



LINEAGE
CELL THERAPEUTICS
The future of cell therapy.



Corporate Overview

Forward-Looking Statements

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“We aim to pioneer a new branch of medicine, based on transplanting specific cell types into the body”



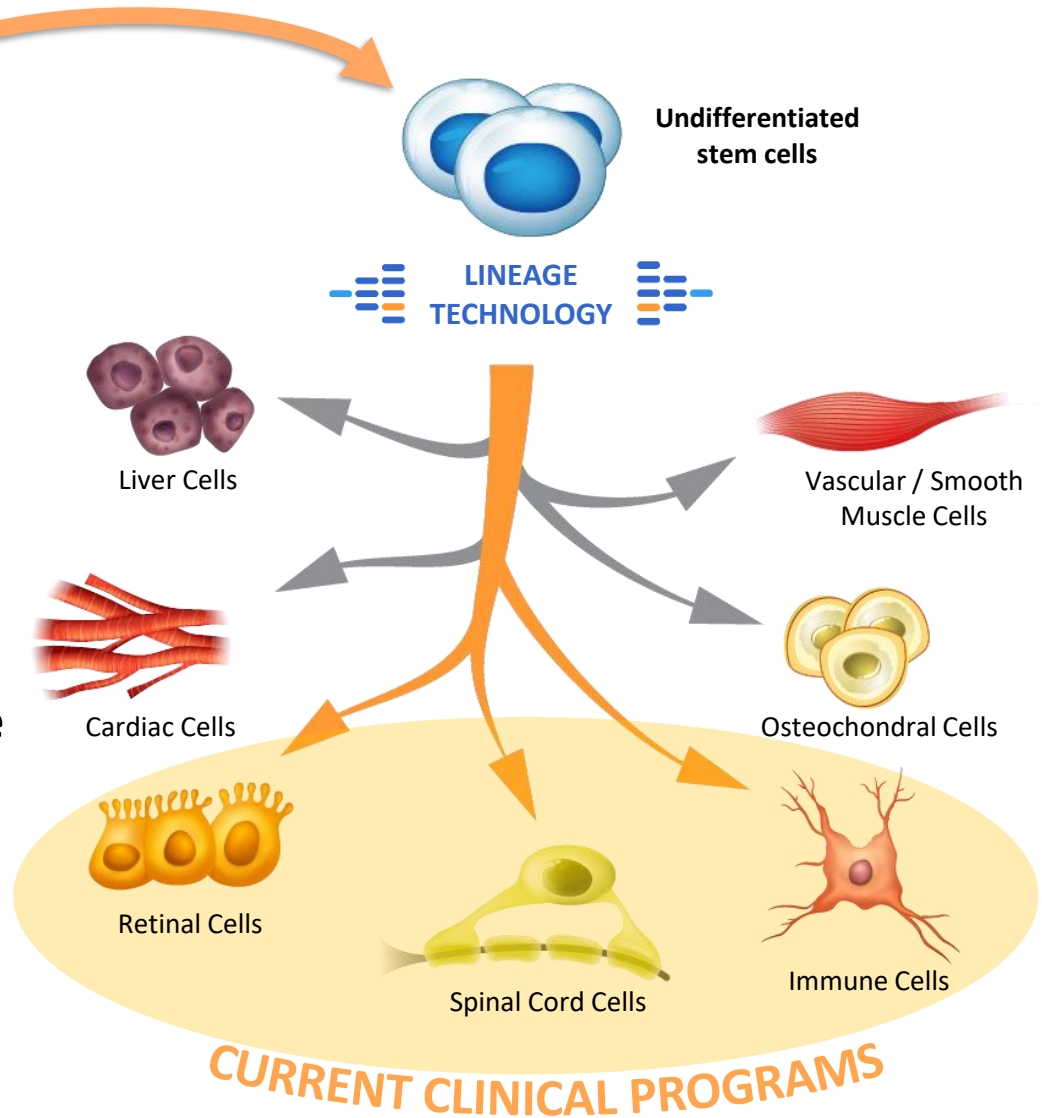
Business Overview

Lineage Cell Therapeutics – Investor’s Overview

Innovative Approach	- Transplanting “off the shelf” cells to treat serious medical conditions
Unique Advantage	- Can manufacture an unlimited supply of specialized cell types from established pluripotent cell lines
Three Clinical Programs	- OpRegen : Phase 1/2a in Dry Age-Related Macular Degeneration with GA - OPC1 : Phase 1/2a in Cervical Spinal Cord Injury - VAC2 : Phase 1 in Non-small Cell Lung Cancer (oncology platform)
Differentiated Clinical Data	- First-ever report of retinal tissue <u>restoration</u> in a dry AMD patient - One-third of spinal cord patients gained <u>2 levels</u> of motor function - Potent <u>induction of immune responses</u> observed in cancer patients
Market Opportunity	- Billion-dollar commercial potential for each program
Near-Term Clinical Events	- 6-month data from dry AMD program, expected Q2 - Completion of enrollment in Phase 1 lung cancer trial, expected Q2
Financial Position	- ~\$57 million in cash and cash equivalents as of March 5, 2021
Market Capitalization	- ~\$378 million as of March 11, 2021

Lineage Technology Platform – Allogeneic Cell Transplants

- The Lineage Platform starts with a frozen vial of *self-renewing stem cells*
- These pluripotent cells can become *any* cell type in the body
- Lineage's proprietary processes create *only* the cell type which is desired
- No alterations are made to the cell's DNA
- Commercial-scale production occurs from a single vial of cells



Competitive Advantage: In-House Manufacturing and Know-How

Lineage's competitive advantage is the *differentiation* of an *unlimited* supply of pluripotent stem cells into specialized cell types

Capabilities

- Cell banking and handling
- Process development
- Manufacture of clinical trial material
- Scale-up in multi-liter bioreactors
- Multiple clean rooms for parallel GMP production runs







Facilities



Cell Cure Neurosciences
(Subsidiary)

Backed by hundreds of cell therapy-related patents

Pipeline and Validating Partnerships

Clinical Programs	Financial Support Received	Phase 1	Phase 2a	Next Steps
OpRegen® (RPE Cells) Dry AMD with Geographic Atrophy (GA)	 רשות החדשנות Israel Innovation Authority \$16M			Enrollment completed; next data update in Q2
OPC1 (Oligodendrocytes) Spinal Cord Injury (SCI)	 CALIFORNIA STEM CELL AGENCY \$14M			Data collected; planning for Phase 2b/3
VAC2 (Dendritic Cells) Non-Small Cell Lung Cancer (NSCLC)	 CANCER RESEARCH UK \$10M			1 patient left to enroll



AMD is the **leading cause** of
irreversible vision loss in the US



Source: aao.org

OpRegen[®] : RPE Cell Transplants to Treat Dry AMD

Dry AMD Can Lead Rapidly to Blindness

Visual acuity over time...

**20/20
(normal)**

The area of geographic atrophy or "GA" grows larger as retinal cells die



2012

2013

2014

2015

2017

2019

Dry AMD involves the progressive loss of retina cells, which can lead rapidly to blindness

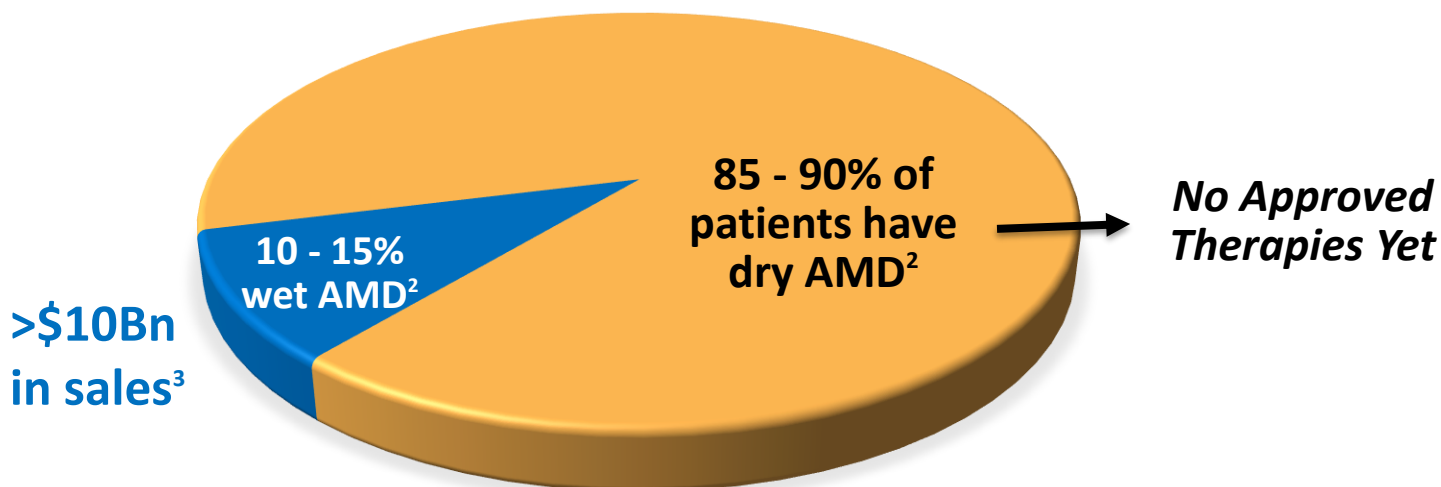
**20/200
(legally blind in 3 years)**

20/640

Multi-Billion Dollar Market Opportunity in the U.S.

