LINEAGE
Cell Therapeutics

From promise to people.

Our mission is to pioneer a new branch of medicine based on the directed differentiation and transplant of allogeneic cells to patients

CORPORATE OVERVIEW MAY 12, 2026
NYSE AMERICAN: LCTX
lineagecell.com

Forward-Looking Statements

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Lineage Cell Therapeutics

#ReplaceAndRestore™

Broad Capabilities

Cell manufacturing and transplant technology

7
Cell types in development

>200
Cell types as potential targets

Highly Differentiated

Allogeneic product candidates

2
Active clinical trials

~375
Issued and pending patents

Validated Platform

2 funded partnerships and collaborations

Up to $670M*
Global partnership with Roche for lead asset OpRegen®

Up to $12M
Preclinical research collaboration with William Demant Invest for ReSonance™

** Includes $55M in up front and milestone payments received through December 2025 and $615M of remaining eligible milestones. Does not include additional tiered double-digit royalties on sales.*

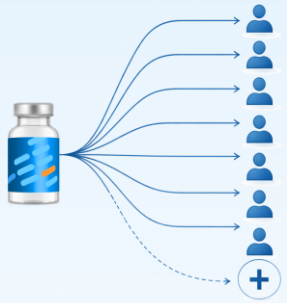
Lineage's Allogeneic Cell Transplant Pipeline

PROGRAM	CELL TYPE	INDICATION / STUDY	PRECLINICAL: RESEARCH	PRECLINICAL: IND-ENABLING	CLINICAL: PHASE 1	CLINICAL: PHASE 2	CLINICAL: PHASE 3	AFFILIATIONS
OpRegen®	Retinal Pigment Epithelials (RPE)	Dry AMD with Geographic Atrophy (GAlette Study)	>24 patients treated			Phase 2a Enrolling		Genentech, A Member of the Roche Group — Development Partner / Study Sponsor
OPC1	Oligodendrocytes	Spinal Cord Injury	30 patients treated			Phase 1/2a Completed		CIRM — Grant Partner
		Spinal Cord Delivery Device (DOSED Study)	10 patients planned			Enrolling		
ReSonance™	Auditory Neurons	Auditory Neuropathy (Hearing Loss)						William Demant Invest — Funded Preclinical Collaboration
COR1	Corneal Endothelials (CEnC's)	Corneal Endothelial Disease						
ILT1	Islets	Type 1 Diabetes						
RND1	Hypoimmune line; Neurologic	Undisclosed						FACTOR® BIOSCIENCE — Gene Editing Partner
PNC1	Photoreceptors	Vision loss; Retinitis Pigmentosa						

The AlloSCOPE™ Platform

Enabling commercially viable, next-generation cell therapies

Allo
Allogeneic



Eliminates donor variability, expands treatable population, low-cost production

S
Scalable

MCB/WCB facilitate large scale sustainable GMP production

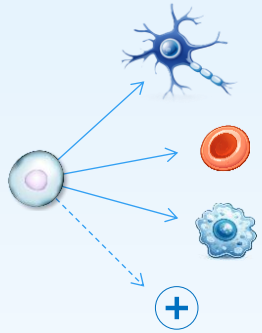
C
Consistent

Process control for reproducibility of identity, purity, potency, and function

O
Off-the-shelf

Cryopreserved cell-based products available on demand

P
Pluripotent cell



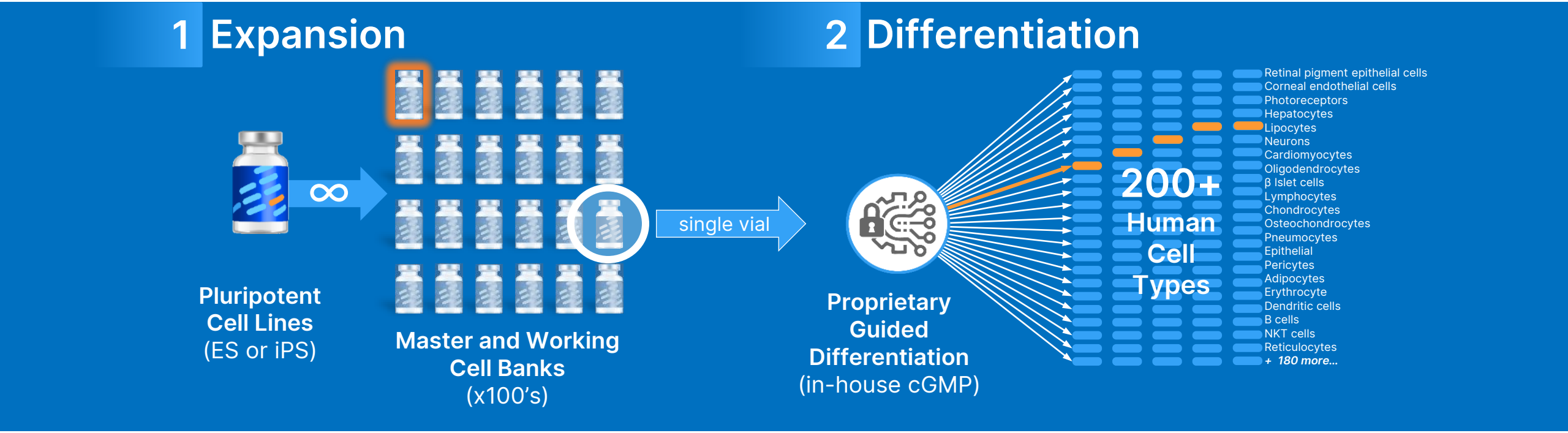
Multiple cell types to address a broad range of conditions

E
Engineering

Genetic engineering can enhance function, durability, or immune compatibility

MCB = Master cell bank; WCB = Working cell bank

AlloSCOPE™ Platform: Two-Step Allogeneic Cell Production

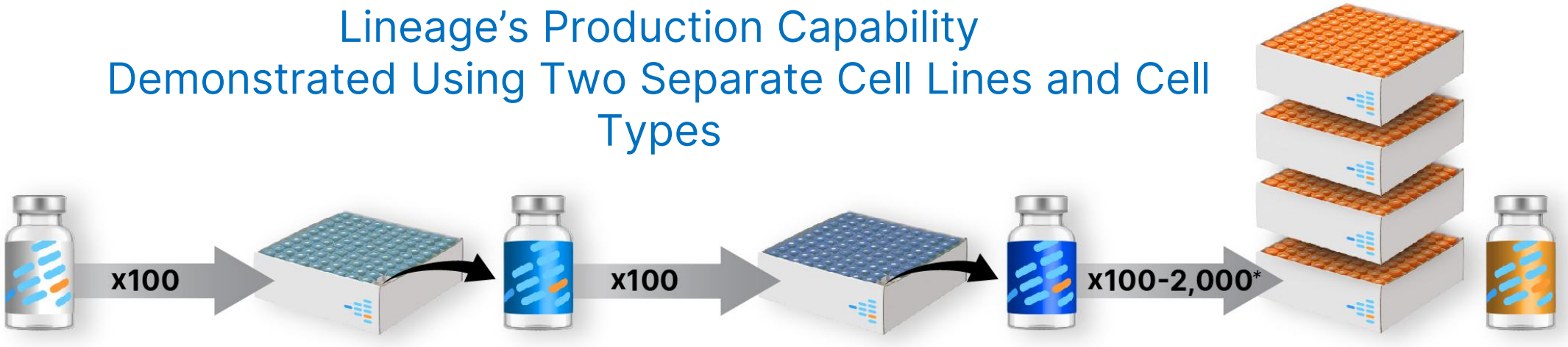


- Pluripotent stem cell lines (PSCs) provide an *endless supply* of starting material
- PSCs can become each of the 200+ cell types of the human body
- No genetic editing is required; but can be included

- The target cell has been validated by evolution
- Residual pluripotent cells are undetectable
- Ready to inject formulation (no dose preparation delay)
- One-time treatment – cells integrate without rejection
- Scalable process for clinical and commercial use

AlloSCOPE™ Platform Successfully Reduced-to-Practice A Commercial-Scale, Cell-Based, GMP Production Process

Lineage's Production Capability Demonstrated Using Two Separate Cell Lines and Cell Types



1 —x100→ 100 —x100→ 10,000 —x100 - 2,000→ **1M - 20M*** Vial Capability

Developed and demonstrated the expertise to produce a cost-effective, scalable, and consistent supply of allogeneic cell transplant product candidates for itself or others, including for indications requiring large cell doses

**Upper end of range requires the addition of automated fill-finish equipment*

AlloSCOPE™ Platform CMC Requirements for a Successful Cell Therapy

Control (Safety) & Reproducibility

- Source line characterization, cell banking, versatile expansion systems
- Differentiation process development; closed system culturing conditions, optimization
- Analytical methods, in-process controls, release criteria
- Raw material quality

Purity / Identity

- Clinically compatible post-production processing
- Analytical method development for process control and product release

Potency

- Functionality and performance testing, reflecting MOA
- Enhancements; genetic modification (optional), various expression systems

Scalability

- Scale-up closed systems modalities, substrates, harvesting protocols
- Clinical and commercial throughputs for drug process and product
- Commercially-attractive cost of goods

Delivery

- Compatibility with the drug product and the TAI format
- Minimal use of drug product
- Adjustment based formulation

LINEAGE
Cell Therapeutics

OpRegen® Cell Therapy

RPE Cell Transplant to Treat Dry AMD with GA

Improving structure *and* function, durably, from a single dose

Roche/Genentech Alliance

Worldwide Collaboration

Genentech
A Member of the Roche Group

- Allogeneic, retinal pigment epithelial (RPE) cell transplant to treat ocular disorders (dry AMD with GA)
- Roche and Genentech license agreement (2021); partner is responsible for clinical development and commercialization of OpRegen
- $50M up front; $5M milestone received December 2025; eligible for $615M of additional milestone payments plus double-digit royalties
- Separate services agreement (2024)
  - Reflects an additional commitment by Genentech for the benefit of the OpRegen program
  - Lineage to provide clinical, technical, training and manufacturing services which further support the ongoing advancement and optimization of the OpRegen program
  - Additional services primarily funded by Genentech include:
    - Activities to support ongoing Phase 1/2a clinical study
    - Activities to support currently-enrolling Phase 2a (GAlette) clinical study
    - Additional technical training and materials related to Lineage's cell therapy technology platform to support commercial manufacturing strategies

Millions Suffer from Vision Loss due to Dry-AMD

- Age-related macular degeneration (AMD) presents in two forms, **wet** and **dry**
- **Wet** age-related macular degeneration (wet AMD) is usually caused by blood vessels that leak fluid or blood into the macula
- **Dry** age-related macular degeneration (dry AMD) involves the loss of retinal pigmented epithelium (RPE cells), creating an area of geographic atrophy (GA), causing impaired vision and blindness
- **Wet** AMD supports **>$10Bn**[1] in product sales, and **dry** AMD **is eight times more common**[2]

