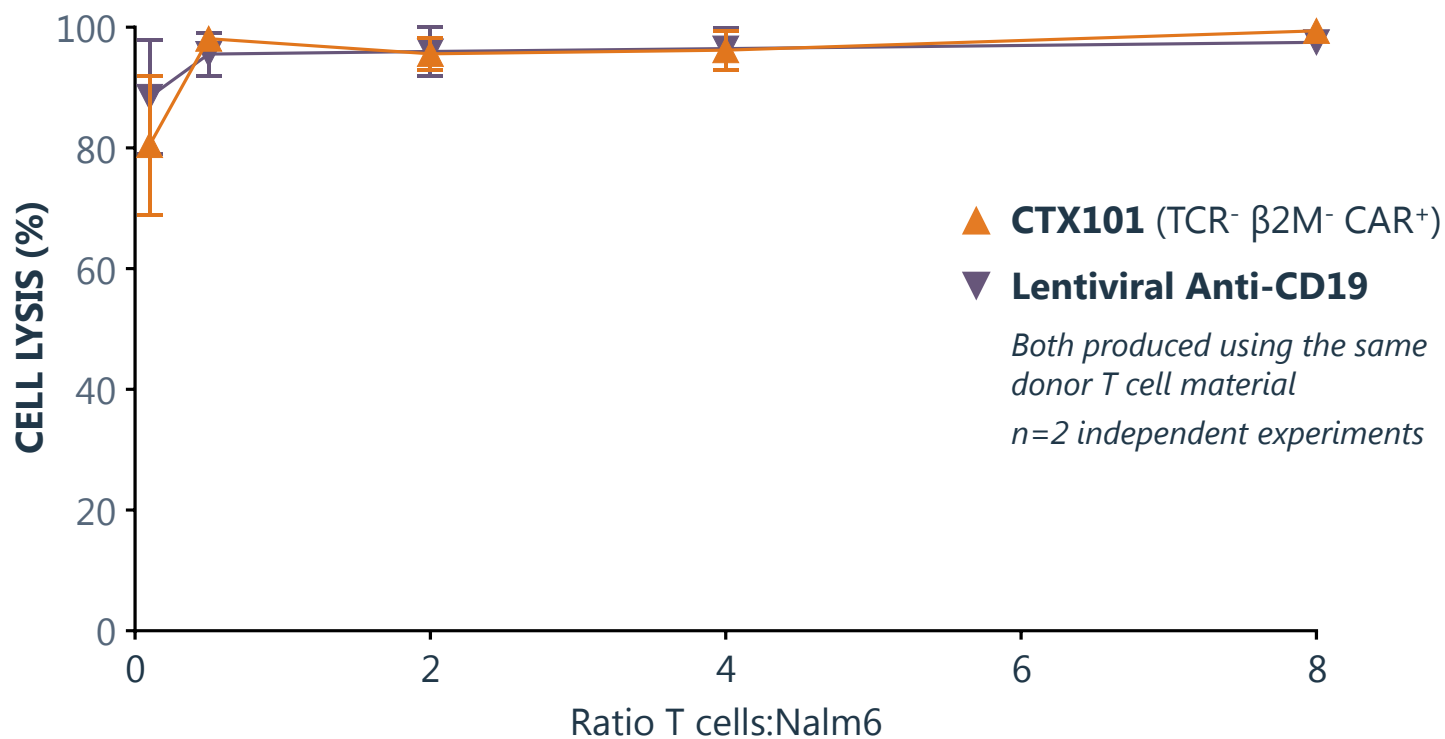
EDITING RATES ACROSS MULTIPLE DONORS



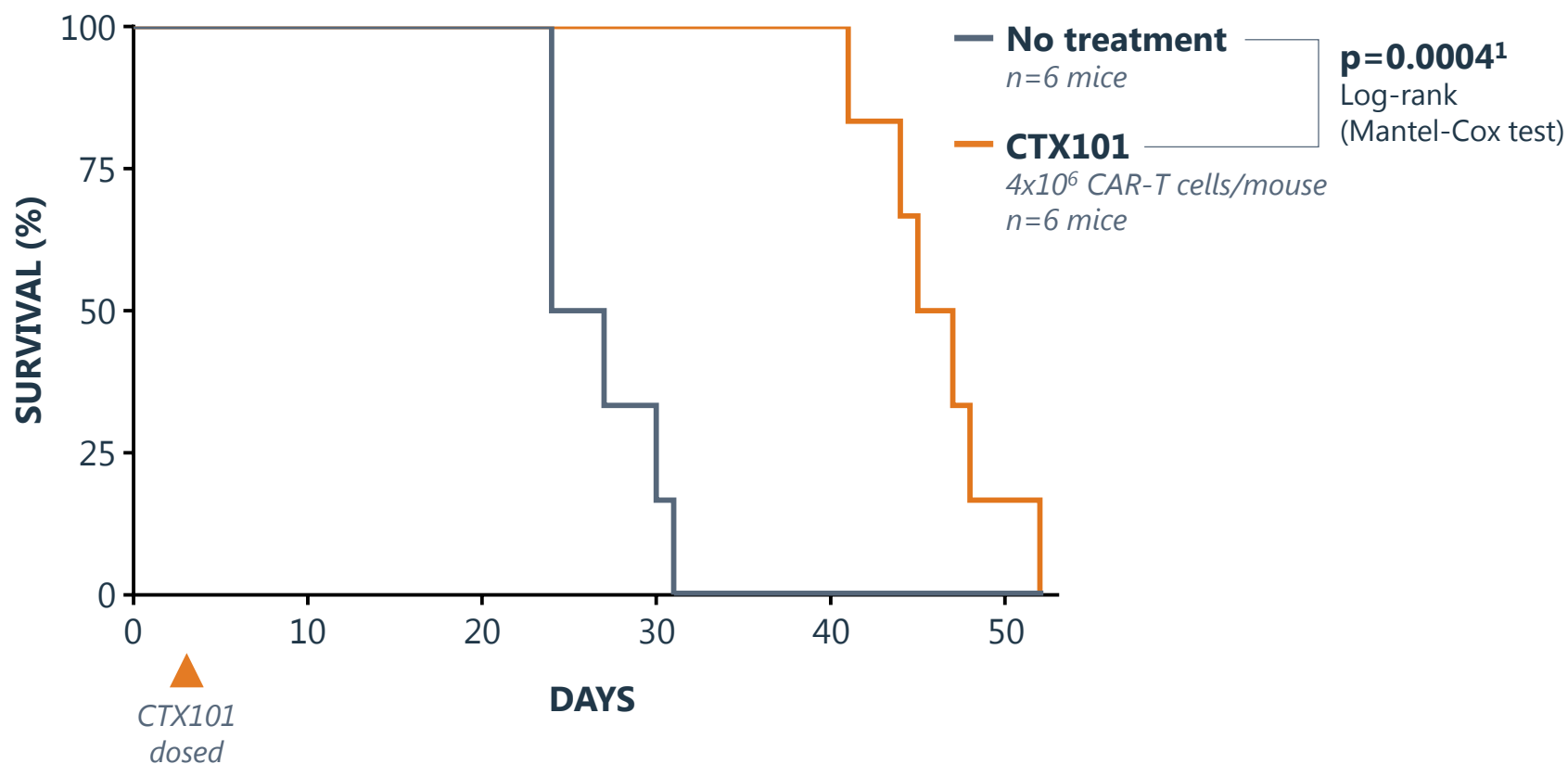
**Process development and manufacturing initiated for CTX101 –
IND-enabling studies underway**