Age-related Macular Degeneration (AMD) (all forms) afflicts ~11 million people in the United States

Type of AMD	% of AMD Cases	FDA Approved Therapies
Wet AMD	10 – 15%	Lucentis & Eylea (\$10 Billion in annual sales)
Dry AMD	85 – 90%	None

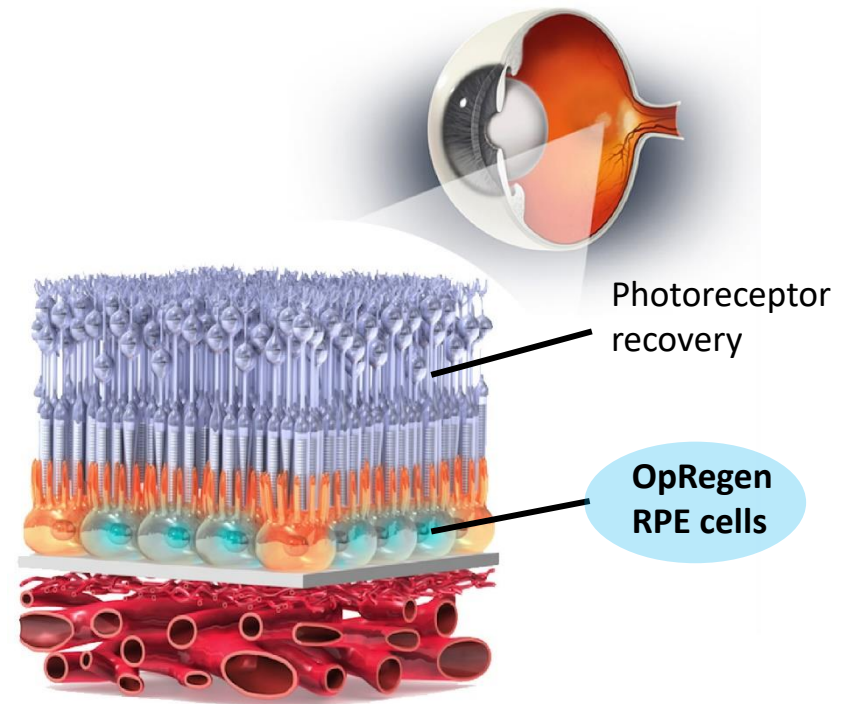
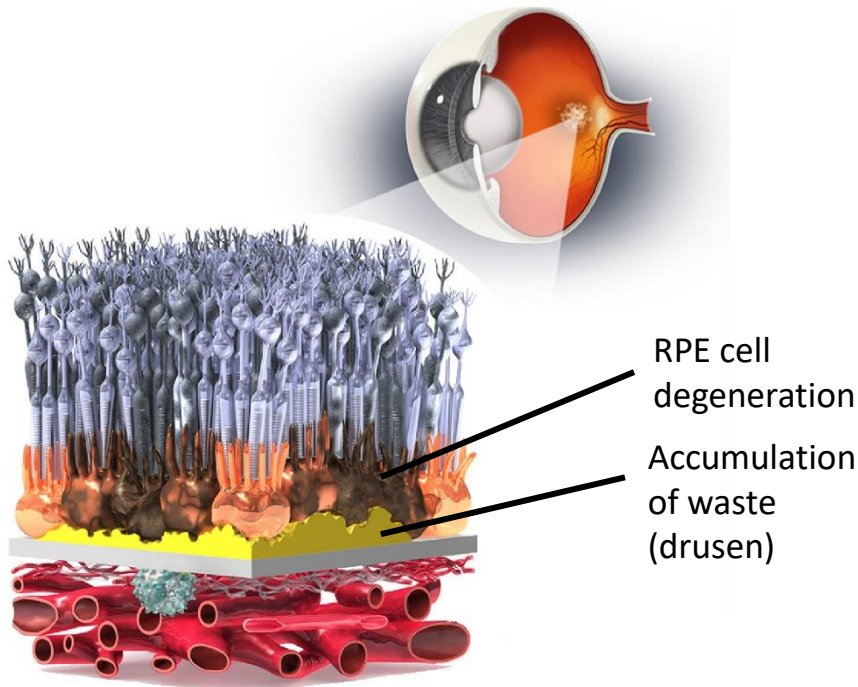


Sources: (1) Bright Focus Foundation. Macular Degeneration Facts & Statistics: Bright Focus Foundation. <http://www.brightfocus.org/macular/about/understanding/facts.html>; (2) JM Seddon, Epidemiology of age-related macular degeneration. (AP Schachat, S Ryan eds.) Retina, 3rd ed. St. Louis, MO: Mosby; 2001;1039-50; (3) 2018 product sales summary based on publicly reported revenue figures for Lucentis and Eylea.

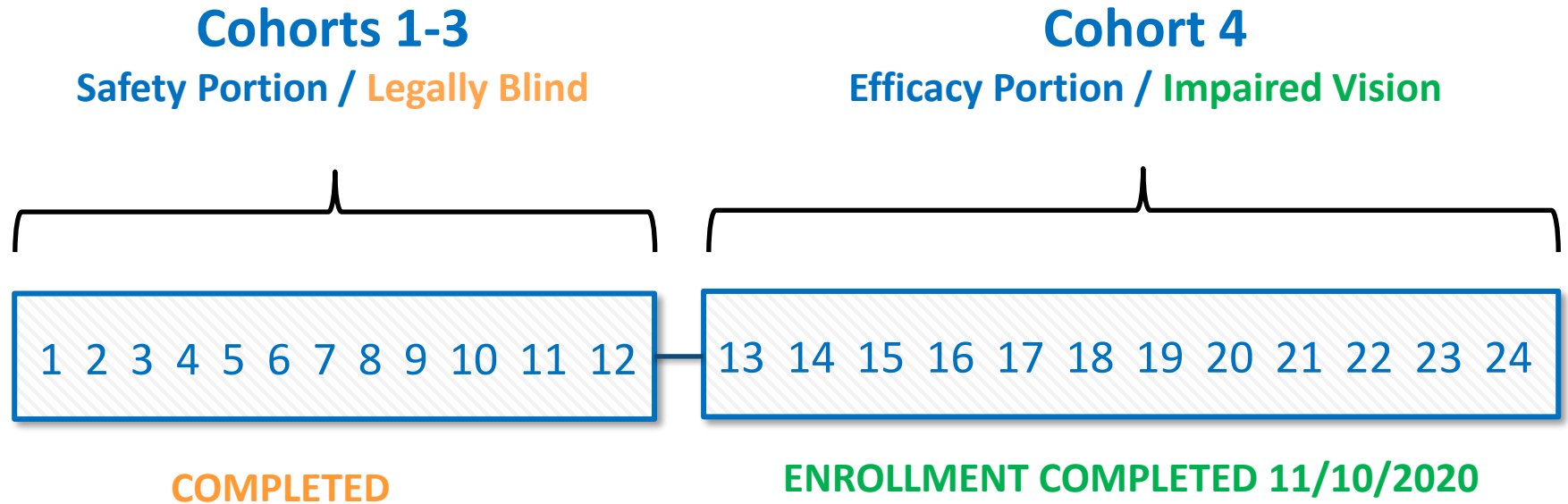
Lineage Approach – OpRegen, an RPE Cell Transplant

- Dry AMD involves the loss of retina cells, creating an area of geographic atrophy (GA), which causes impaired vision and blindness

- OpRegen is an injection of **RPE cells** beneath the retina, to replace lost retinal cells, recover function, and preserve or improve vision



Ongoing Phase 1/2a Clinical Trial of OpRegen for Dry AMD



Purpose:

To evaluate the safety and efficacy of transplanted RPE cells in patients with dry AMD with geographic atrophy (GA)

Design:

Open label, single arm and multi-center

Dose and Administration:

One 50-100 ul dose of cells injected into the subretinal space

Promising Results (March 23, 2021 Update)

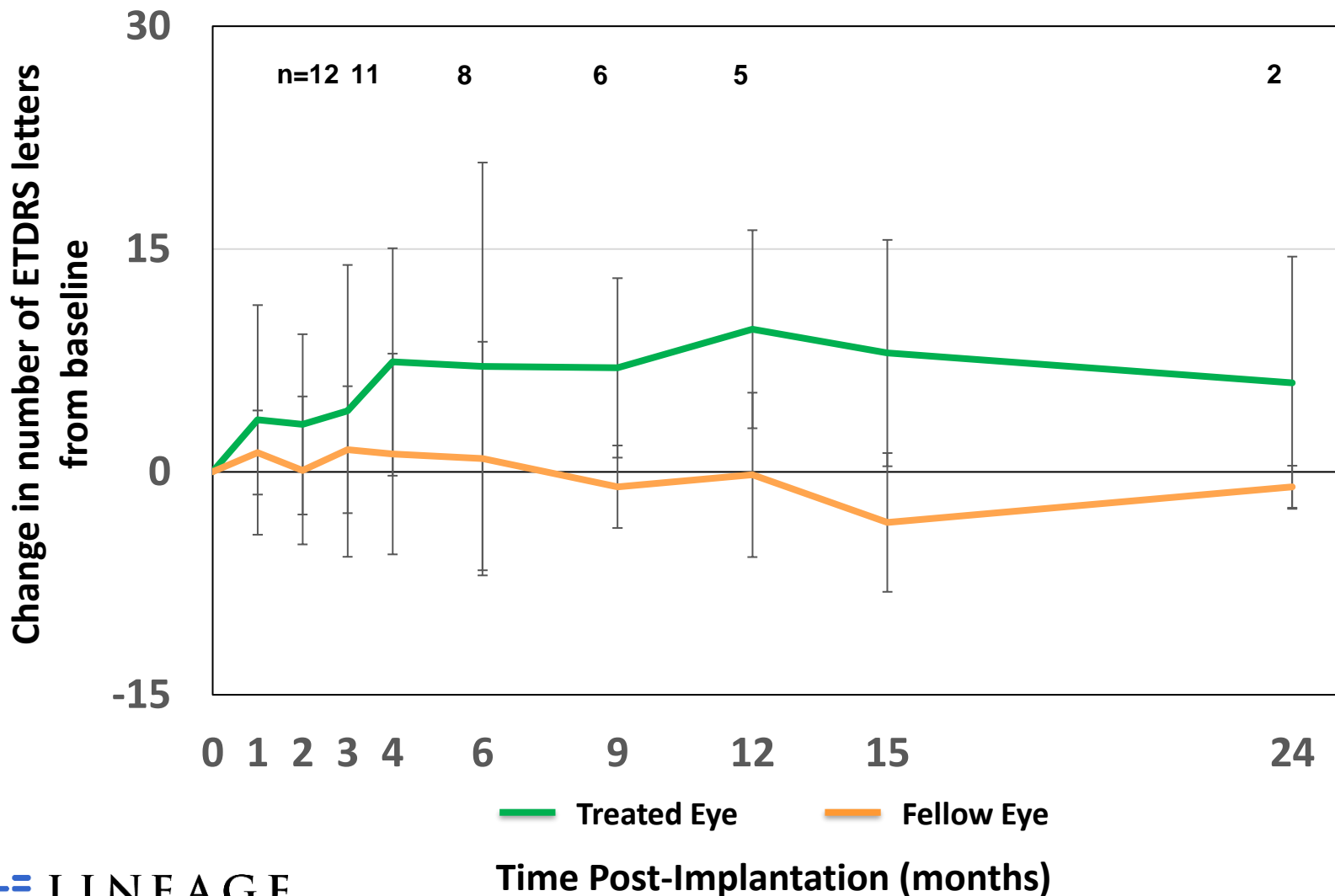
- **OpRegen cell transplant has been well tolerated with no cases of rejection**
- **Immunosuppressive regimen has been reduced from 1 year to ~90 days**
- **75% of all Cohort 4 patients (the intended commercial population) have experienced increased BCVA**
 - Improvements ranged from +7 to +19 letters on ETDRS chart at last available assessment
- **Visual acuity continues to decline in the majority (75%) of untreated eyes**
- **A trend towards slower GA growth has continued**
- **Encouraging findings across unrelated assessments; various patients have exhibited evidence for one or more of:**
 1. **Reduced growth of geographic atrophy**
 2. **Improved visual acuity**
 3. **Improved reading speed**
 4. **Improved retina structure**
 5. **Reductions in waste material**
 6. **Stable engraftment of cells (5+ years)**
 7. **Restoration of retinal tissue maintained to 23 months (continuing to monitor)**