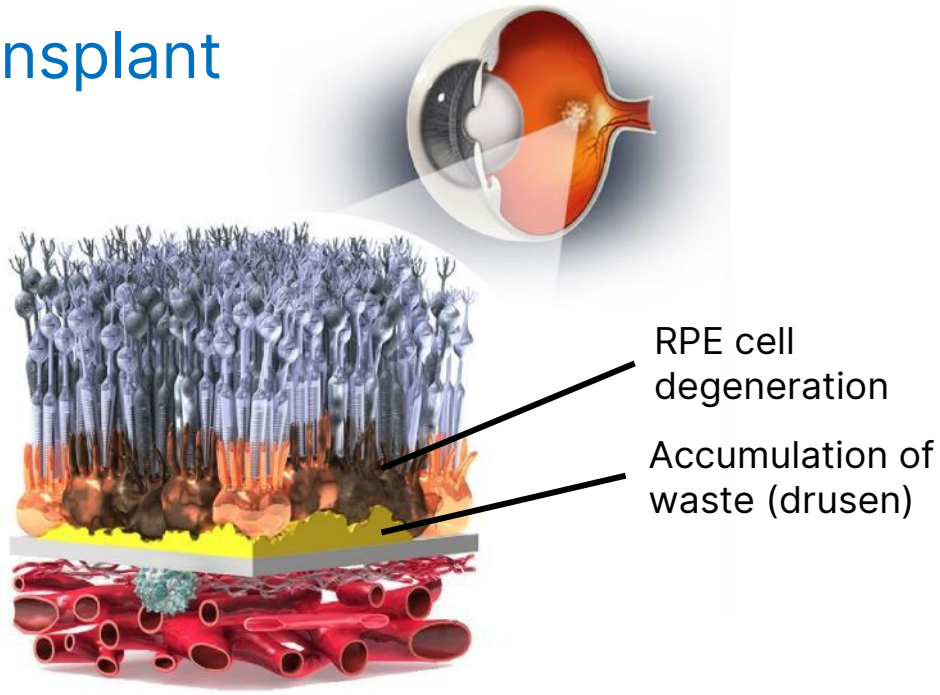
Image courtesy of Macular Society

(1) 2018 product sales summary based on publicly reported revenue figures for Lucentis and Eylea.
(2) JM Seddon, Epidemiology of age-related macular degeneration. Retina, 3rd ed.;

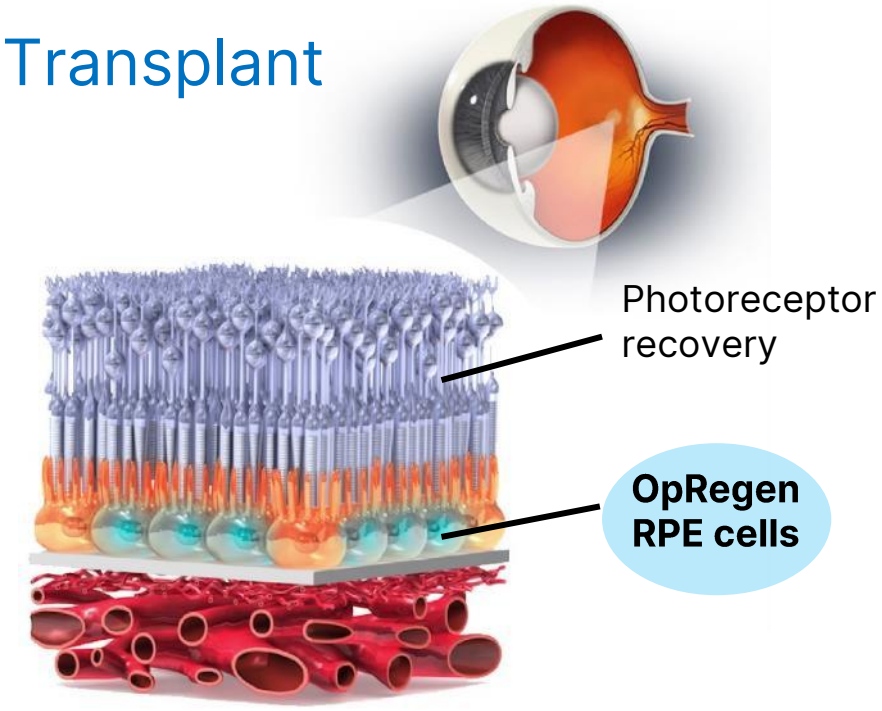
Lineage Approach - OpRegen Cell Therapy, a “Complete” Approach

OpRegen cell therapy is a one-time injection of fully mature and functional RPE cells currently in development for: 1) replacement and restoration of retinal tissue (anatomy), and 2) preservation or improvement of vision (function)

Pre-Transplant



Post-Transplant



Retina cross-section images adapted from scienceofamd.org

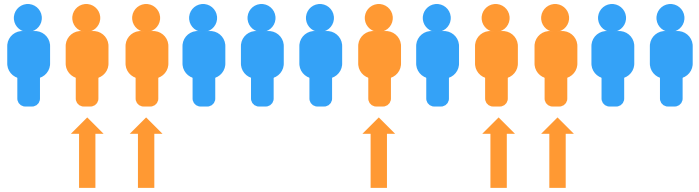
Phase 1/2a Trial Complete, Long-Term Follow-Up Ongoing

Cohorts 1-3 (Dose and Safety)
12 Legally Blind Patients

Generally well-tolerated, no reports of rejection

Cohorts 1-3 (n=12): 12-month gains in visual acuity averaged <5 letters

Cohort 4 (Initial Clinical Activity)
12 Impaired Vision Patients



Patients with extensive coverage of atrophic area and foveal center (n=5): **36-month gains in visual acuity averaged +9.0 letters**

All patients in Cohort 4 (n=10): **36-month gains in visual acuity averaged +6.2 letters**

All patients (n=5) with extensive coverage of their area of atrophy with the OpRegen surgical bleb showed evidence of retinal structure improvement

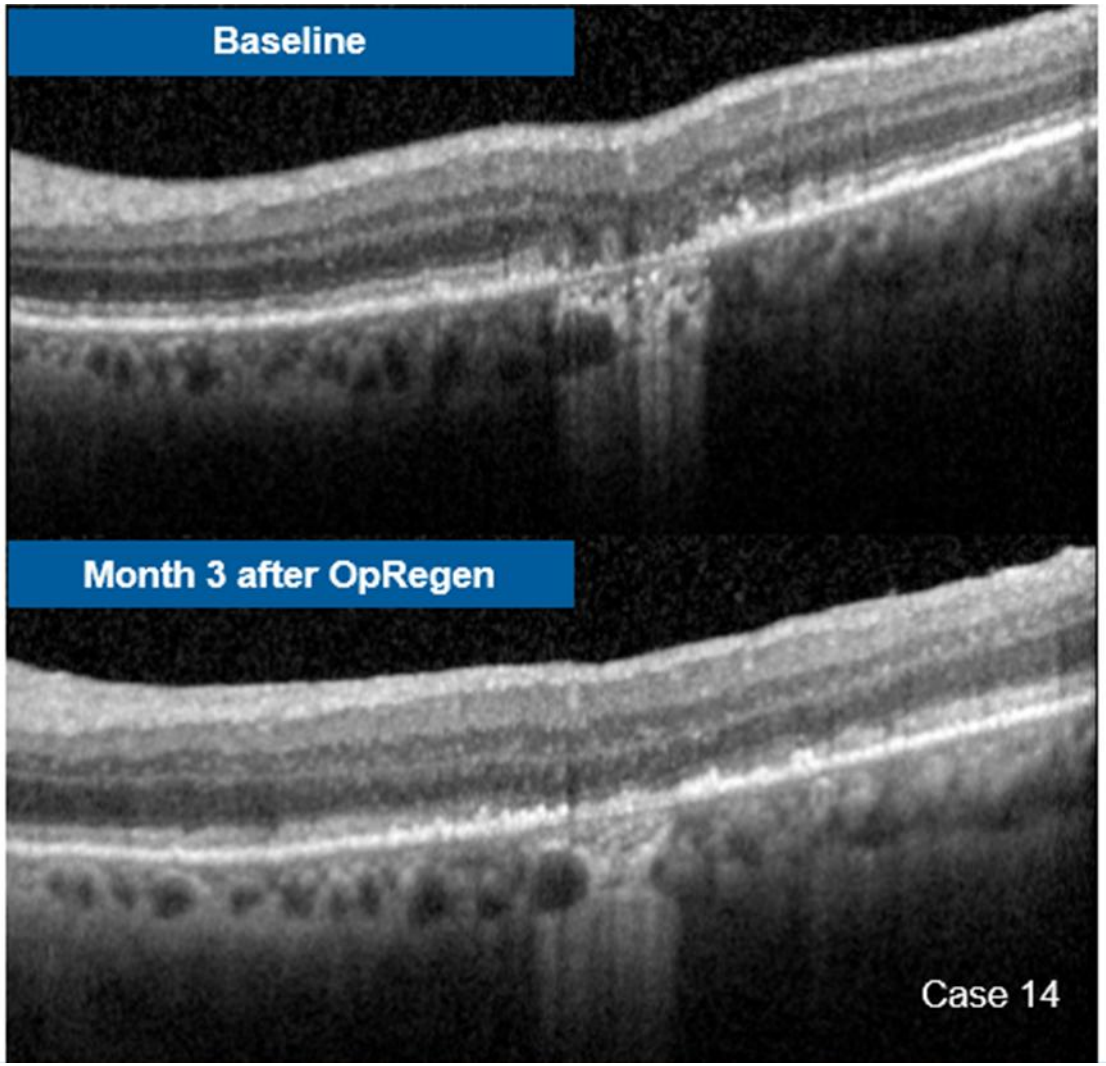
Exploratory Objective: Onset of Structural Improvement

In Study Eyes with Extensive OpRegen® Bleb Coverage (n=5)

Structural improvement was assessed by 3 independent expert reviewers and based on meeting all of the following pre-specified criteria[a]:

a. Reduction in outer plexiform layer and/or inner nuclear layer subsidence
b. Reappearance of external limiting membrane
c. Increased hyperreflectivity of RPE and/or Bruch's membrane or reduction of hypertransmission

Cases were assessed to have structural improvement if determined by at least 2 of the 3 reviewers



[a] On at least two non-adjacent B scans; the onset of improvement may be confounded by surgical bleb resolution.

Follow-up mode was turned on during acquisition of these OCT scans to enforce longitudinal registration. Registration was verified manually by comparing choroidal patterns. There may be slight offset of inner retina blood vessels due to eye orientation difference during acquisition.

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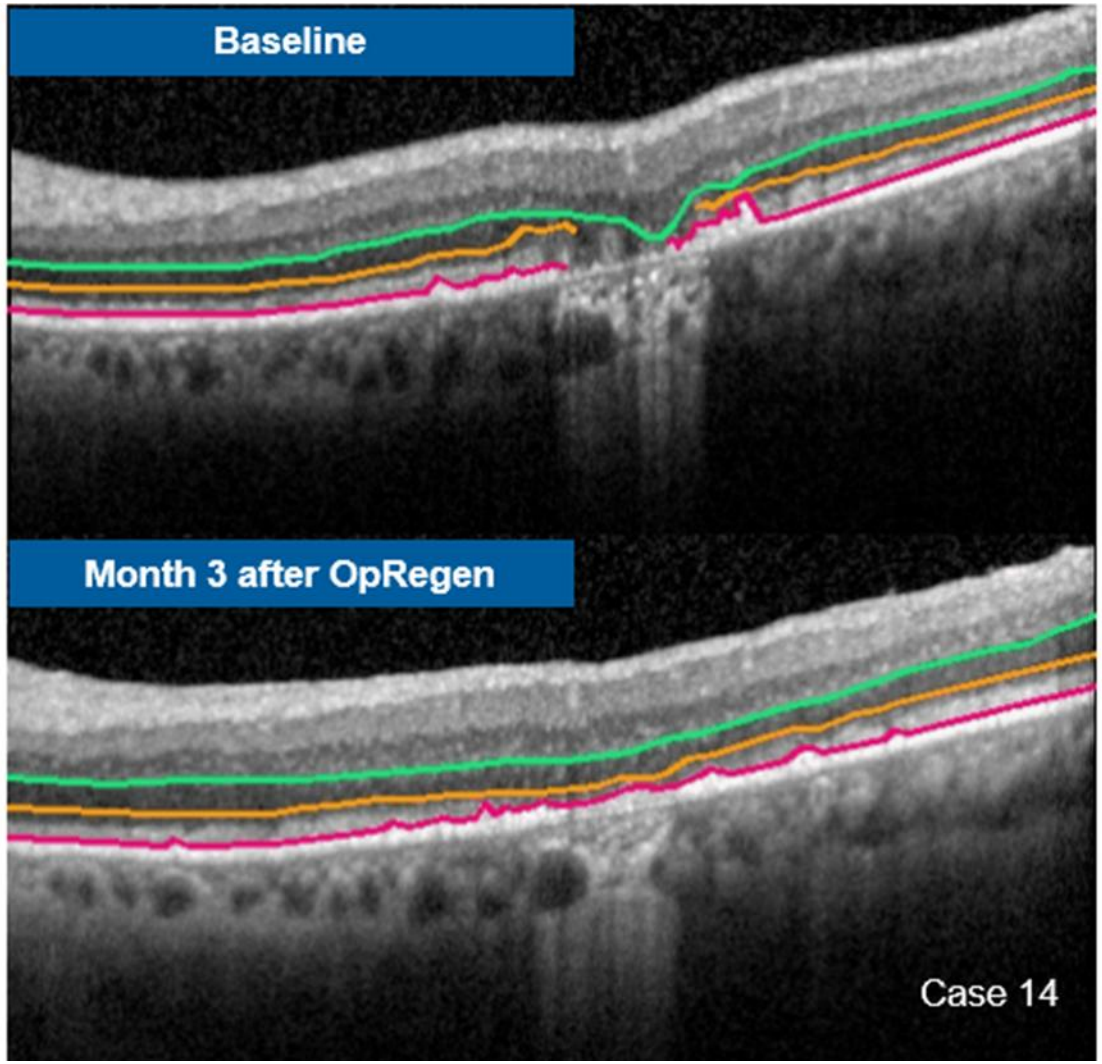