CTX101 Eliminates CD19-Expressing Tumor Cells *In Vitro*

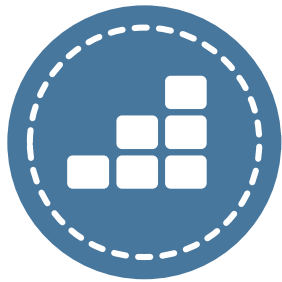
CTX101 COMPARES FAVORABLY TO LENTIVIRAL "AUTOLOGOUS" CAR-T



PROLONGED SURVIVAL IN DISSEMINATED NALM6 B-ALL MODEL



Numerous Opportunities Beyond CTX101



Make rapid entry using validated tumor targets

Healthy-donor allo approach
in well-validated tumor targets

CD19, BCMA



Expand into solid with novel targets and advanced editing

Precise edits to make CAR-T
effective in solid tumors

***CD70, resistance to tumor
microenvironment***



Unlock the full potential of CRISPR

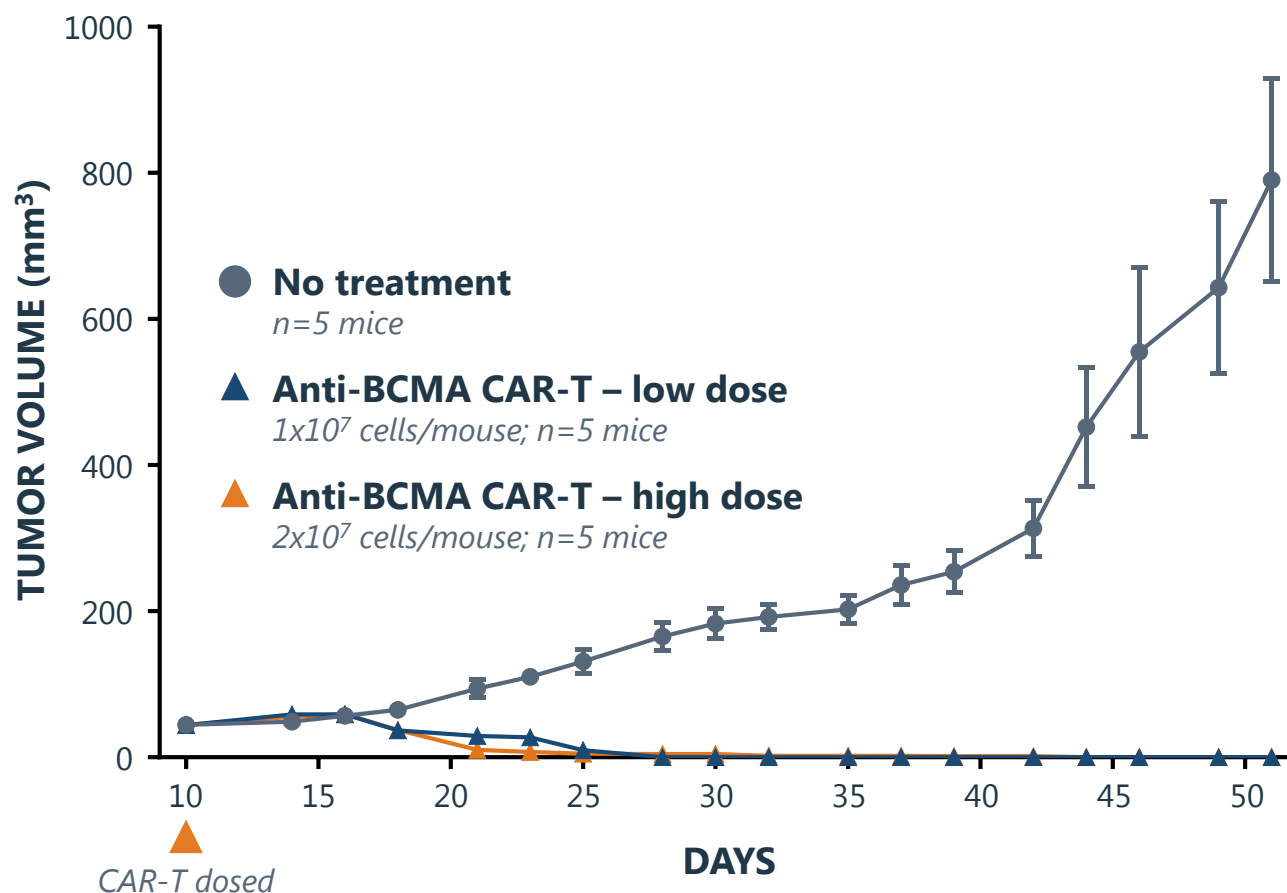
Multiplex editing to enable
more complex products