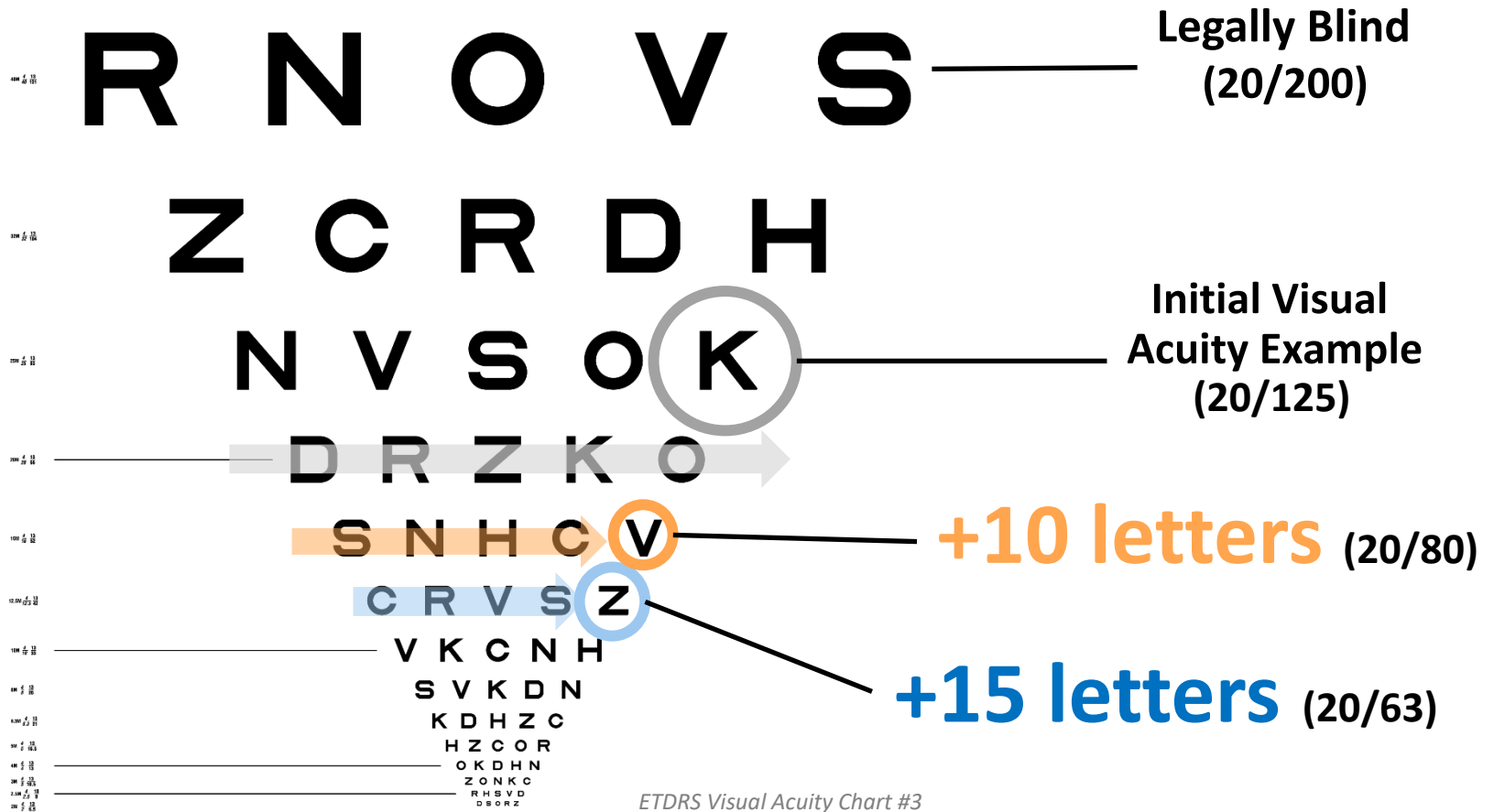
**FIRST
KNOWN
REPORT**

OpRegen Phase 1/2a Clinical Study – Improved Visual Acuity

Mean Change in Cohort 4 BCVA – Treated and Fellow Eye

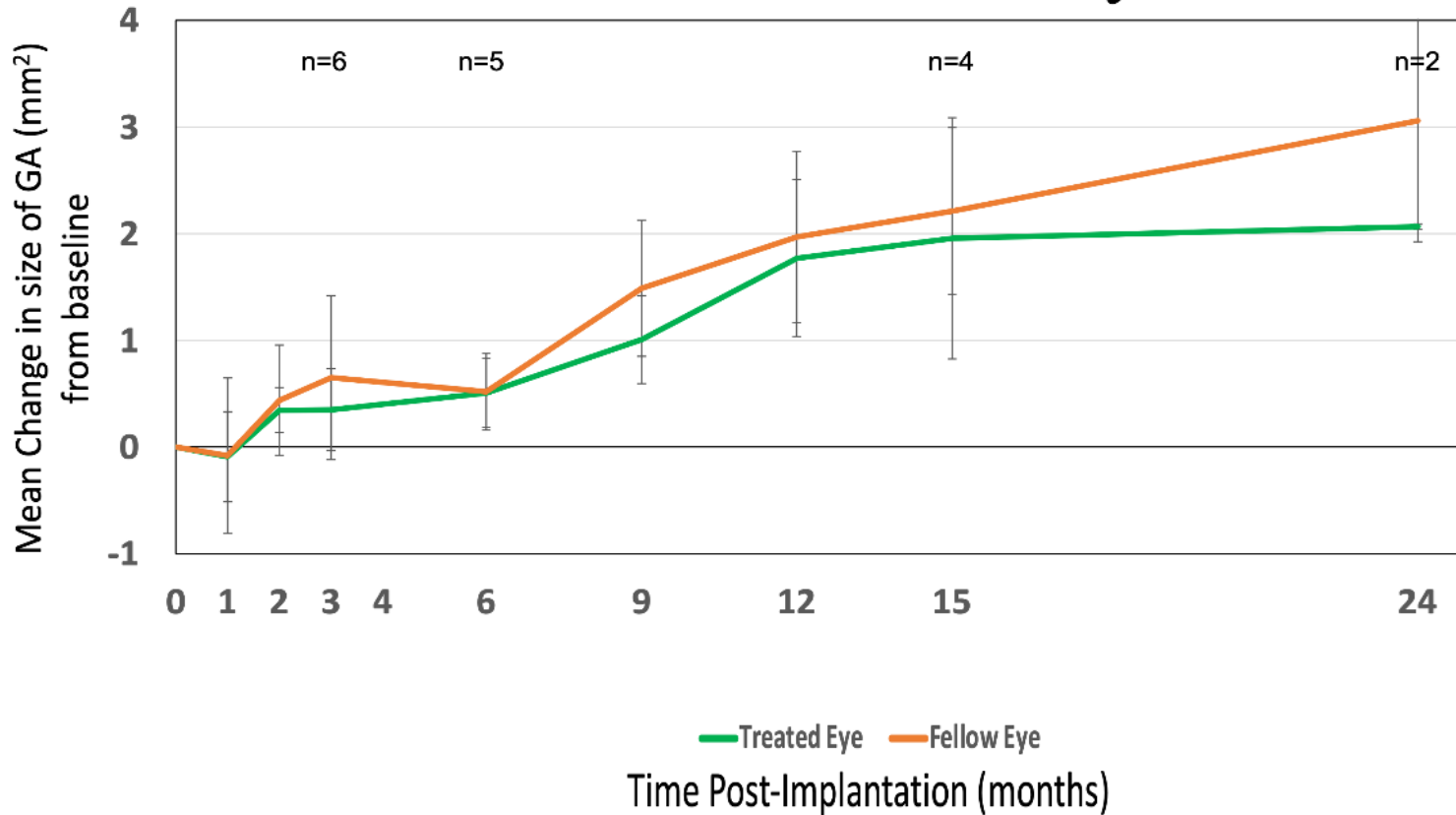


Real-World “Letters of Improvement”