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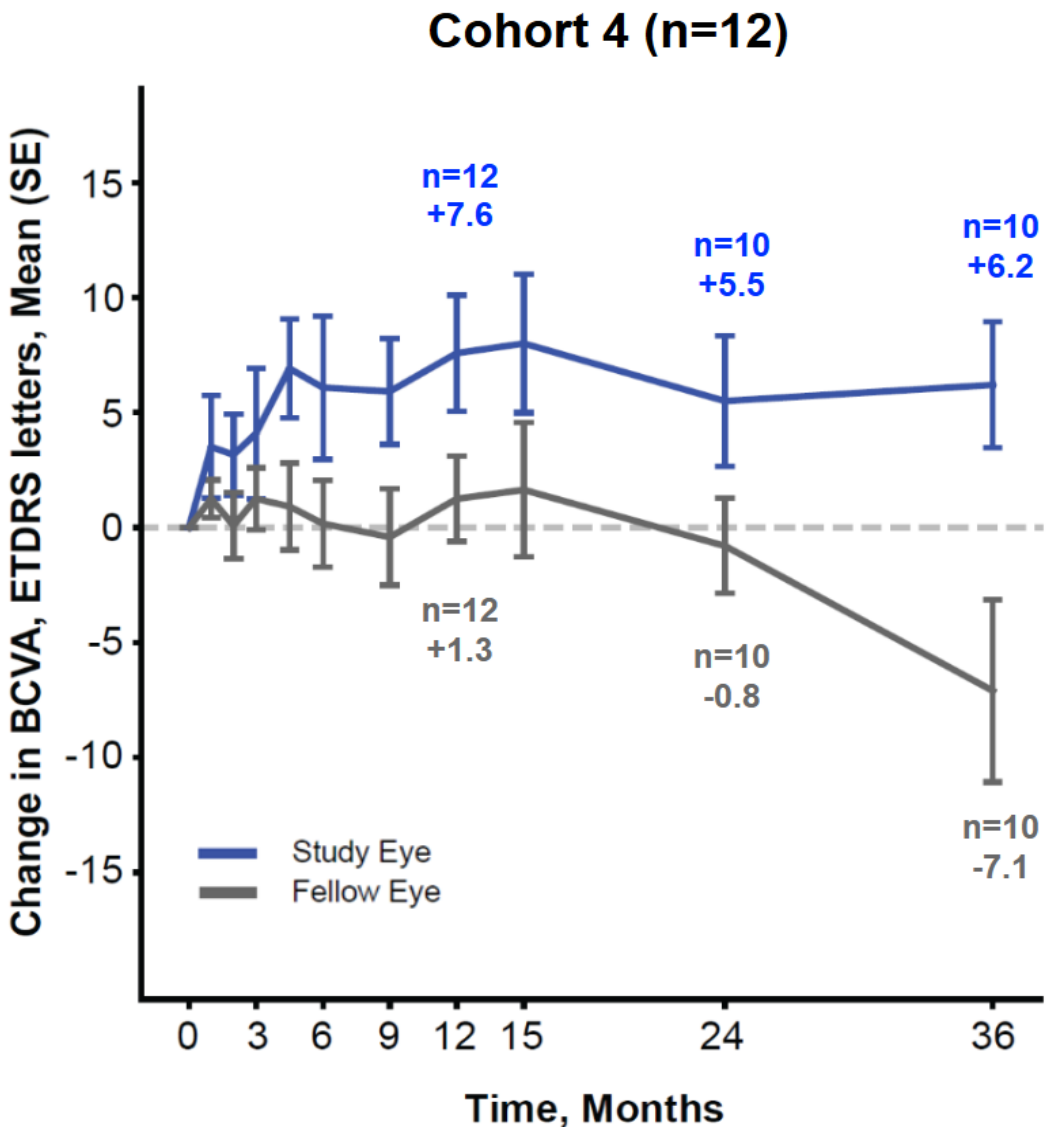
Cohort 4 (Less advanced GA) BCVA Gains in Study Eyes Sustained 36 Months Post Treatment

BCVA Gains Greater Among Eyes with Extensive Coverage of GA by the Surgical Bleb



ETDRS, Early Treatment Diabetic Retinopathy Study.

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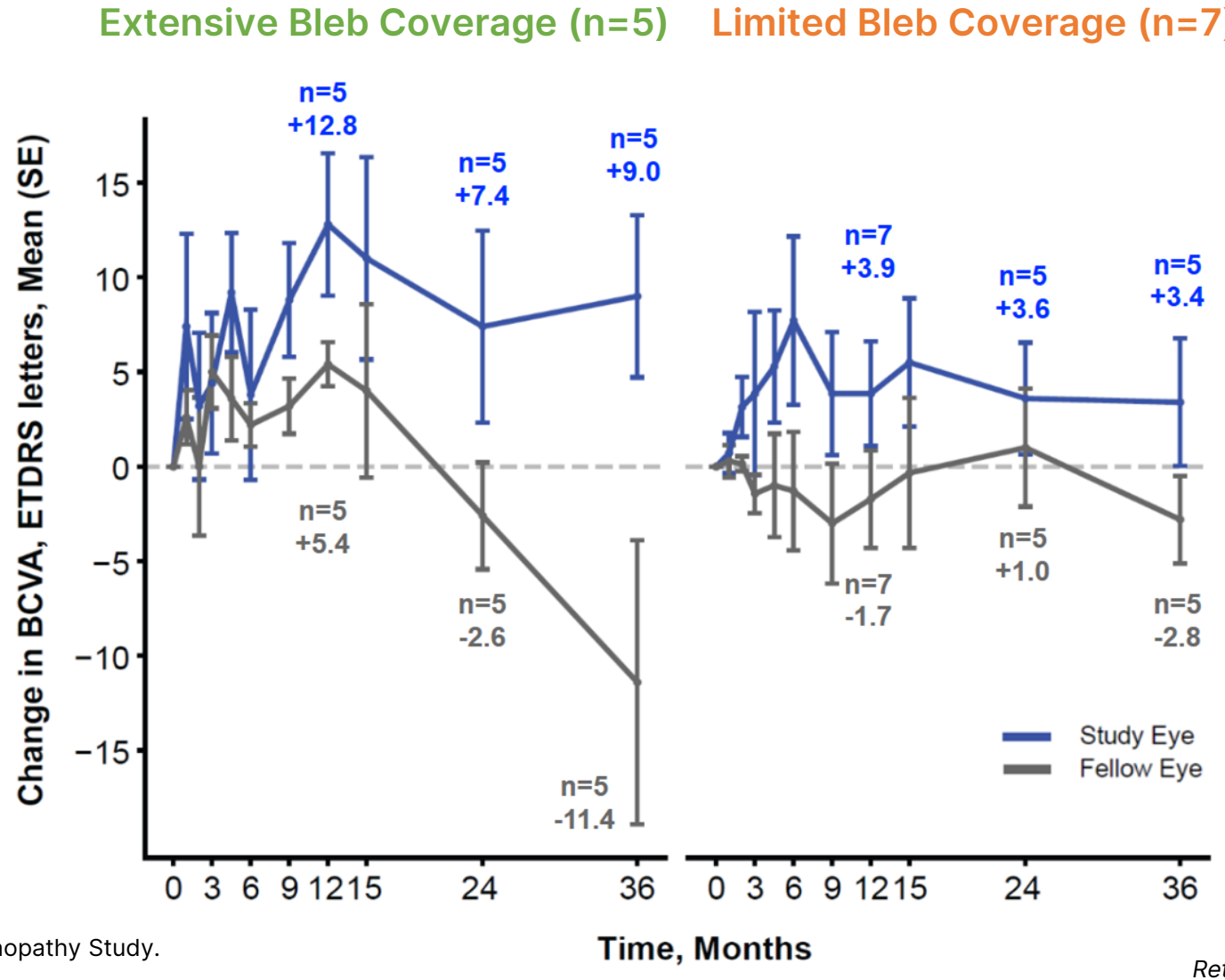
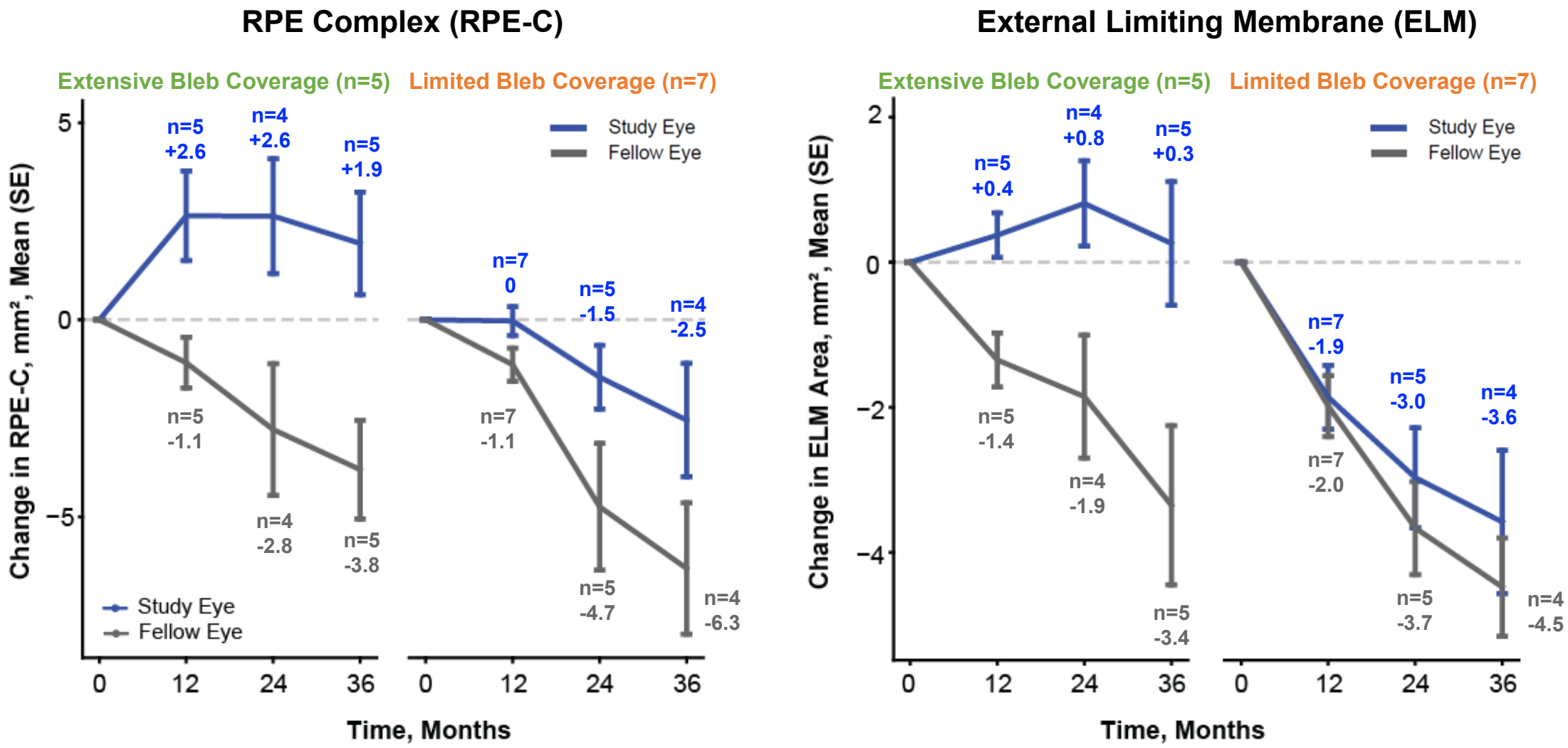


ETDRS, Early Treatment Diabetic Retinopathy Study.