***Switches, neoantigens,
bispecifics***

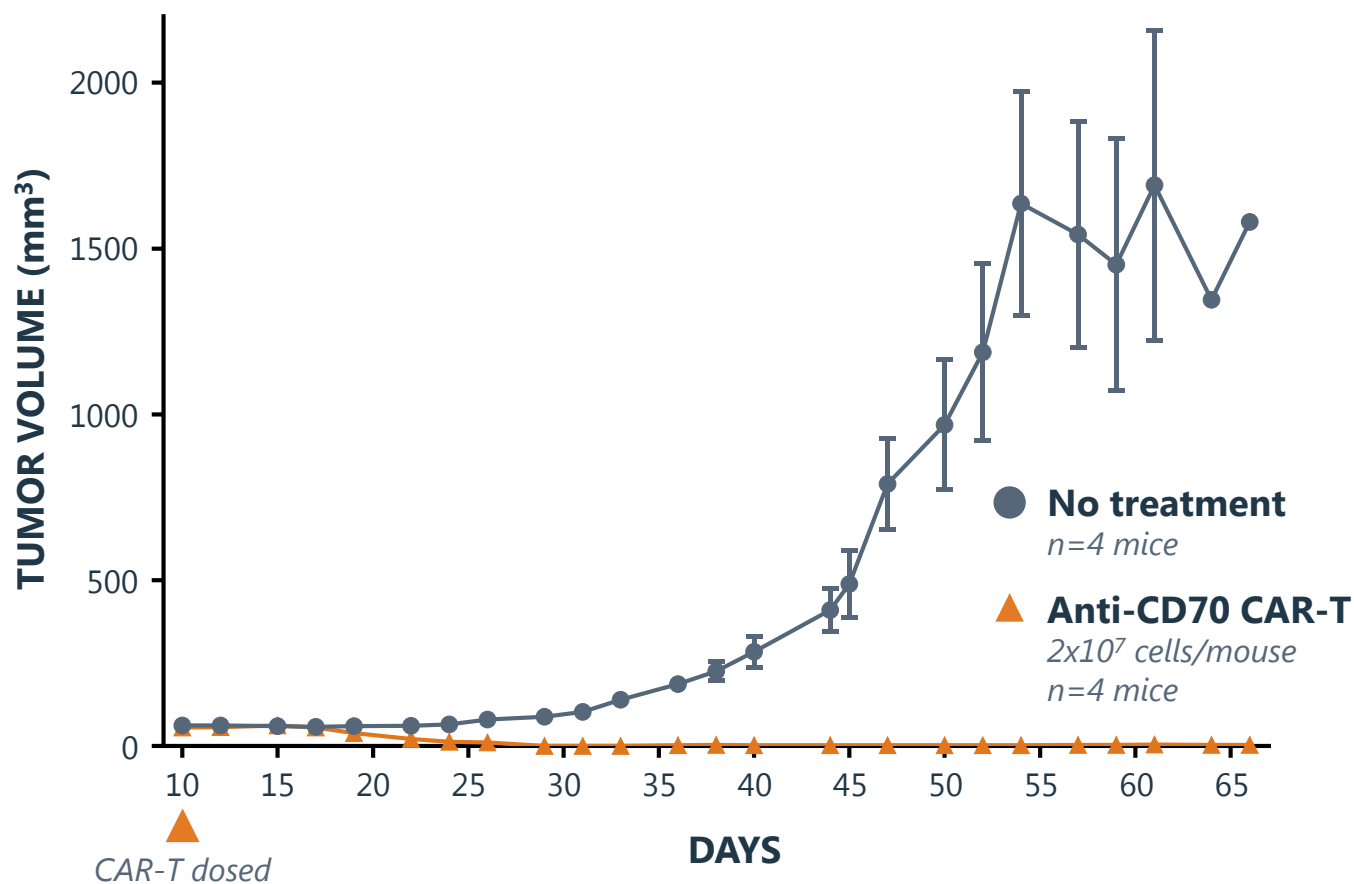


**Collaborations with Neon and MGH
to identify and exploit new targets**

SUBCUTANEOUS RPMI-8226 MULTIPLE MYELOMA MODEL COMPLETELY ELIMINATED



SUBCUTANEOUS A498 RENAL CELL CARCINOMA MODEL COMPLETELY ELIMINATED



- > **85% CAR⁺** using a proprietary single chain made in-house
- > **99% TCR knock-out** even before purification

Delivering CRISPR/Cas9 to Unlock *In Vivo* Applications

NON-VIRAL

Lipid Nanoparticles (LNPs)

- › Increased potency
- › Expansion beyond liver delivery
- › Improved tolerability



Messenger RNA (mRNA)