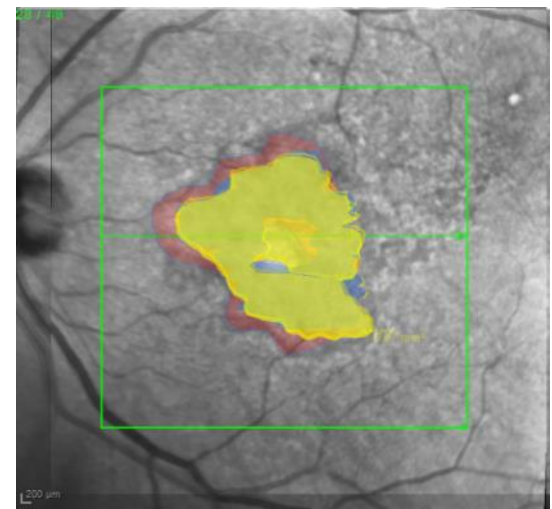
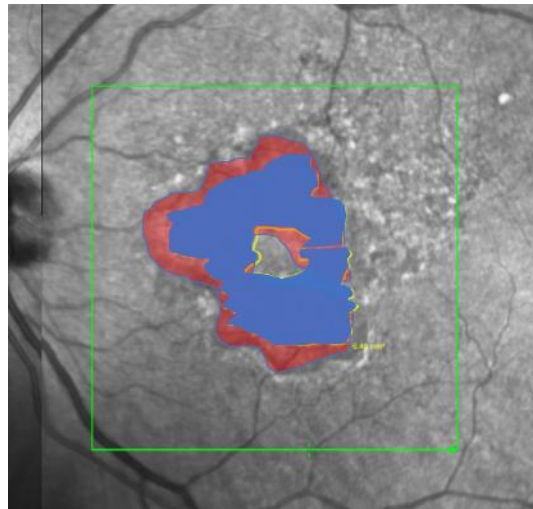
Slower Growth of GA Observed in Pooled Cohort 4 Patients

Mean Change in Cohort 4 GA (mm²) – Treated and Fellow Eye



Retinal Restoration – *Smaller Area of GA, Maintained for 2 Years*

Date	Time in Study	Colored area on Figure below	Area mm ² (SQRT)	Changes in rate of progression from previous	Changes in rate of progression from baseline
May 2017	Minus 1 year	Orange	4.21 mm ² (2.05)	N/A	N/A
July 2018	Baseline	Red	7.90 mm ² (2.8)	+ 0.64 mm sqrt/yr	N/A
April 2019	Month +9	Blue	5.74 mm ² (2.39)	- 0.61 mm sqrt/yr	- 0.61 mm sqrt/yr
October 2019	Month +15	Green	6.48 mm ² (2.54)	+ 0.30 mm sqrt/yr	- 0.20 mm sqrt/yr
June 2020	Month +23	Yellow	6.52 mm ² (2.55)	+ 0.015 mm sqrt/yr	- 0.13 mm sqrt/yr



Dry AMD Competitive Landscape

**Only cell and gene therapy offer infrequent dosing
-and-
Only Lineage has shown evidence of retinal restoration**

Cell Therapy

- **Lineage Cell (Ph1/2)**
- Astellas (Ph1/2)*
- Regen. Patch (Ph1/2)
- jCyte/Santen (Preclinical)

**Via acquisition of
Ocata Therapeutics for \$379M*

Oxidative Stress Approaches

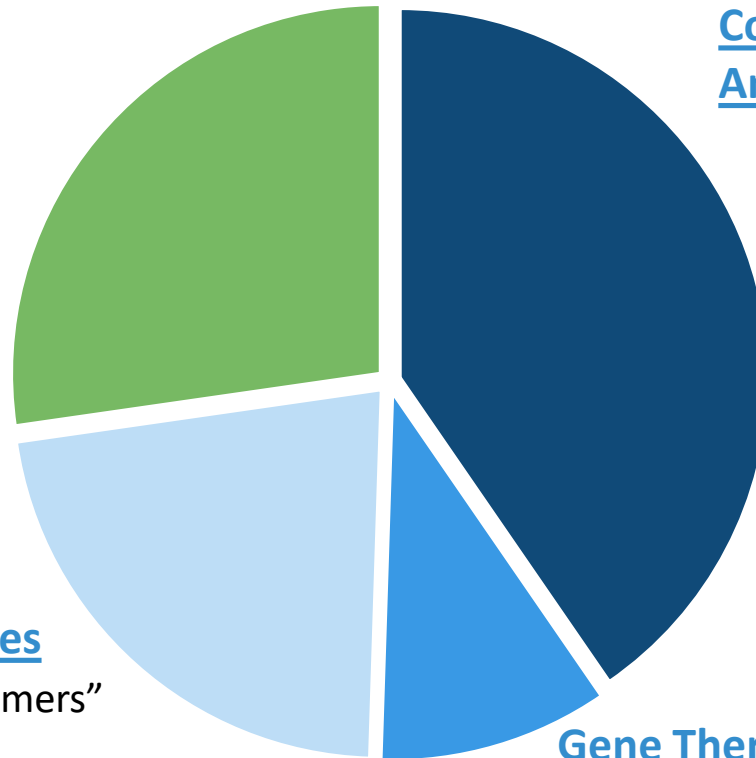
- Alkeus (Ph3), Vitamin A “dimers”
- Allegro (Ph2), integrins
- Stealth Bio (Ph2), mitochondria
- Boehringer (Ph1), inflammasome

Complement Inhibition/ Anti-Inflammatory MOA

- Apellis (Ph3)
- Iveric (Ph3)
- Roche (Ph2)
- Annexon (Ph 2)
- NGM (Ph1)
- Biogen (Preclinical)
- ONL Therapeutics (Preclinical)

Gene Therapy

- Gyroscope (Ph1/2)
- Hemera/Janssen (Ph1)
- Novartis (Preclinical)[†]



Commercial-Scale Manufacturing Capabilities

- **OpRegen consists of >99% pure RPE cells**
 - Uses NIH-approved line was established >20 years ago
 - Extensive characterization and karyotyping performed on each batch
 - No genetic modifications are made to the cells
- **Immediate-use “thaw and inject” formulation**
 - No dose preparation is required
 - From frozen cells to injection device in 5 minutes
- **Current production scale is 5 billion cells per 3-liter bioreactor**
 - Equal to 2,500 clinical doses/batch
 - Further scale-up can be performed in larger or parallel reactors




OpRegen – Positioned for Commercial Success

OpRegen has been designed to capture a multi billion-dollar opportunity:

- **Transplanting RPE cells may provide benefits other approaches cannot**
- **Market opportunity is not limited to monogenic deficiencies (e.g. gene therapy)**
- **Treatment to date has been well-tolerated**
- **Some patients have exhibited clinically meaningful improvements in clinically-relevant metrics such as visual acuity and reading speed**
- **Potential for recurring revenues (with multiple treatments years apart)**
- **May have application in other retina diseases (ex: Stargardt's Disease)**
- **Issued patents cover aspects of production, characterization, and formulation**
- **Fast Track designation from FDA**
- **Exclusive option to evaluate new delivery device**
- **Opportunities for strategic partnerships for late-stage development**



Lifetime care for an SCI
patient can cost nearly
\$5 million



Source: christopherreeve.org

OPC1: A Cell Therapy for Spinal Cord Injuries

Why Spinal Cord Injury (SCI) Matters

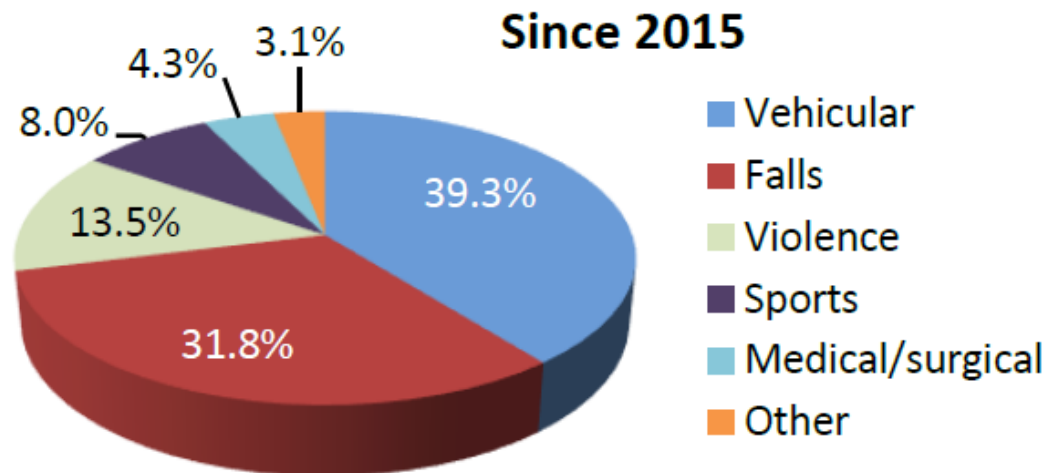


Lucas Linder, an OPC1 clinical trial participant, was paralyzed from the neck down. The next year, he threw out the first pitch at a Major League Baseball game.