Sustained Evidence of Retinal Structural Support by Quantitative OCT Observed through Month 36 (Cohort 4)

Support Most Evident Among Eyes with Extensive Coverage of GA by the Surgical Bleb



Segmentation result is generated by Genentech EyeNotate OCT segmentation algorithm, reviewed and corrected by a single masked expert grader.

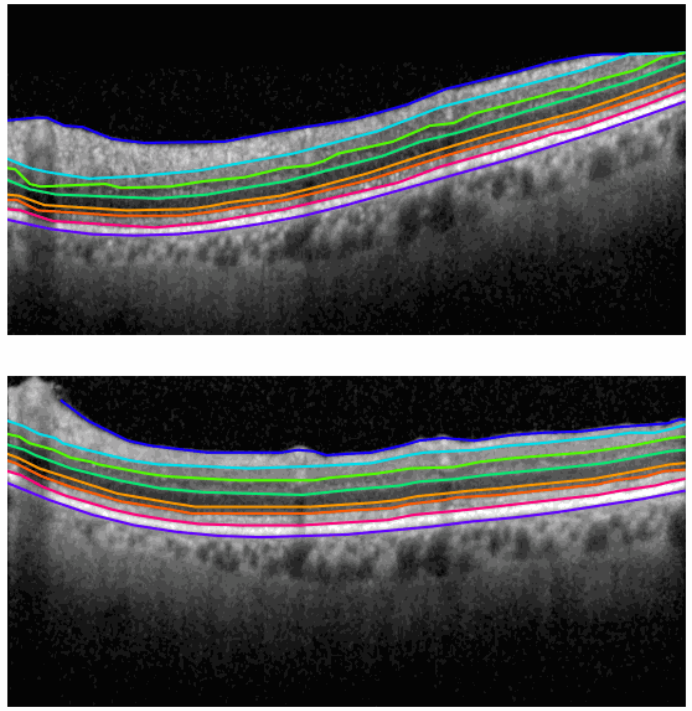
Quantitation of RPEDC and ELM Area Shows Cases of Improvement Between Baseline and 24 Months Post Treatment

SD-OCT segmentation[a]

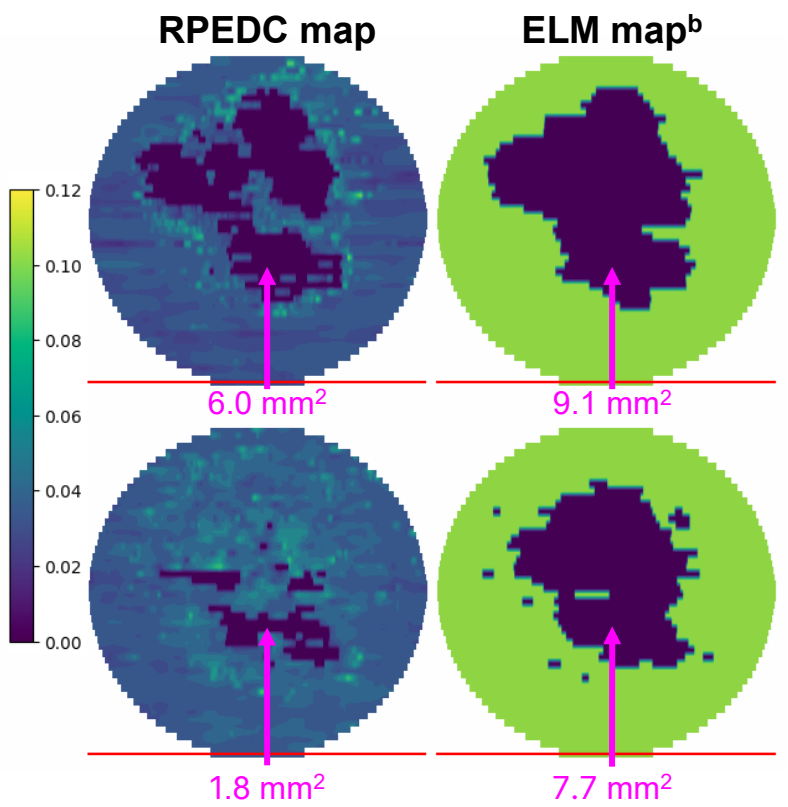
Baseline

Month 24

ILM
oRNFL
oIPL
oOPL
iELM
iEZ
iRPE
BM



Quantification



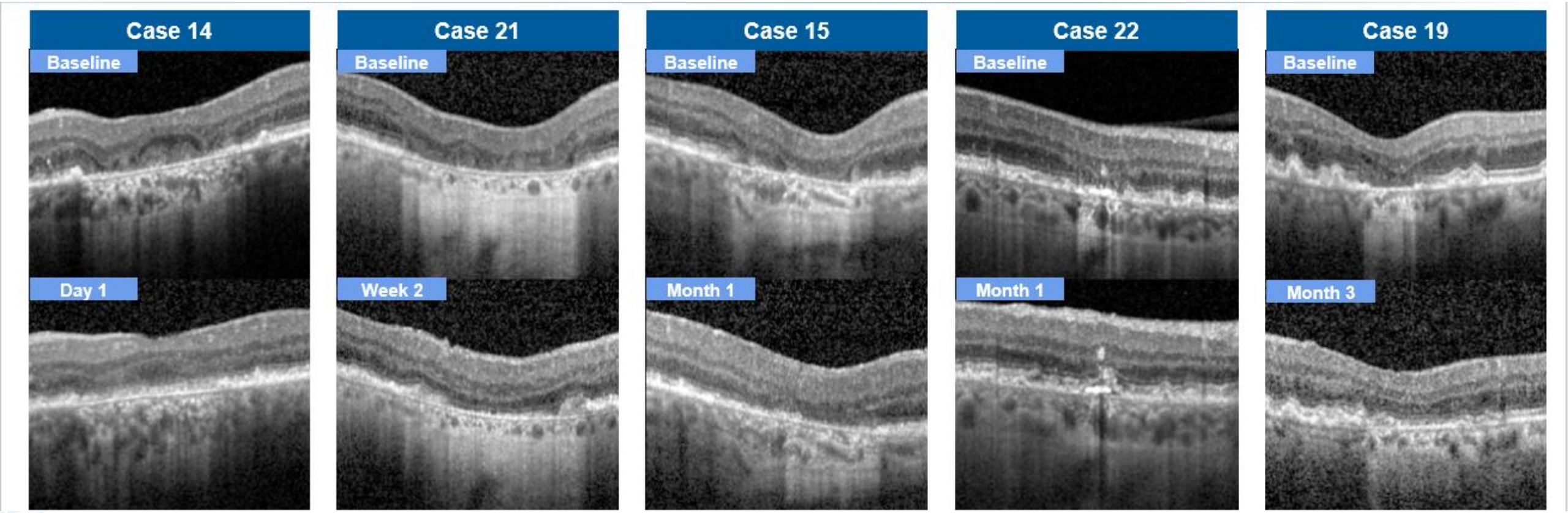
Baseline

Month 24

ELM, external limiting membrane; RPEDC, retinal pigment epithelium drusen complex.
[a]Segmentation result is generated by Genentech EyeNotate OCT segmentation algorithm, reviewed and corrected by a single masked expert grader.
[b]ELM map, binary external limiting membrane presence/absence map, green when ELM is present, dark blue when ELM is absent.

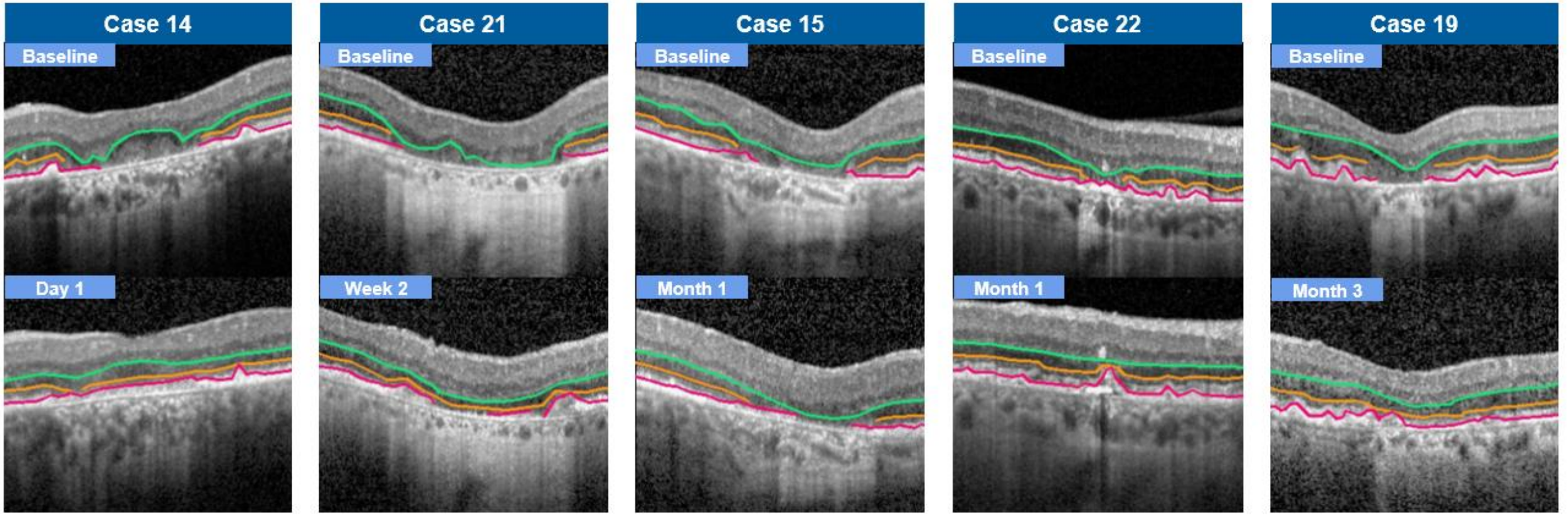
Case #14

Onset of Structural Improvement Within 3 Months in All 5 Patients with Extensive Bleb Coverage



- Structural improvement was only observed within GA lesions covered by surgical bleb
- Maintenance and/or greater structural improvements were observed over time
- These patients also had an average +4.4 letter BCVA gain at Month 3, and +12.8 letter BCVA gain at Month 12

Onset of Structural Improvement Within 3 Months in All 5 Patients with Extensive Bleb Coverage