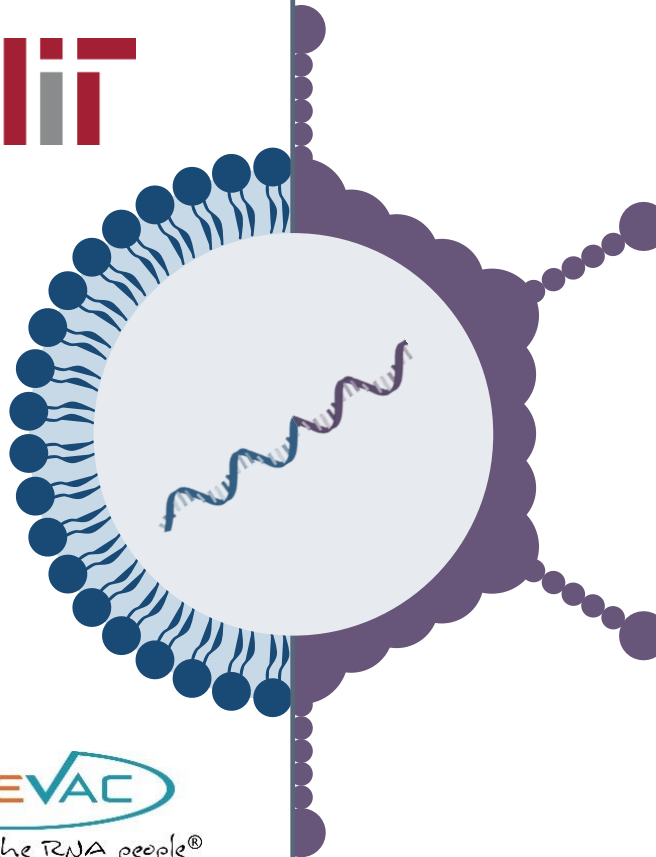
- › Controlled duration of expression
- › Tissue specificity
- › Increased potency



VIRAL

Adeno-Associated Virus (AAV)

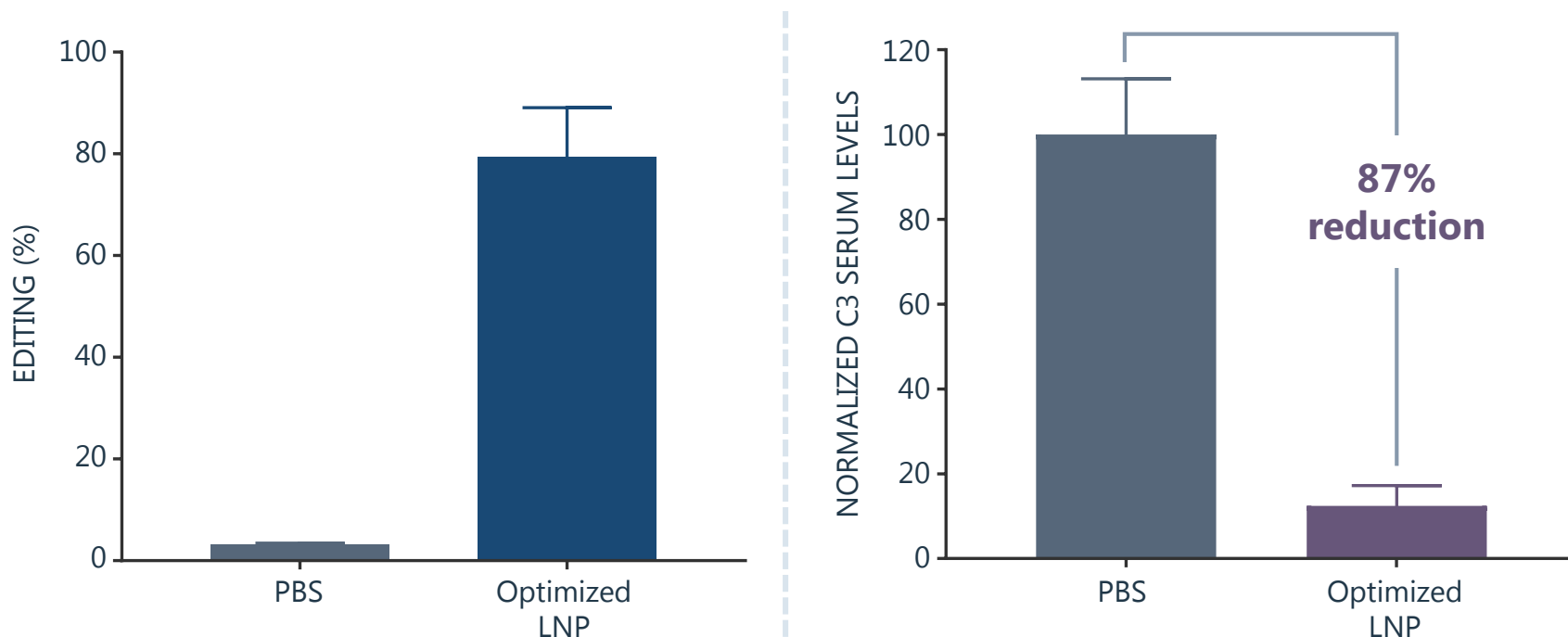
- › Improved tissue specificity
- › Reduced immunogenicity
- › Self-inactivation