Spinal Cord Injury (SCI) Overview

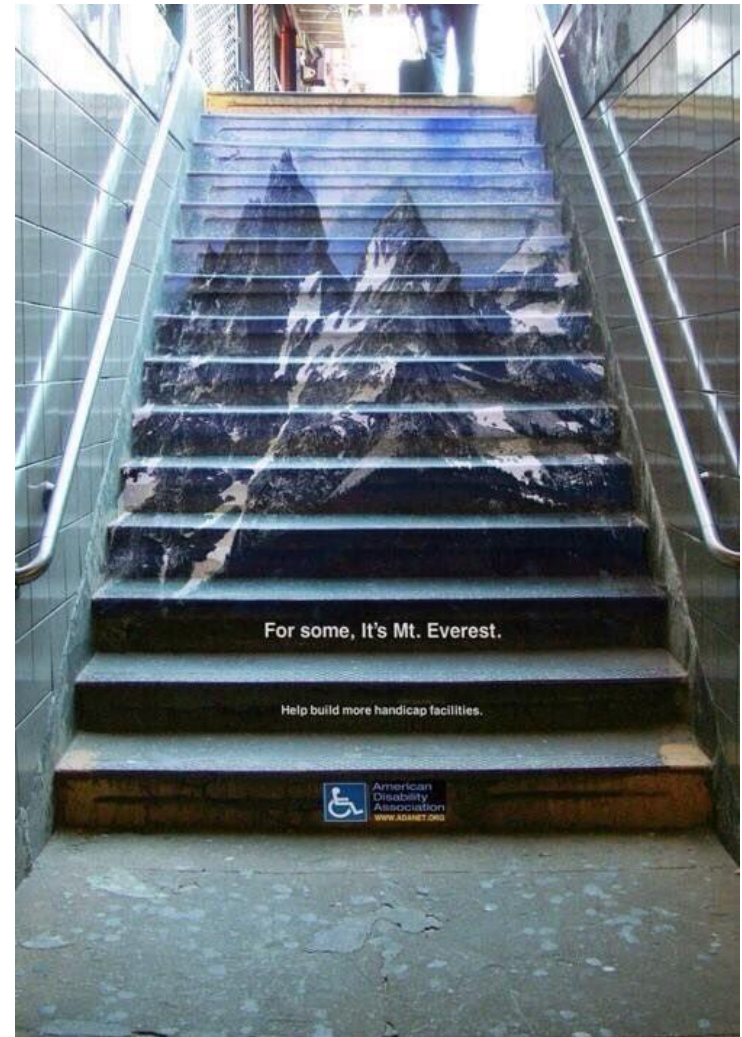
Lifetime care for an SCI patient can cost nearly \$5 million

- **Incidence**
 - Approximately 18,000 new cases each year
- **Prevalence**
 - Between 249,000 and 363,000 people in the US
- **Causes**



SCI Burden and Unmet Needs

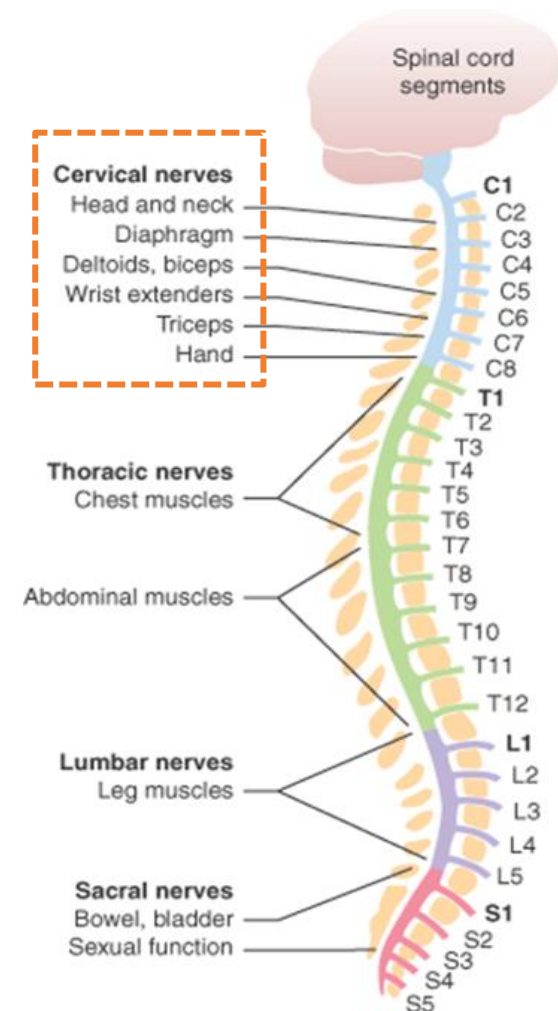
- **A significant burden for patients and caregivers***
 - 67% of patients are unemployed 10 years post-injury
 - Lifetime healthcare costs can reach \$5M for one patient
- **Potential lifelong impairments**
 - Mobility (wheelchair)
 - Pain
 - Re-hospitalizations
 - Infections
 - Ventilator dependency
 - Depression
 - Shortened life expectancy



SCI Treatment Objectives

Loss of movement is the primary feature of a spinal cord injury

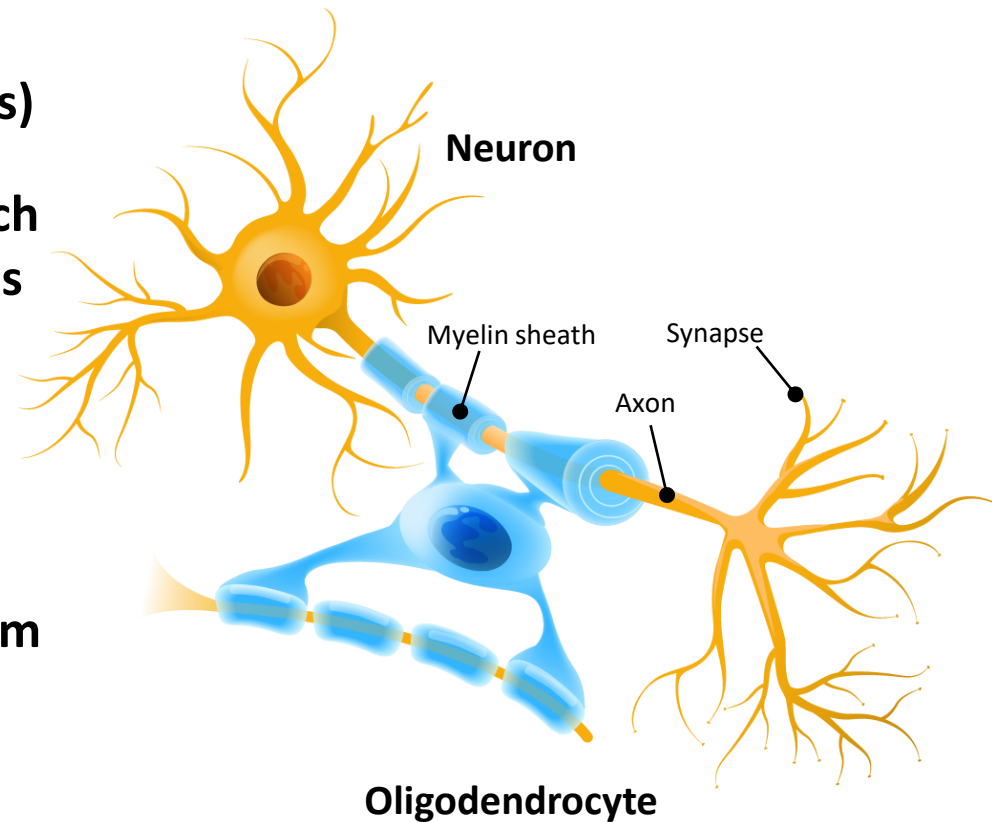
- Higher-level injuries result in more extensive impairments
- Gains in motor function, particularly in the upper extremities, can provide significant benefits in self-care and lower costs of care
- The goal of Lineage's cell therapy is to provide additional arm, hand, and finger function, increasing independence and quality of life



Lineage's **OPC1 cells** for Spinal Cord Injury

Replacing oligodendrocytes may provide additional upper limb and finger function and improve the quality of life for patients

- **OPC1 is comprised of OPCs (oligodendrocyte progenitor cells)**
- **OPCs are precursors to cells which provide insulation to nerve axons in the form of a myelin sheath**
- **Myelin is necessary for proper function of neurons**
- **OPC1 cells are manufactured from a cell line and injected into the spinal cord at the injury site**



OPC1 Asset Overview

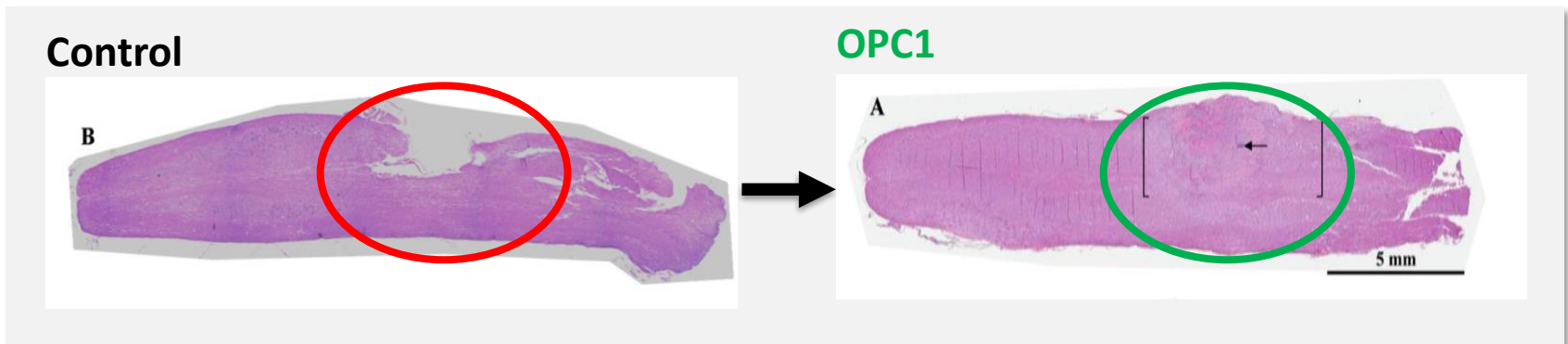
- **OPC1 is covered by multiple issued patents**
- **OPC1 has RMAT Designation**
- **OPC1 has Orphan Drug Designation**
- **OPC1 has received >\$14M in support from CIRM (California Institute for Regenerative Medicine)**
- **OPC1 could have application to other demyelinating conditions**