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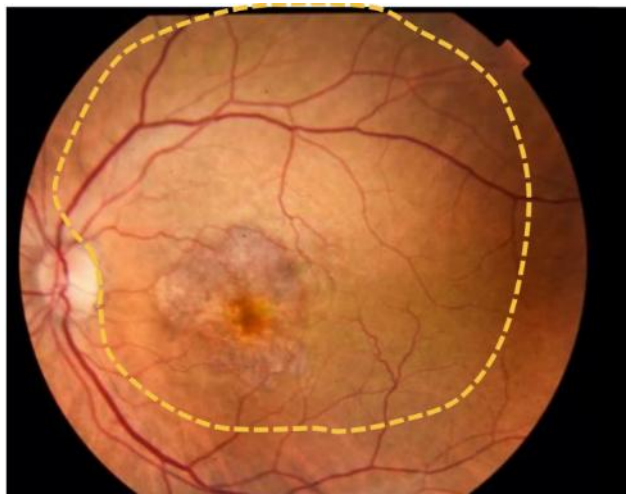
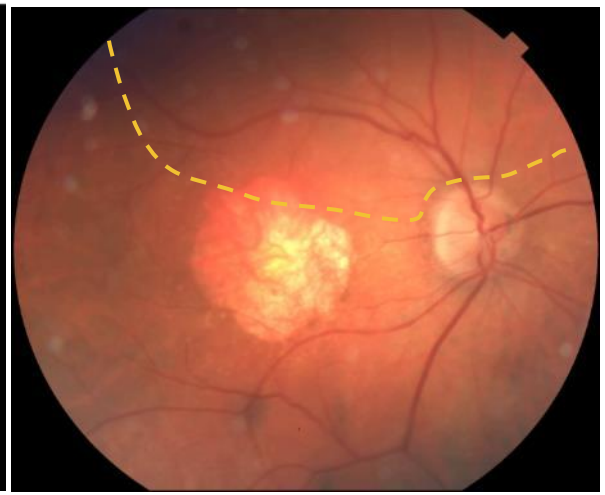
Greater Visual and Structural Improvements in 5 Patients in Cohort 4 with Extensive Bleb Coverage

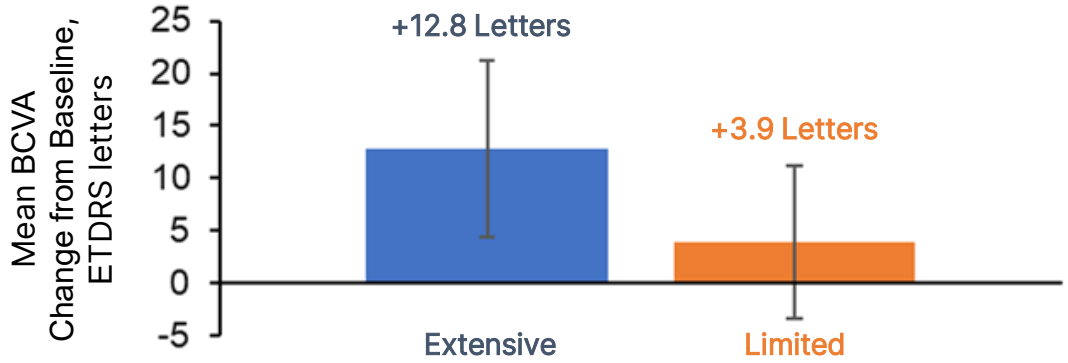


Extensive
Bleb Coverage
Considerable bleb coverage
of GA area (including fovea)
(n=5)

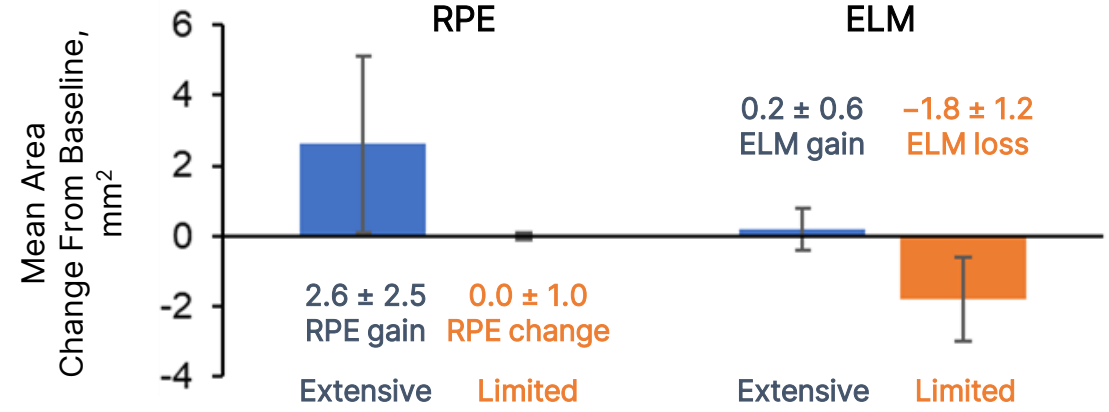


Limited
Bleb Coverage
Minimal to no bleb coverage of GA area
(n=7)

BCVA Change in Study Eye at Month 12



RPE and ELM Change in Study Eye at Month 12



ELM, external limiting membrane
Error bars represent standard error
Data cutoff: 18 Jan 2022

Ongoing Development: The GAlette Study

Genentech
A Member of the Roche Group

A multicenter, phase 2a open-label, single arm clinical study in patients with geographic atrophy (GA), secondary to age-related macular degeneration

- Study sponsored and funded by Genentech
- Seeks to evaluate the success and safety of subretinal delivery as well as preliminary activity of OpRegen cell therapy
  - Includes plans to evaluate two proprietary surgical delivery devices that have potential advantages over current off-the-shelf devices
- Estimated enrollment up to 60 patients
- Primary objectives:
  - Proportion of patients with subretinal surgical delivery of OpRegen RPE cells to target regions, and
  - Incidence and severity of procedure-related adverse events at 3 months following surgery
- Secondary objective:
  - Proportion of patients with qualitative improvement in retinal structure, determined by SD-OCT

Currently enrolling at 17 study sites in U.S. & Israel

(ClinicalTrials.gov: NCT05626114)

OpRegen Cell Therapy

- All patients (n=5) with extensive coverage of their area of atrophy with the OpRegen surgical bleb showed evidence of retinal structure improvement
- Market opportunity not limited by monogenic deficiencies (e.g., gene therapy)
- Well-tolerated; no cases of rejection (90d immunosuppression)
- Anatomical and functional benefits reported at 2 years have **continued to persist at 3 years** post OpRegen treatment
  - Phase 1/2a study Cohort 4 patients who exhibited average visual acuity gains of 5.5 letters after 24-months, **remained above baseline after 36 months** (+6.2 letters);
  - Mean BCVA gains at 36 months greater among 5 patients with extensive surgical bleb coverage of GA lesion than those with no or limited bleb coverage **(+9.0 letters)**; greater BCVA gains were associated with evidence of anatomical improvement in outer retinal structure.
- Potential application in additional retinal diseases (example: Stargardt disease)
- Issued patents cover aspects of production, characterization, and formulation
- Fast Track & RMAT designations from FDA
- Validating development partnership with global ophthalmology leader, Roche and Genentech

Key Takeaway for the Lineage Approach

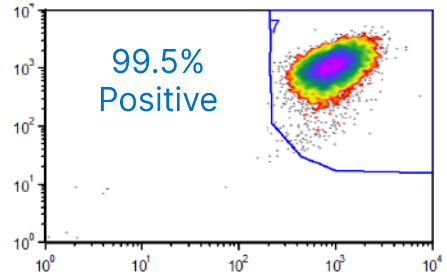
In certain settings, replacing whole cells may provide restorative benefits beyond the reach of traditional approaches

#ReplaceandRestore™

Repeating Success – OpRegen as a Case Study and Guide

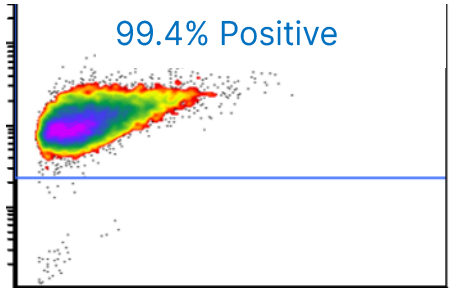
Control (Safety) & Reproducibility

- Multiple clinical batches generated and released
- Comparability testing performed on batches
- Single source, master bank cell line
- No reports of transplant rejection to date



Purity/Identity

- Highly pure RPE via flow cytometry
- Multiple identity markers utilized
- No residual PSCs detectable (orthogonal methods)



Potency/Functionality

- Phagocytosis assay
- Trans-epithelial resistance (polarization)
- Differential apical and basal growth factor secretion

Scalability

- Dynamic culturing system (3D, not 2D)
- Bioreactor and microcarriers for expansion and scale-up

Clinical Applicability

- Two delivery methods evaluated
- Ready to Inject Drug Product

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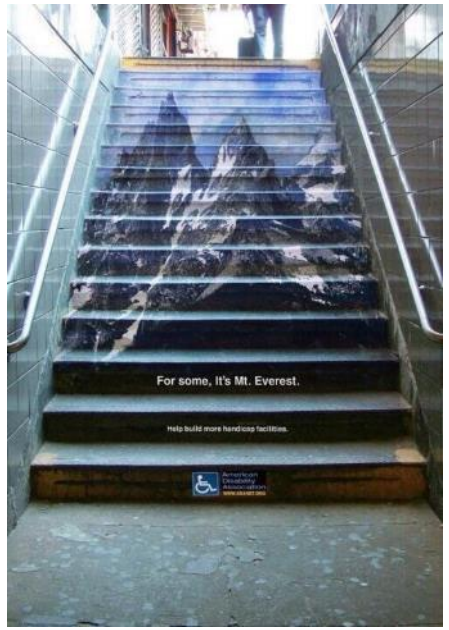
OPC1

Oligodendrocyte Cell Transplants for Spinal Cord Injuries

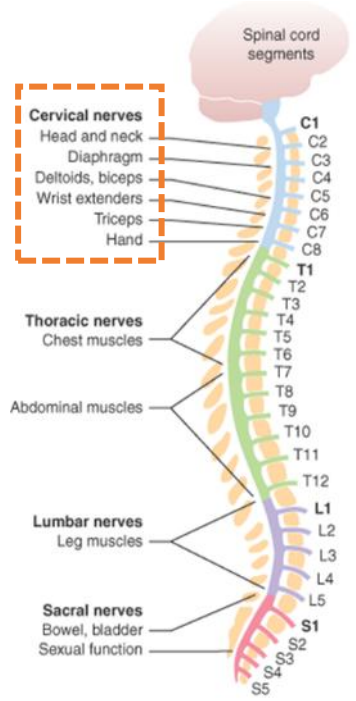
More than 30 patients treated to date

Spinal Cord Injury (SCI) Burden & Unmet Needs

- ~18,000 cases per year (US)[1]
- A significant burden for patients and caregivers[2]
  - 67% of patients are unemployed 10 years post-injury
  - Lifetime healthcare costs can reach $5M for one patient
- Lifelong impairment
  - Most common in ages 16-30



- Primary feature of a SCI is loss of mobility
- Goal of OPC1 therapy is to **restore arm, hand, and finger function**
- Greater mobility increases independence and quality of life
- **Gains in motor function**, particularly in the upper extremities, **can provide significant benefits in self-care and lower costs of care**

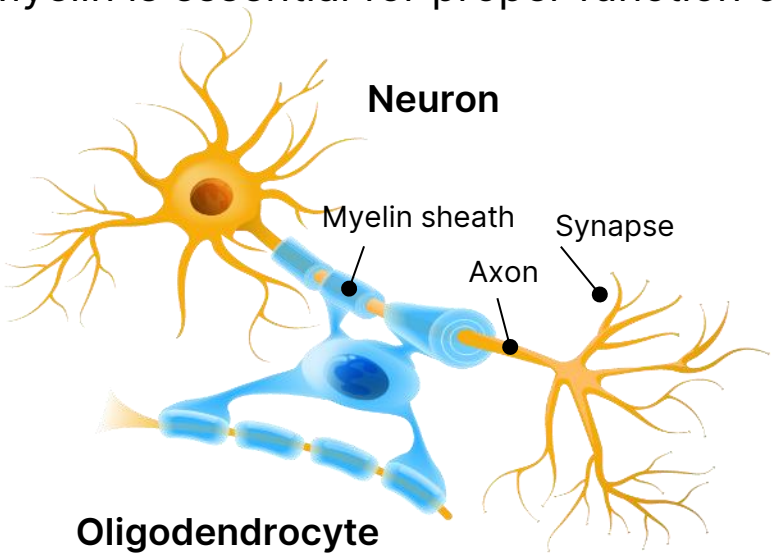


(1) National Spinal Cord Injury Statistical Center
(2) National SCI Statistical Center, 2019 SCI Data Sheet