Potent Liver Editing Using Proprietary LNP Technology

SIGNIFICANT DECREASE IN SERUM C3 LEVELS AFTER EDITING *IN VIVO*

Editing and serum protein quantified in five mice following intravenous LNP dose



**~80% editing in mouse livers and 87% reduction in serum C3 protein using
just 1 mg/kg total RNA**

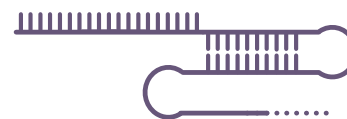
NUCLEASE ENGINEERING

Enhance CRISPR/Cas9 system through protein engineering

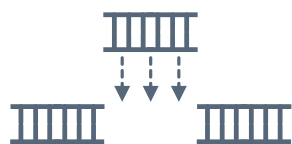


GUIDE RNA OPTIMIZATION

Identify optimal guide RNA formats and sequences for therapeutic editing



PLATFORM ENHANCEMENT



ADVANCED EDITING

Improve efficiency of gene correction and multiplexing



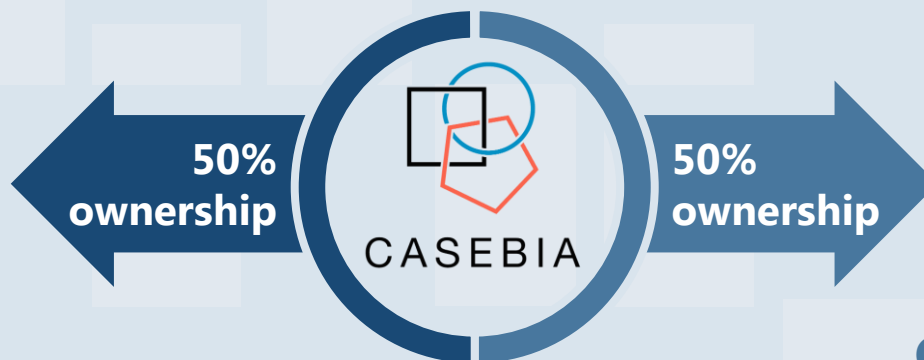
STEM CELL ENGINEERING

Expand applications of gene-edited stem cells to treat disease

Fifty-Percent Ownership of Casebia Therapeutics



Committed IP
for select indications



Committed \$370M
*\$265M to Casebia and
\$105M to CRISPR*

THERAPEUTIC FOCUS AREAS



Hematology



Cardiology



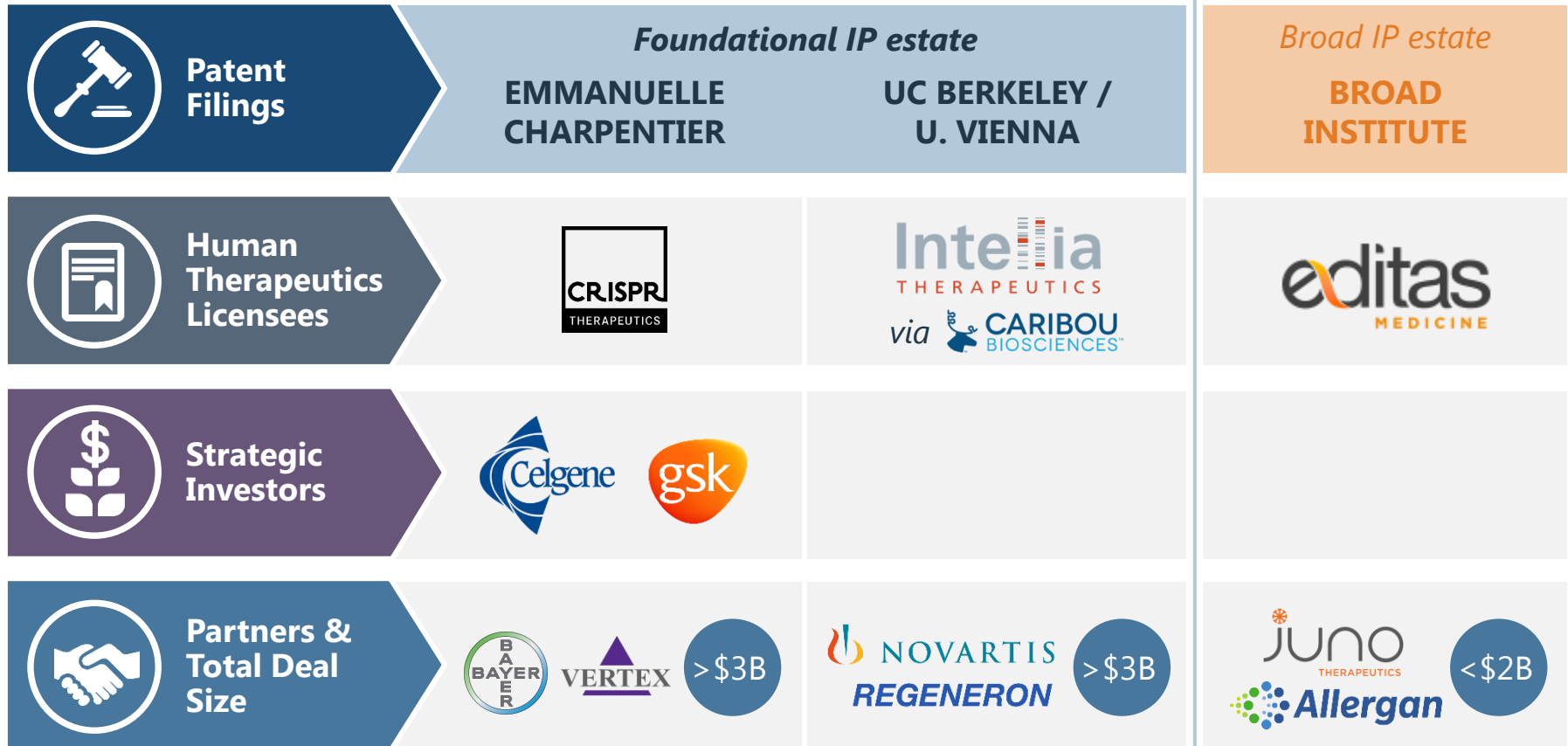
Ophthalmology

**Joint research on
platform technology**
– protein engineering,
delivery, etc.



**CRISPR has full access
at no cost to *all new* IP**
for use within the field of
human therapeutics

Foundational Intellectual Property Landscape



- › Direct license to foundational IP covering all human therapeutic fields; term through 2033
- › Four large pharma partnerships indicate strength of the Charpentier / Berkeley foundational IP estate
- › Access to Vilnius IP estate through invention management agreement

UNITED STATES

UC-CRISPR appealing interference decision in Federal Appeals Court

- › Appeal ongoing to overturn Feb 2017 PTAB decision to end the first interference on technical grounds



Next steps

- › Appeal decision expected in 2018
- › Multiple patent applications moving forward in parallel – both narrow and broad claims

EUROPE AND GLOBAL

UC-CRISPR granted foundational patents, including use in eukaryotes

- › 3 patents granted between E.U. and U.K. include single-guide RNA & uses in all settings
- › Patents of broad scope granted in China, Australia, New Zealand, Singapore, Mexico



Next steps

- › Advancing applications globally in ~80 jurisdictions worldwide based on arguments developed in Europe