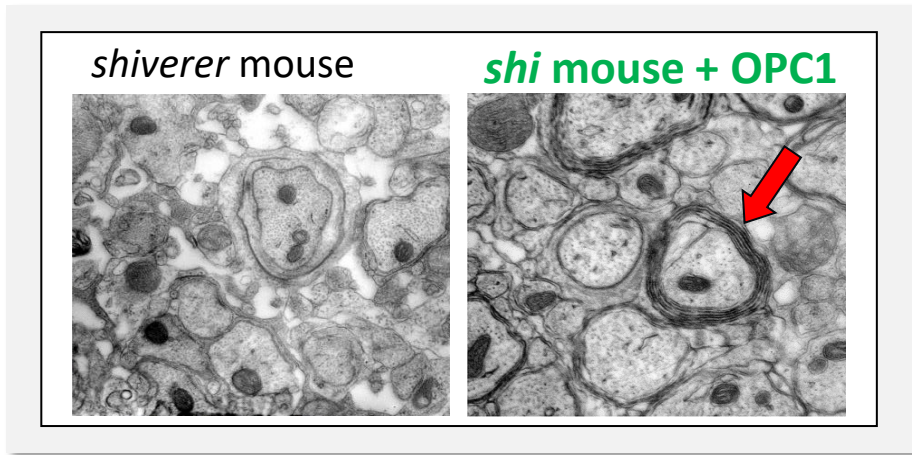
OPC1 Transplant Procedure

OPC1 Mechanisms of Action

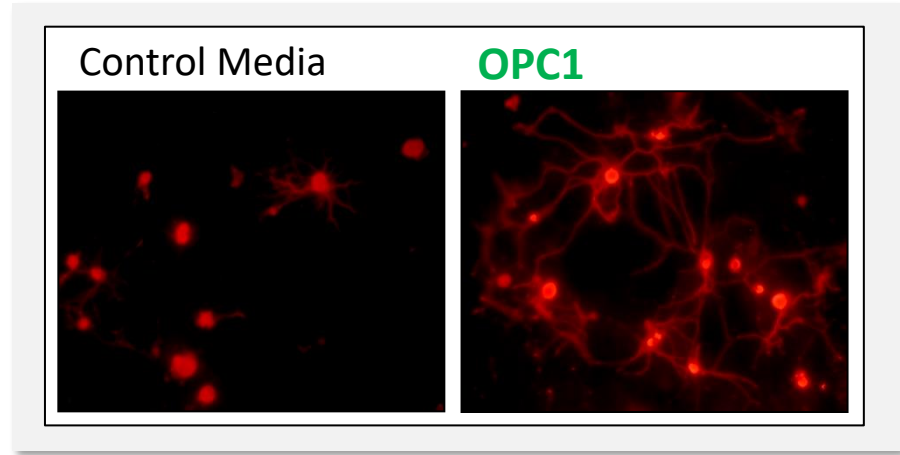
Prevention of Cavitation



Myelination of axons

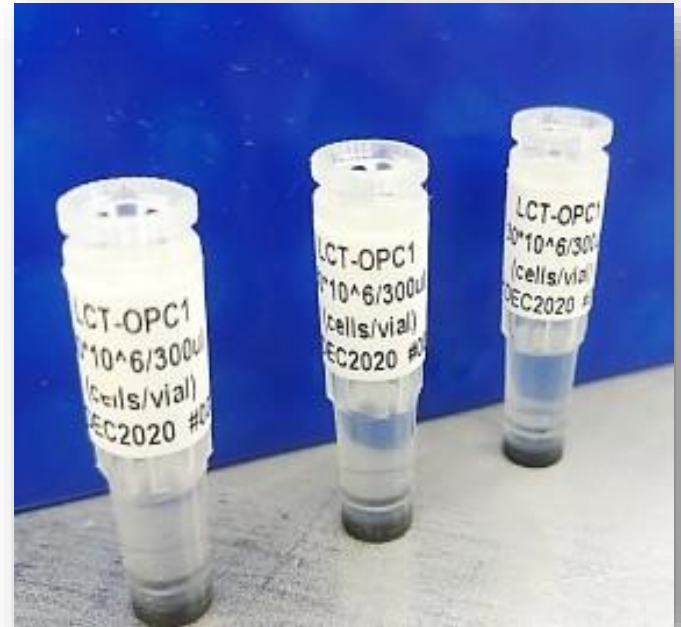


Secretion of neurotrophic factors

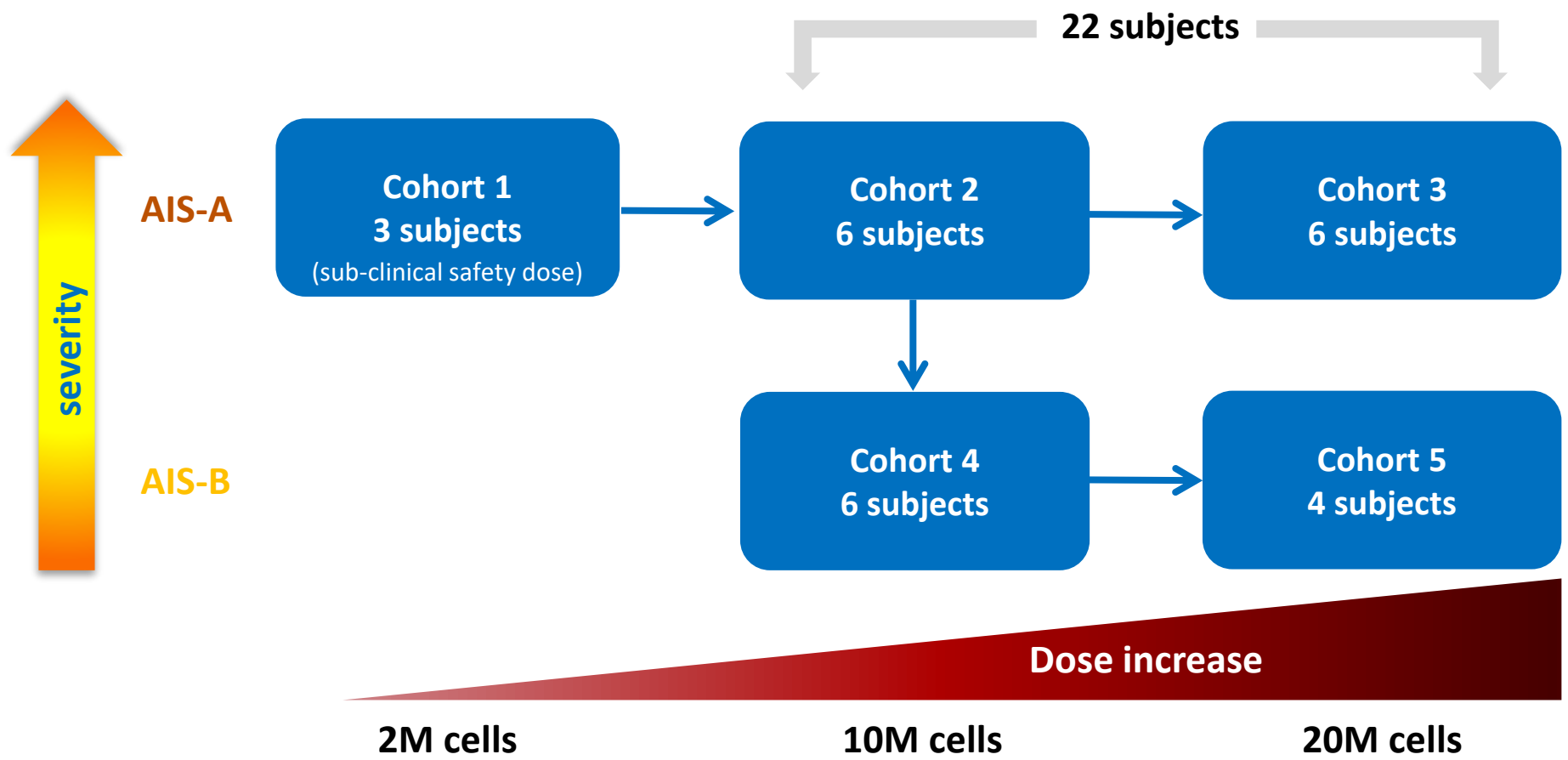


OPC1 for Spinal Cord Injury

- Lineage's cells are derived from an NIH-registered cell line
- The cells are allogeneic (“off the shelf”) and not taken from the patient
- Treatment for SCI occurs 3-6 weeks post-injury and includes short-course (60-day) immunosuppression
- The cells are “ready to use” in a cryopreserved thaw-and-inject formulation



SCiStar Clinical Trial Study Design



SCiStar Clinical Trial - Summary of Adverse Events

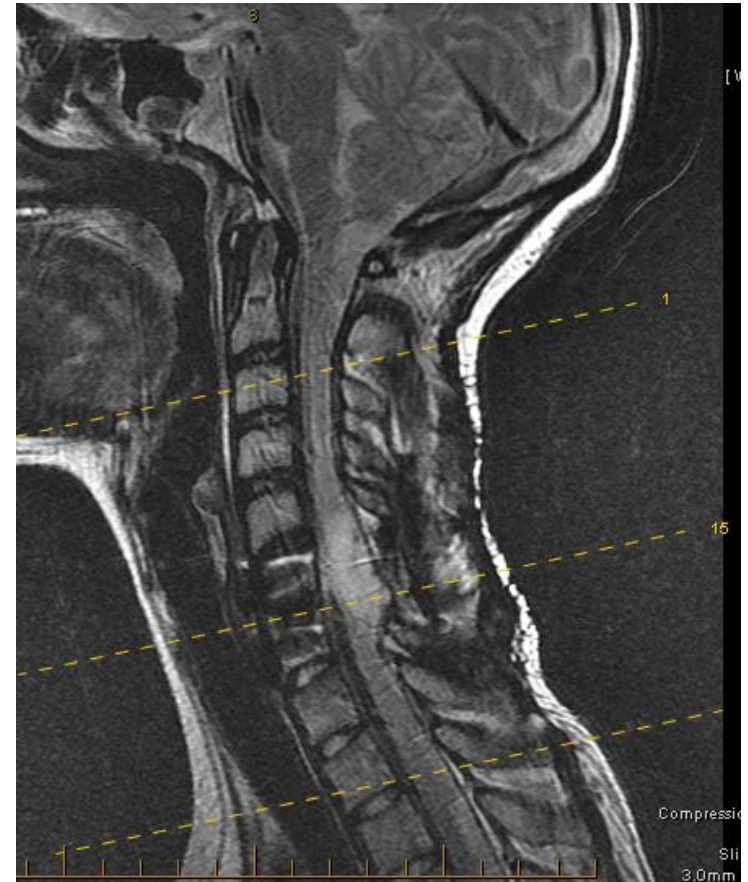
Majority of adverse events were mild to moderate in severity