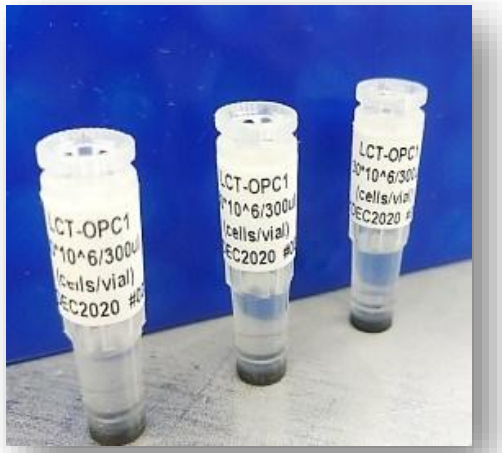
Oligodendrocyte Cells as a Treatment Option for SCI

Transplanting oligodendrocytes may provide additional motor function and improve quality of life

- Oligodendrocyte progenitor cells (OPCs) are precursors to the myelinating cells of the central nervous system
- Myelinating cells provide insulation to nerve axons in the form of a myelin sheath
- Myelin is essential for proper function of neurons

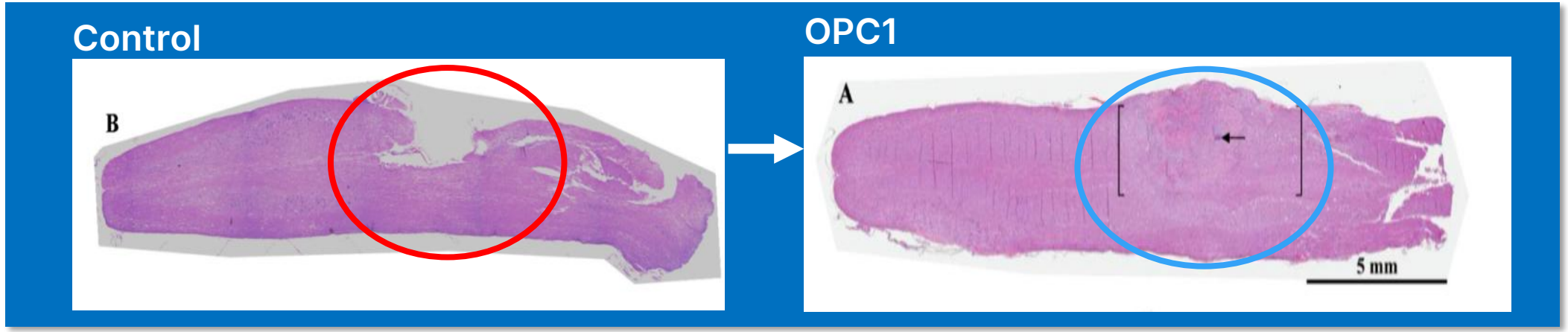


- OPC1 is generated from an NIH-registered cell line
- Cells are **allogeneic ("off the shelf")** and not taken from the patient
- **OPC1 is a one-time injection** into the spinal cord
  - Subacute dosing occurs 3-6 weeks post-injury, providing time for consent and transportation
- Immunosuppression is brief (60 days)
- Cells are cryo-preserved in a ready to use, **thaw-and-inject formulation**

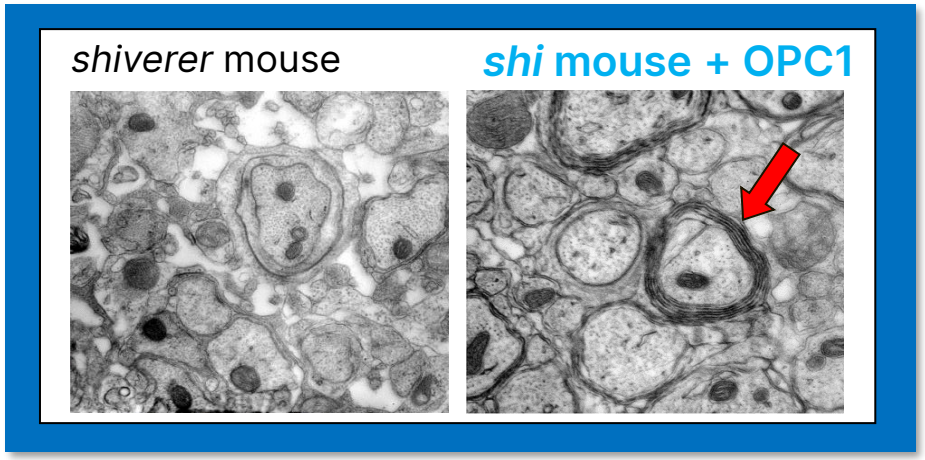


OPC1 Triple Mechanisms of Action

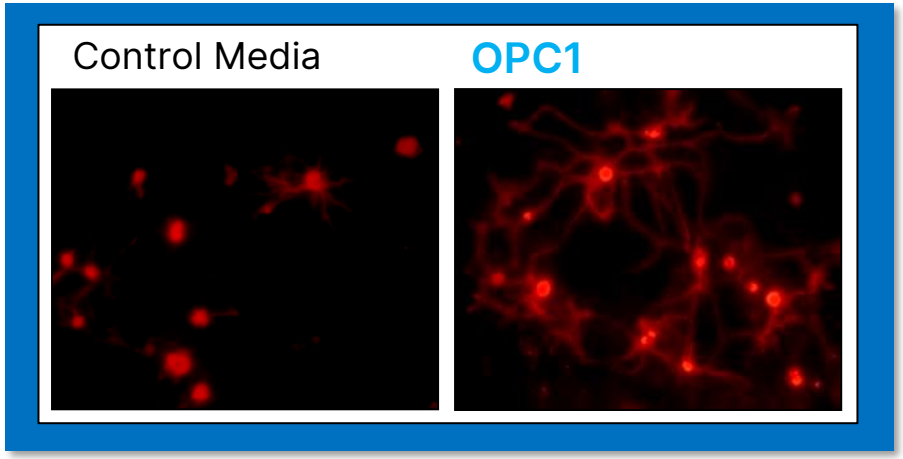
Preventing Cavitation



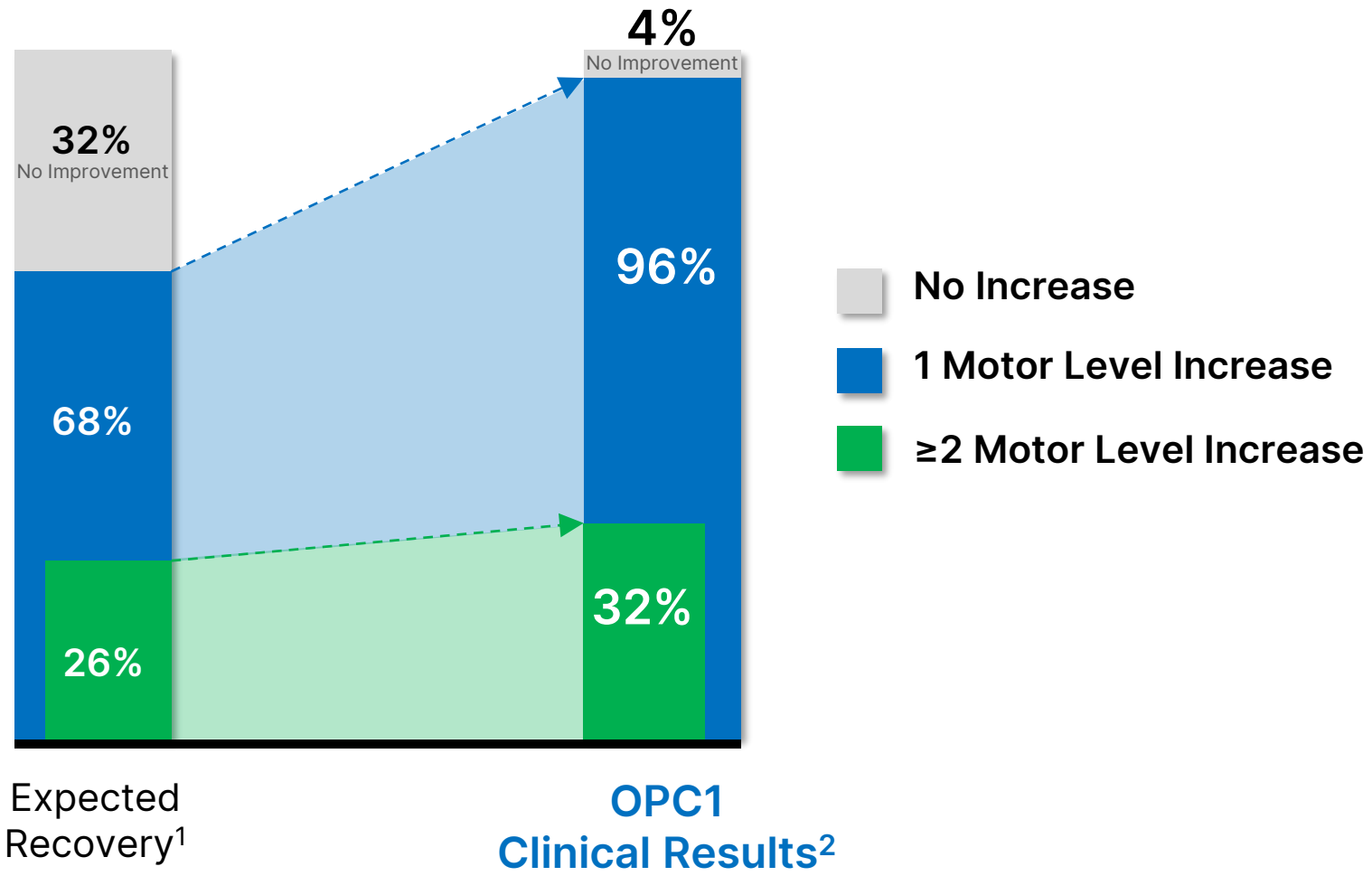
Myelination of Axons



Neurotrophic Factors



Expected Recovery[1] vs OPC1: Motor Function Gains



1. Steeves JD, Lammertse DP, Kramer JL, Kleitman N, Kalsi-Ryan S, Jones L, Curt A, Blight AR, Anderson KD. Outcome Measures for Acute/Subacute Cervical Sensorimotor Complete (AIS-A) Spinal Cord Injury During a Phase 2 Clinical Trial. Top Spinal Cord Inj Rehabil. 2012 Winter;18(1):1-14. doi: 10.1310/sci1801-1. Epub 2012 Jan 31. PMID: 23239927; PMCID: PMC3519288.
2. Fessler, R. G., Ehsanian, R., Liu, C. Y., Steinberg, G. K., Jones, L., Lebkowski, J. S., Wirth, E. D., III, & McKenna, S. L. (2022). A phase 1/2a dose-escalation study of oligodendrocyte progenitor cells in individuals with subacute cervical spinal cord injury, Journal of Neurosurgery: Spine (published online ahead of print 2022). Retrieved Aug 19, 2022, from https://thejns.org/spine/view/journals/j-neurosurg-spine/aop/article-10.3171-2022.5.SPINE22167/article-10.3171-2022.5.SPINE22167.xml

Real-World Impacts from Motor Level Improvements

Motor level gains translate into meaningful improvements in self-care and large reductions in costs of care