Experienced Management Team

SAM KULKARNI, PHD

Chief Executive Officer

Partner, McKinsey & Company

RODGER NOVAK, MD

President & Chairman

Head of Anti-Infectives R&D, Sanofi

TONY HO, MD

Head of Research & Development

Head of Oncology Innovation, AstraZeneca

JIM KASINGER, JD

General Counsel & Corporate Secretary

General Counsel, Moderna

LAWRENCE KLEIN, PHD

Head of Business Development & Strategy

Associate Partner, McKinsey & Company

MIKE TOMSICEK, MBA

Chief Financial Officer

Chief Financial Officer, Abiomed

SHELBY WALKER, JD

Head of Intellectual Property

Chief IP Counsel, Dyax

McKinsey & Company

SANOFI 

AstraZeneca 

moderna™

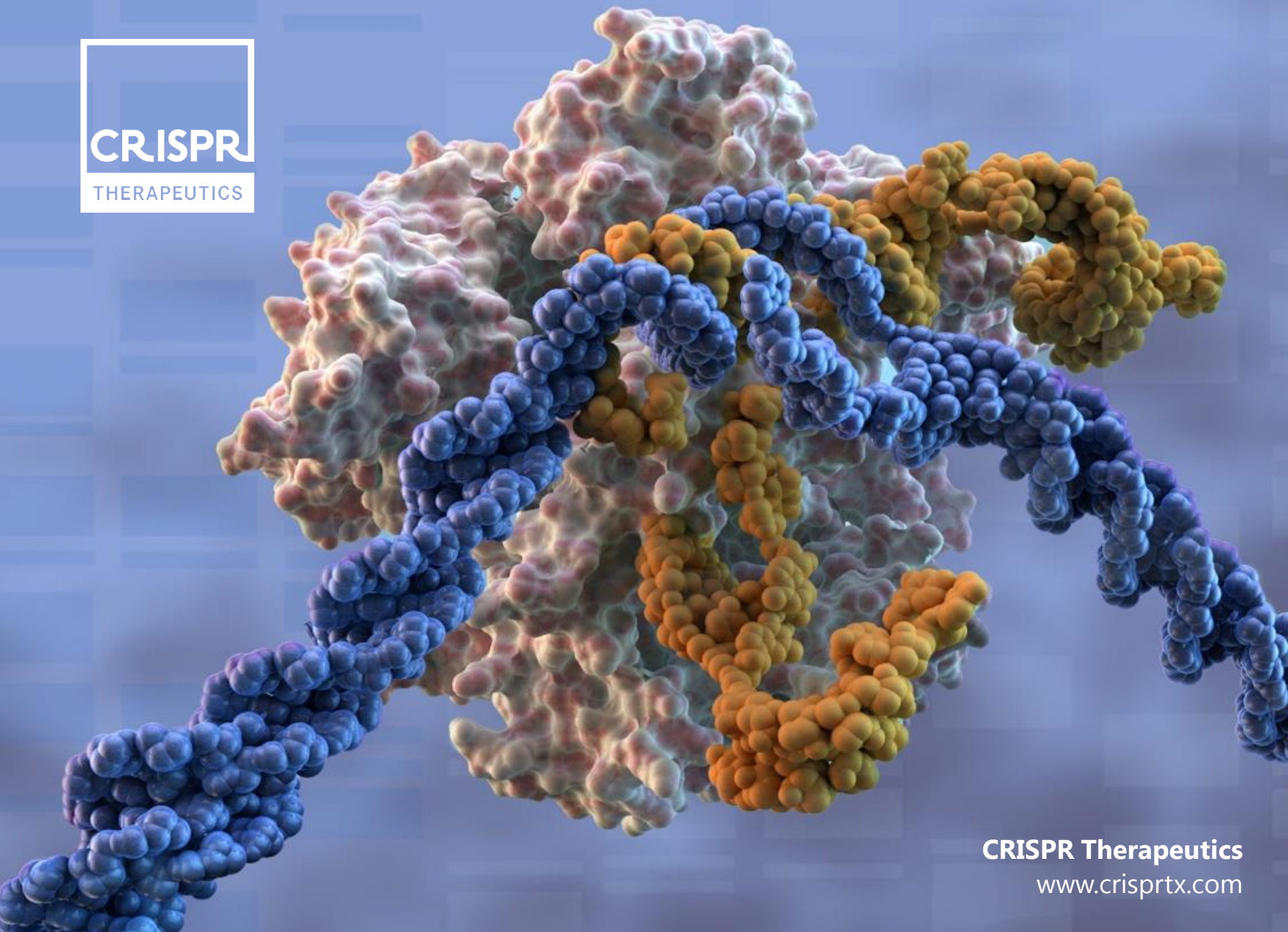

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