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

12- and 24-Month MRI Scans Indicate Durable Engraftment

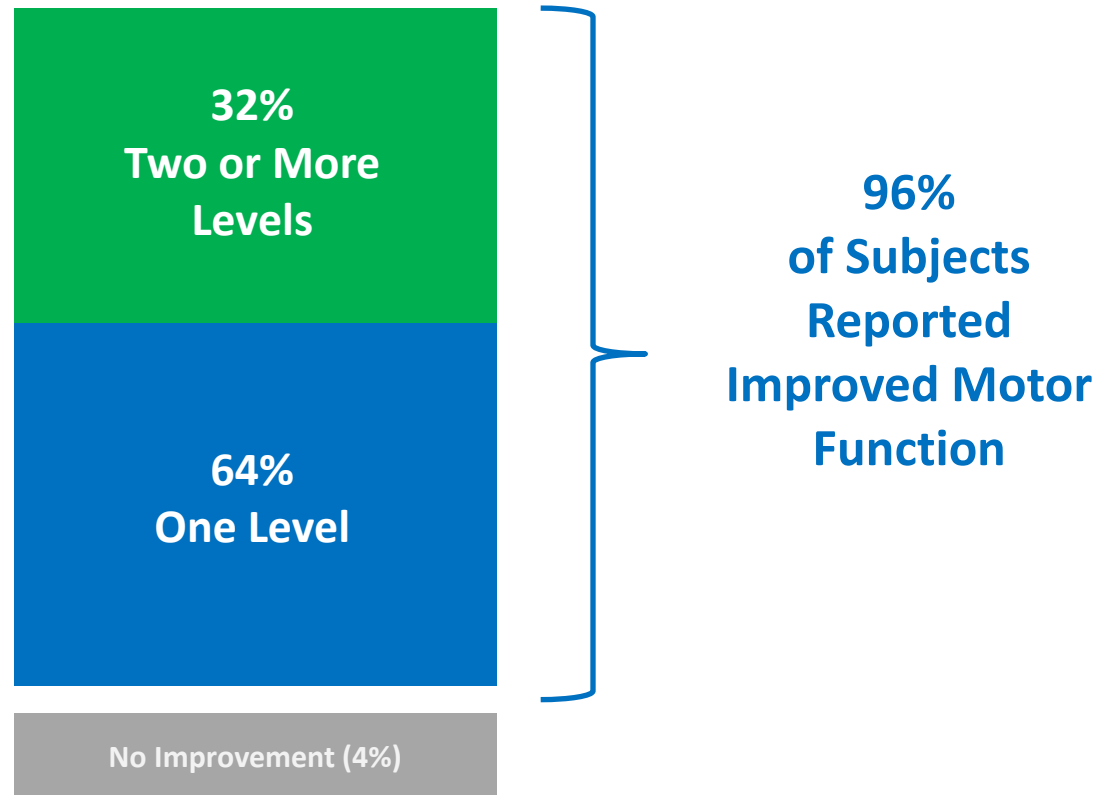
- **Cystic cavitation (syringomyelia) occurs in ~80% of SCI cases**
- **MRI results suggest formation of a tissue matrix at the injury site, indicating that OPC1 cells have durably engrafted and helped prevent cavitation**
- **96% (24/25) of OPC1 patients had serial MRI scans that indicated no sign of a lesion cavity at 12 months (or 24 months for 22 scans available)**



Weighted sagittal MRI

SCiStar Clinical Trial - Motor Function Gains

22 Patients at 12 months



RIGHT

MOTOR KEY MUSCLES

SENSORY KEY SENSORY POINTS

Light Touch (LT) Pin Prick (PP)

C2		
C3		
C4		
C5		
C6		
C7		
C8		
T1		
T2		
T3		
T4		
T5		
T6		
T7		
T8		
T9		
T10		
T11		
T12		
L1		
L2		
L3		
L4		
L5		
S1		
S2		
S3		
S4-5		
RIGHT TOTALS		
(MAXIMUM)	(50)	(56)

UER
(Upper Extremity Right)

- Elbow flexors C5
- Wrist extensors C6
- Elbow extensors C7
- Finger flexors C8
- Finger abductors (little finger) T1

Comments (Non-key Muscle? Reason for NT? Pain?):

LER
(Lower Extremity Right)

- Hip flexors L2
- Knee extensors L3
- Ankle dorsiflexors L4
- Long toe extensors L5
- Ankle plantar flexors S1

(VAC) Voluntary anal contraction (Yes/No)

MOTOR SUBSCORES

UER + UEL = UEMS TOTAL MAX (25) (25) (50)

LER + LEL = LEMS TOTAL MAX (25) (25) (50)

NEUROLOGICAL LEVELS
Steps 1-5 for classification as on reverse

1. SENSORY	R	L
2. MOTOR		

3. NEUROLOGICAL LEVEL OF INJURY (NLI)

4. COMPLETE OR INCOMPLETE?
Incomplete = Any sensory or motor function in S4-5

5. ASIA IMPAIRMENT SCALE (AIS)

(In complete injuries only)
ZONE OF PARTIAL PRESERVATION
Most caudal level with any innervation

SENSORY	R	L
MOTOR		

SENSORY KEY SENSORY POINTS

Light Touch (LT) Pin Prick (PP)

C2		
C3		
C4		
C5		
C6		
C7		
C8		
T1		
T2		
T3		
T4		
T5		
T6		
T7		
T8		
T9		
T10		
T11		
T12		
L1		
L2		
L3		
L4		
L5		
S1		
S2		
S3		
S4-5		
RIGHT TOTALS		
(MAXIMUM)	(56)	(56)

MOTOR KEY MUSCLES

- C5 Elbow flexors
- C6 Wrist extensors
- C7 Elbow extensors
- C8 Finger flexors
- T1 Finger abductors (little finger)

MOTOR (SCORING ON REVERSE SIDE)

- 0 = total paralysis
- 1 = palpable or visible contraction
- 2 = active movement, gravity eliminated
- 3 = active movement, against gravity
- 4 = active movement, against some resistance
- 5 = active movement, against full resistance
- 5* = normal corrected for pain/diuse
- NT = not testable

SENSORY (SCORING ON REVERSE SIDE)

- 0 = absent
- 1 = altered
- 2 = normal
- NT = not testable

UEL
(Upper Extremity Left)

- Hip flexors L2
- Knee extensors L3
- Ankle dorsiflexors L4
- Long toe extensors L5
- Ankle plantar flexors S1

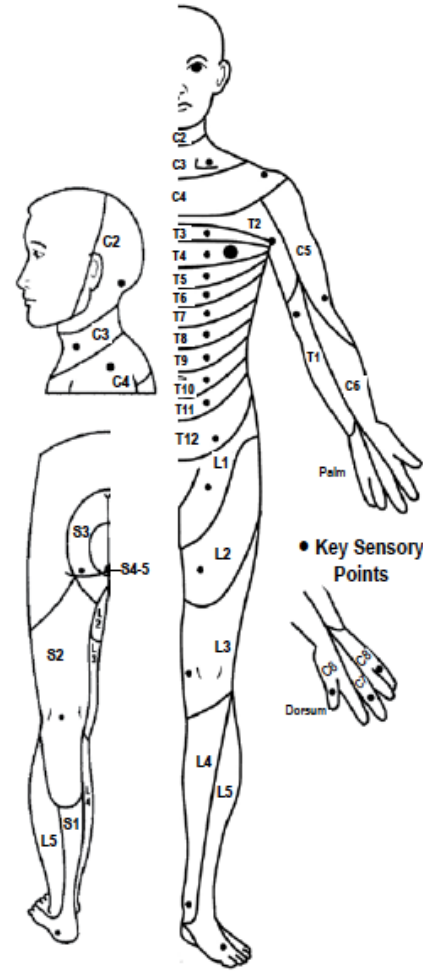
(DAP) Deep anal pressure (Yes/No)

MOTOR SUBSCORES

RLT + LLT = LT TOTAL MAX (56) (56) (112)

RPP + LPP = PP TOTAL MAX (56) (56) (112)

SENSORY	R	L
MOTOR		



Real-World Benefit from a 2 Motor Level Improvement

Motor level gains translate into clinically meaningful improvements in self-care and reductions in cost of care

Function	Cervical Injury Level				
	C1-C3	C4	C5	C6	C7-C8
Bowel	Red	Red	Red	Yellow	Green
Bladder	Red	Red	Red	Yellow	Green
Bed Mobility	Red	Red	Yellow	Green	Green
Transfers	Red	Red	Red	Green	Green
Pressure Relief	Red	Red	Yellow	Green	Green
Eating	Red	Red	Yellow	Green	Green
Dressing	Red	Red	Yellow	Green	Green
Grooming	Red	Red	Yellow	Green	Green
Bathing	Red	Red	Red	Green	Green
Wheelchair	Red	Red	Red	Yellow	Green
Car transport	Red	Red	Red	Yellow	Green
Daily Home Care	24 hr attendant	18-24 hr attendant	6-12 hr assistance	4 hr housework	1 hr housework