Cervical Injury Level	Daily Home Care
C1-3	24 Hour Attendant
C4	18-24 Hour Attendant
C5	6-12 Hours of Assistance
C6	4 Hours Housework
C7-8	1 Hour Housework

32% of OPC1 Recipients had +2 Level Improvement

Activities of Daily Living across different levels of motor function after cervical complete SCI. Modified from Whiteneck et al. 1999)

OPC1 Cervical Clinical Trial - Adverse Events

The majority of adverse events were mild to moderate in severity

All Treated Subjects (N=25)	AEs	SAEs
Total	534	29
Related to OPC1	1*	0
Related to Injection Procedure	20	1
Related to Tacrolimus	11	1

To date, there have been no serious adverse events related to the OPC1 cells

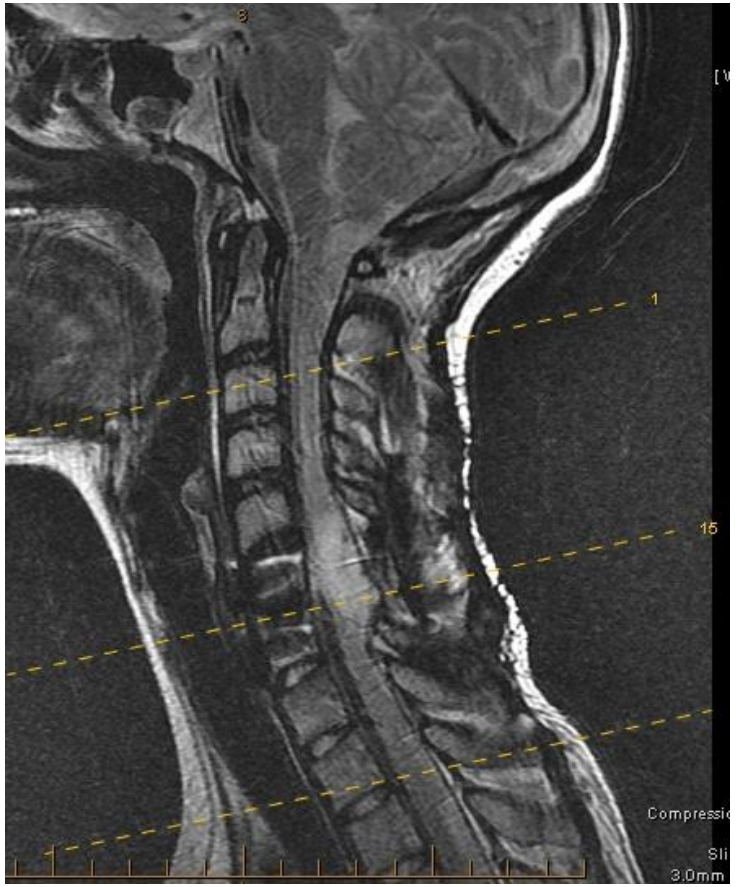
Safety data is available for 2 to 5 years on all 25 patients

**One AE possibly related to OPC1 was a Grade 2 dysesthesia that began 47 days post-injection but had resolved by the Year 2 follow-up visit*

OPC1 Cervical Clinical Trial - Cell Engraftment

12- and 24-Month MRI Scans Indicate Durable Engraftment

- Cystic cavitation (syringomyelia) is a disorder which can damage nerve fibers and is expected to occur in ~80% of matched SCI cases
- MRIs show formation of a tissue matrix at the injury site, indicating OPC1 cells have durably engrafted to help prevent syringomyelia
- 96% (24/25) of OPC1 patients had serial MRI scans that indicated no sign of a lesion cavity at 24 months (for 22 available scans)



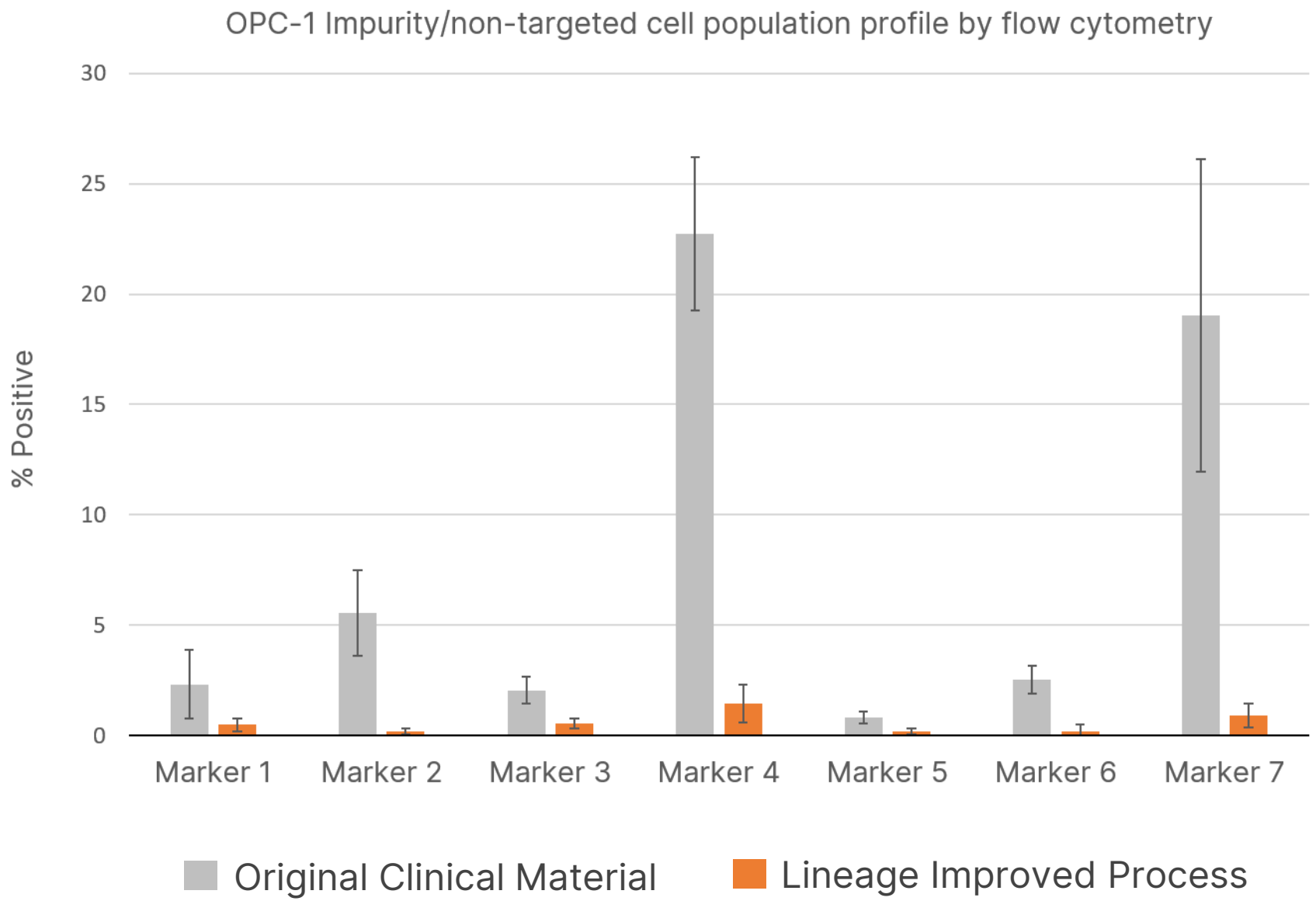
Weighted sagittal MRI

OPC1 Thoracic & Cervical Clinical Trials Overview

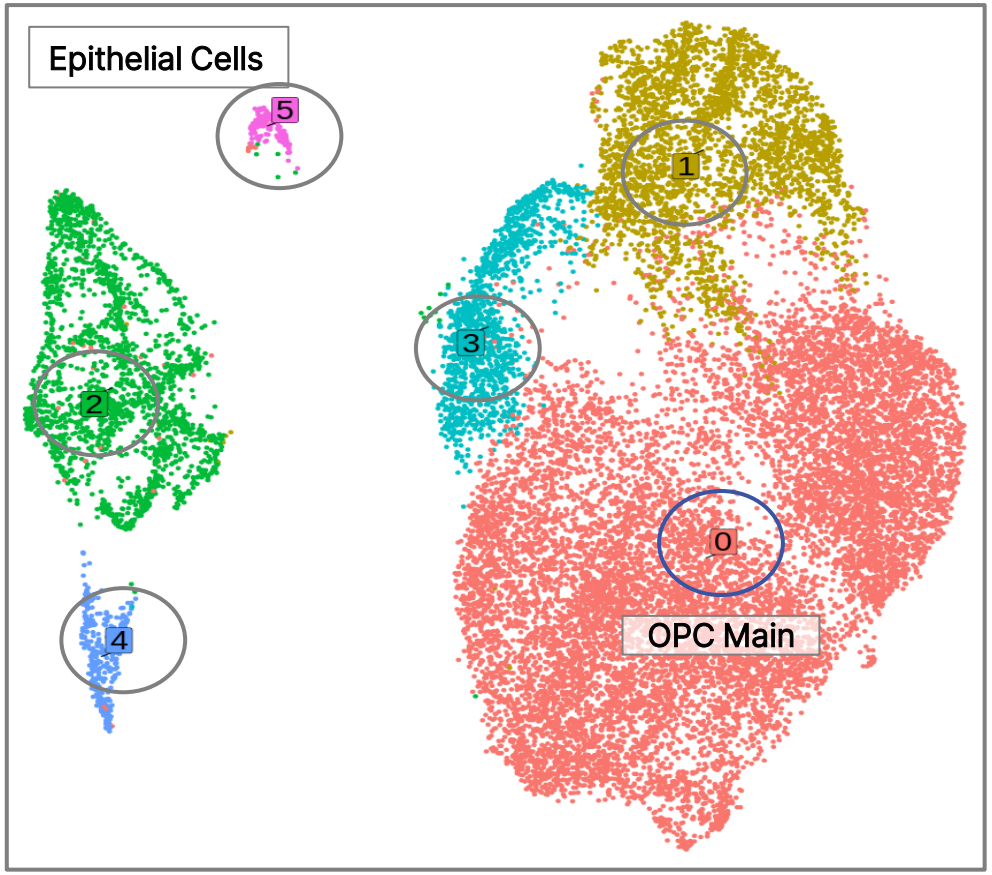
- **Thoracic phase 1 clinical trial (N=5)**
  - All **active subjects followed for at least 14 years**
  - Results published in Journal of Neurosurgery Spine *(Vol 37, Issue 3, 2022)*
    - **No unexpected serious adverse events attributable to the OPC1 transplant**:
      - No evidence of neurological decline
      - No enlarging masses
      - No further spinal cord damage

- **Cervical phase 1/2a clinical trial (N=25)**
  - All **active subjects evaluated for at least 8 years**
  - Results published in Journal of Neurosurgery Spine *(Vol 37, Issue 6, 2022)*
    - **No unexpected serious adverse events related to the OPC1 transplant:**
      - No enrolled patients had worsening of neurological function;
      - **Durable motor improvements**:
        - 4 of 6 subjects gained at least 2 motor levels of improvement on at least one side at 12 months (cohort 2)
        - 5 of 6 subjects gained at least 2 motor levels of improvement on at least one side at 24 months (cohort 2)
        - 1 subject achieved 3 motor levels of improvement on one side; maintained at 3 years (cohort 2)

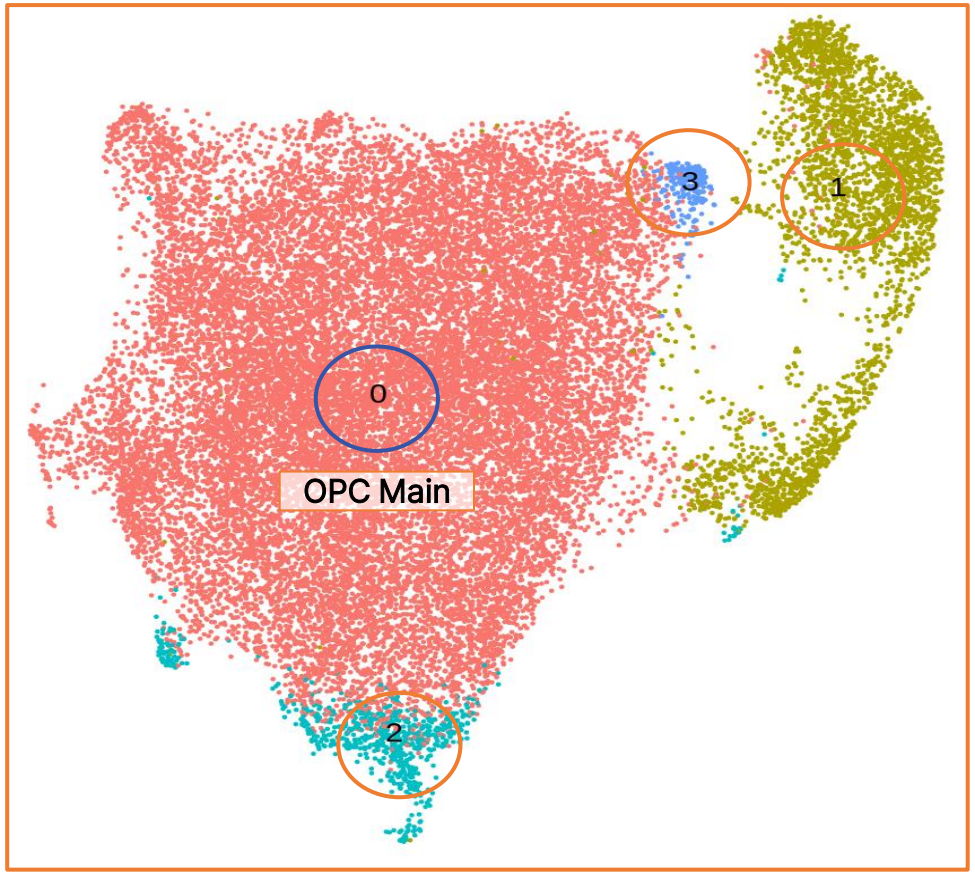
OPC1 Manufacturing Improvements: Lower Impurities



OPC1 Single-Cell RNA-Seq (scRNA-seq) Data



OPC1 - Original Clinical Material

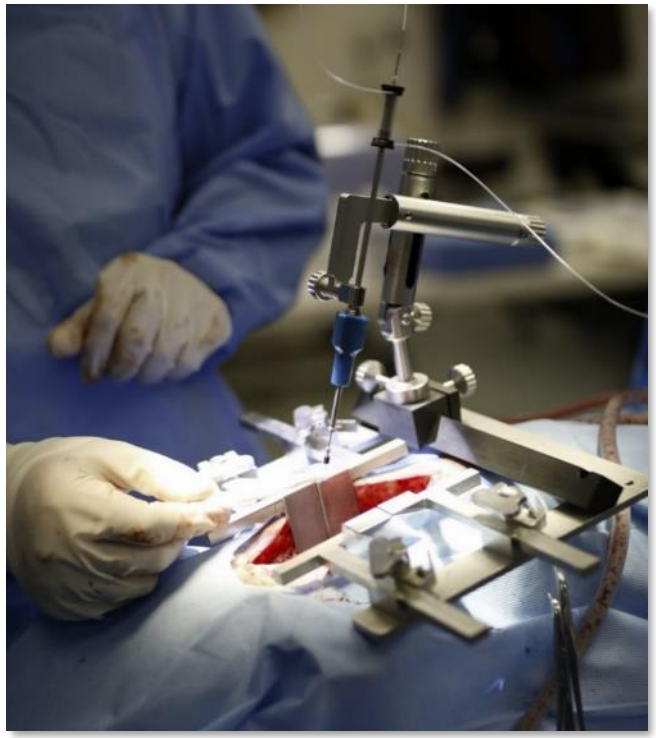


OPC1 – Lineage Improved Process

The Lineage-improved process is reproducible, 10X original scale, is comparable *in vivo* to the original material, but is devoid of non-targeted (i.e. epithelial) populations

Novel Spinal Cord Delivery System (Ongoing Clinical Trial)

- **Manual Parenchymal Spinal Delivery System**
  - Designed to be easier to use and safer for patients
- **Enhanced safety**
  - Attaches directly to the patient, compatible with breathing motion
  - Designed to administer OPC1 without stopping patient ventilation
- **Improved user experience:**
  - Smaller and fewer components
  - Single hand operation
  - Better stability and control
- **Compatible with Lineage's new thaw and inject formulation**
  - 5 minutes from frozen to ready for administration
  - Eliminates ~90% of dose prep compared to prior clinical material



Delivery of Oligodendrocyte Progenitor Cells for Spinal Cord Injury: Evaluation of a Novel Device

- **Open label, multi-center, device safety study in 3-5 subacute and for the first time, 3-5 chronic injury patients**
  - Complete (ASIA-A) or incomplete (ASIA-B) SCI of cervical (C4-C7) or thoracic (T1-T10) vertebrae
- **Primary objective**
  - Evaluating the **safety** of a novel device to deliver OPC1 to the spinal parenchyma
- **Primary endpoint**
  - Frequency and severity of the device or injection procedure related adverse events (AEs) through 30 days
- **Secondary endpoints**
  - Frequency and severity of AEs through 90 days following injection of OPC1 injection and/or the concomitant immunosuppression administered
- **Exploratory endpoints**
  - Measurements of neurological impairment and function, as well as pain

(ClinicalTrials.gov: NCT06841770)

OPC1 Program Summary

Key Takeaways

- **Unmatched experience** - one of the longest running trials in the field and first of its kind
- **Indication of efficacy** compared to best available matched control
- **Excellent overall safety profile**
  - 8 years follow up in cervical SCI
  - 14 years follow up in thoracic SCI
- **Higher purity and production scale** has been achieved
- **Learnings** can be applied to next trial
  - Inadequate decompression was associated with the two worst outcomes

Next Steps

- **DOSED study to evaluate safety of new delivery system ongoing (N= 6-10)**
  - 3-5 subacute and for the first time, 3-5 chronic injury patients
- **Preparations underway for larger, controlled clinical trial**
  - Engaging with patients, patient advocacy organizations, and other experts
  - Assessing clinically-meaningful endpoints
- **Eligible for grant funding from**
  - California Institute of Regenerative Medicine (CIRM)

OPC1 Asset Overview

- OPC1 utilizes targeted cell replacement (similar to RPE for dry AMD)
- OPC1 has RMAT & Orphan Drug Designations
- OPC1 has received >$14M in grant support from CIRM
- OPC1 may have application in other demyelinating conditions

- Jake Javier, OPC1 Participant

"There's no reason to not look forward in the same way now that I had before all of this happened. I'm looking forward to driving again... it's a bright future."

- Lucas Lindner, OPC1 Participant

"I couldn't drink, couldn't feed myself, couldn't text or pretty much do anything, I was basically just existing. I wasn't living my life, I was existing."

- Kris Boesen, OPC1 Participant

"My AIS score improved from an AIS-A over to an AIS-B, because I've got a lot of feeling under my injury level that I didn't have right when I broke my neck. And I would attribute those directly to spinal cord injury cells."

- Chris Block, OPC1 Participant

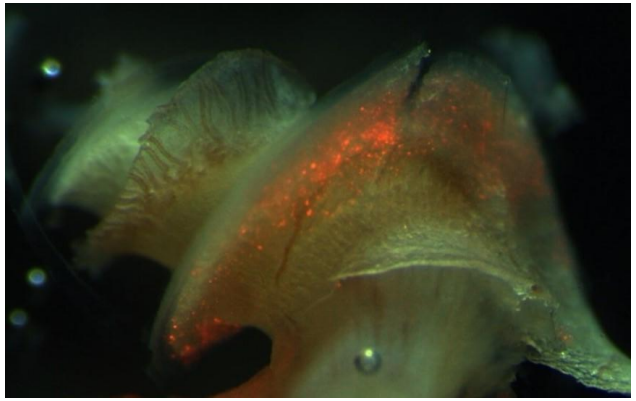
LINEAGE
Cell Therapeutics

Looking Ahead: Preclinical and Research Programs

ReSonance™	(Hearing Loss)
COR1	(Corneal Endothelial Disease)
ILT1	(Type 1 Diabetes)
RND1	(Undisclosed)
PNC1	(Vision Loss; Retinitis Pigmentosa)

ReSonance (ANP1) Collaboration

- **ReSonance** is a cell transplant comprised of auditory neuron progenitor cells
- Administered surgically to the cochlea (inner ear); intended to treat auditory neuropathy spectrum disorders (hearing loss)
- ReSonance is being developed under a research collaboration with William Demant Invest:
  - Up to $12 million of preclinical development costs contributed by William Demant Invest
  - Parties will jointly advance toward IND/CTA filing(s)
  - Activities to be funded by WDI include:
    - scalable cell manufacturing; translational/functional models
    - delivery development; outcome measures; regulatory strategy



- Successfully completed 3 engineering manufacturing runs
- Novel model of deafening established to support ReSonance functional preclinical testing

COR1 - Corneal Endothelial Cell (CEnC) Therapy

- Corneal endothelial cell therapy (from cadaveric sources) approved in Japan
  - Problem is low availability of organ donors as well as low inconsistent yield and quality of CEnCs
  - Millions of people are candidates for corneal transplants; only 1 donor for every 70 diseased eyes globally
- Fuchs Endothelial Corneal Dystrophy (FECD) represents one of largest underserved populations in ophthalmology
  - Affects more than 7.3% of global population over 30; population projected to rise from 300M in 2020 to 415M by 2050
  - Cell therapy treatment for FECD administered via an injection into anterior chamber of the eye
- Deployed our AlloSCOPE platform to manufacture “off-the-shelf” corneal endothelial cells
  - Internally-developed and wholly owned initiative
  - Successfully manufactured CEnCs that meet initial attributes for identity and scale
  - Advancing the COR1 program into preclinical testing

Islet Cell Transplant Research Initiative (ILT1) for Type 1 Diabetes

- Islet cell transplants FDA approved; problem is lack of commercially viable source of islet cells
  - Current estimated dose approaches *1 billion cells per patient*
- Choosing to invert standard model of drug development to focus our efforts on scale
- Plan to deploy our AlloSCOPE platform to the large-scale production of undifferentiated pluripotent cells, and if successful, to the production of islet cells
  - 5D Engineering – combines 2D culture control advantages with 3D system volumetric efficiency
- Initial program objectives met in Q1 2026
  - Demonstrated scalable process at 0.5-liter scale with a proprietary cell line
  - Supports further development into larger scale
- Longer term goal
  - Demonstrate system compatibility with an internally- or externally-sourced hypo-immune line

Other Cell Transplant Research Programs

RND1
Undisclosed Indications

- Cell editing & engineering alliance
- Creates a hypoimmune cell line
  - mRNA-based B2M-deletion and HLA-E over-expression
- Adds capabilities in 3 areas:
  - ex-vivo gene editing
  - Hypoimmunity
  - Induced pluripotent stem cells (iPSCs)
- In collaboration with:

FACTOR® BIOSCIENCE

PNC1
Photoreceptor cells (rods and cones)

- Intended to treat conditions of photoreceptor loss or dysfunction
- Leverages know-how and capabilities in ophthalmology
- IP filed covering compositions and methods of generating PRs

Lineage Corporate Profile

Corporate Headquarters
Carlsbad, California

Manufacturing
Jerusalem BioPark, Israel

Research & Development
San Diego, California

Strong Financial Position (As of 3/31/2026)

$53.4M*

**Cash, cash equivalents and marketable securities*

Our Inspiration.

View their stories at
lineagecell.com/media