Total Assist



Partial Assist



Independent

Real-World Benefit from a 2 Motor Level Improvement

Motor level gains translate into clinically meaningful improvements in self-care and reductions in cost of care

32% had +2 Level Improvement

Function	Cervical Injury Level				
	C1-C3	C4	C5	C6	C7-C8
Bowel	Red	Red	Red	Yellow	Yellow
Bladder	Red	Red	Red	Yellow	Green
Bed Mobility	Red	Red	Yellow	Green	Green
Transfers	Red	Red	Red	Green	Green
Pressure Relief	Red	Red	Yellow	Green	Green
Eating	Red	Red	Yellow	Green	Green
Dressing	Red	Red	Yellow	Green	Green
Grooming	Red	Red	Yellow	Green	Green
Bathing	Red	Red	Red	Green	Green
Wheelchair	Red	Red	Red	Yellow	Green
Car transport	Red	Red	Red	Yellow	Green
Daily Home Care	24 hr attendant	18-24 hr attendant	6-12 hr assistance	4 hr housework	1 hr housework



Total Assist



Partial Assist



Independent

SCiStar Clinical Trial - Analysis of Patients with Least UEMS Recovery

C4 or cord compressions occurred in 5 of the 7 worst patient outcomes and both issues can be addressed in the next trial

Subject	UEMS Change at 12 mo.	Cord Compression After OPC1 Injection?	NLI Baseline	Baseline AIS	Cohort	Dose	Age	Injection Days Post Injury
2207	7	N	C4	B	5	20 M	62	37
2203	6	N	C6	A	3	20 M	45	31
2105	6	N	C4	A	3	10 M	19	20
2004	5	N	C6	B	4	10 M	21	25
2007	4	N	C4	B	4	10 M	55	38
2307	4	Y	C5	B	5	10 M	19	38
2303	3	Y	C6	B	4	10 M	22	35

- Two patients had cord compression after OPC1 injection (2303 and 2307 at Day 30 and Day 7)
- Patients 2105, 2207, 2007 had a C4 (highest/most severe) injury level at baseline
- Patient 2105 also had a hematoma in the spinal cord at baseline & a failed graft

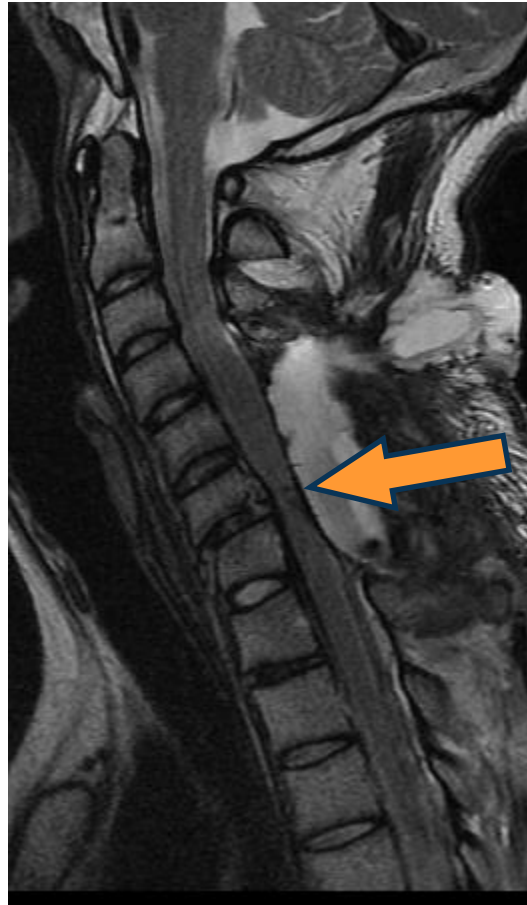
SCiStar Clinical Trial – Cord Compression

Subject 2303 (Cohort 4): Cord Compression at Day 30

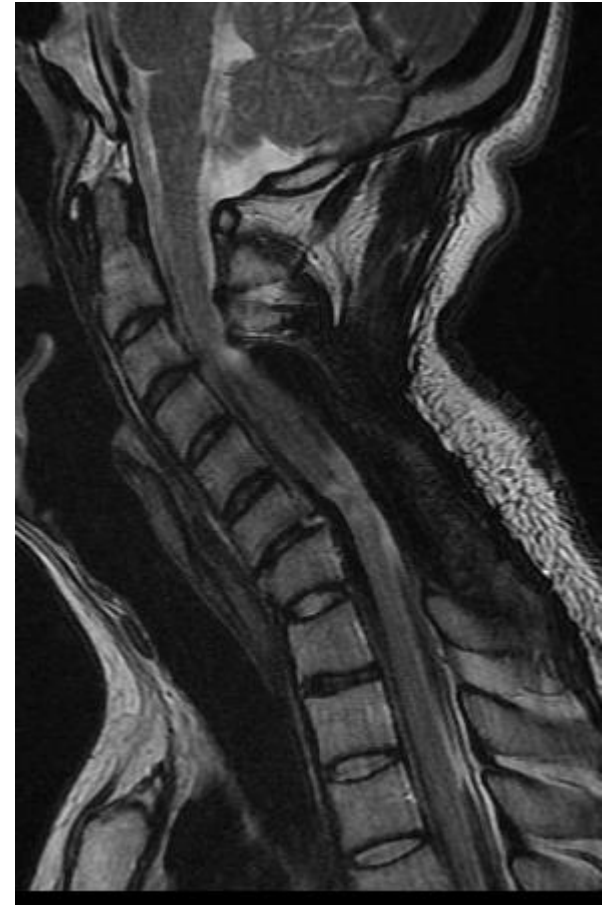
Baseline



Day 30



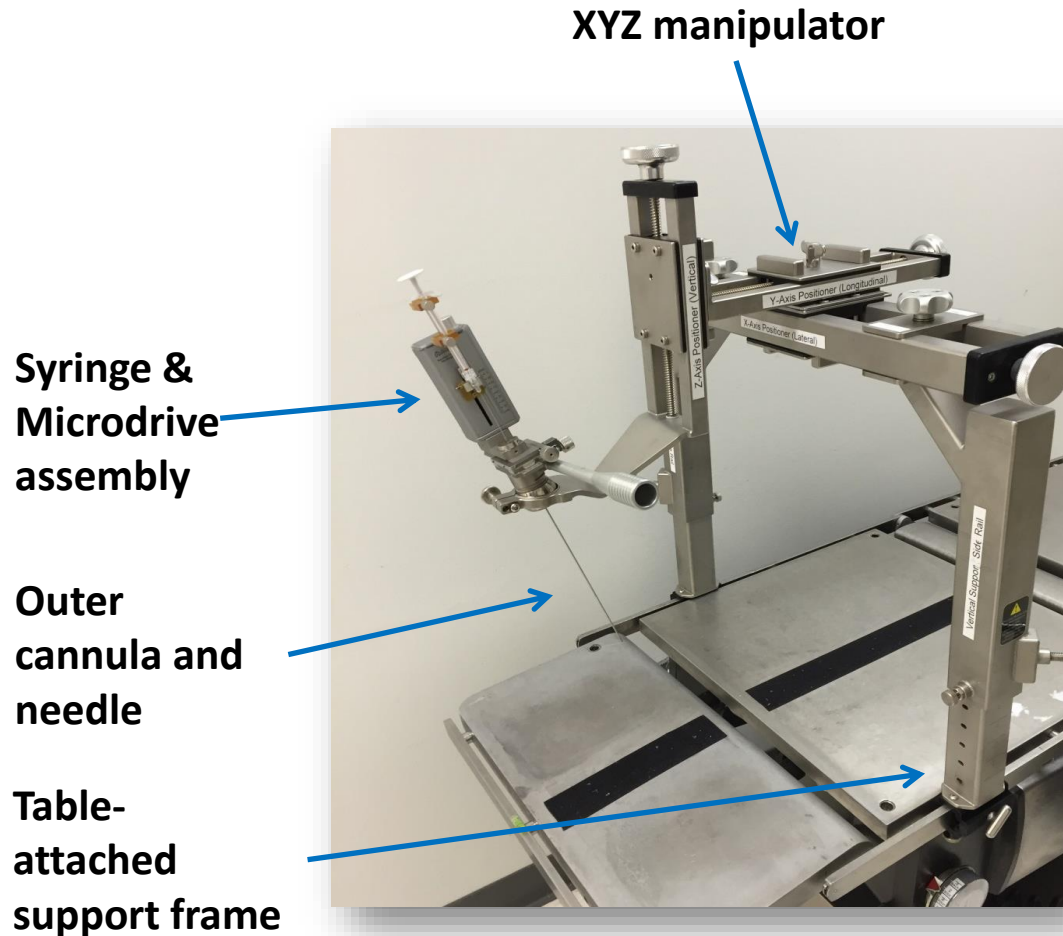
Day 365



SCiStar Clinical Trial – Takeaways

- **Excellent overall safety profile**
- **96% durable engraftment confirmed via MRI**
- **MRI scans through 24 months show no evidence of adverse changes**
- **No subjects had a decline in motor function from Year 1 to Year 2**
- **95% of patients exhibited motor recovery in the upper extremities at 12 months (requires at least 1 motor level gain on at least 1 side)**
- **Significant motor improvements achieved in five of six Cohort 2 subjects**
- **The two worst performing subjects had spinal cord compression (can be addressed in next trial)**
- **Results support further testing in a randomized, controlled clinical trial**

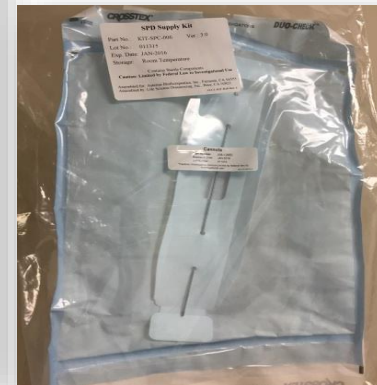
SCiStar Clinical Trial - Original Syringe Positioning Device



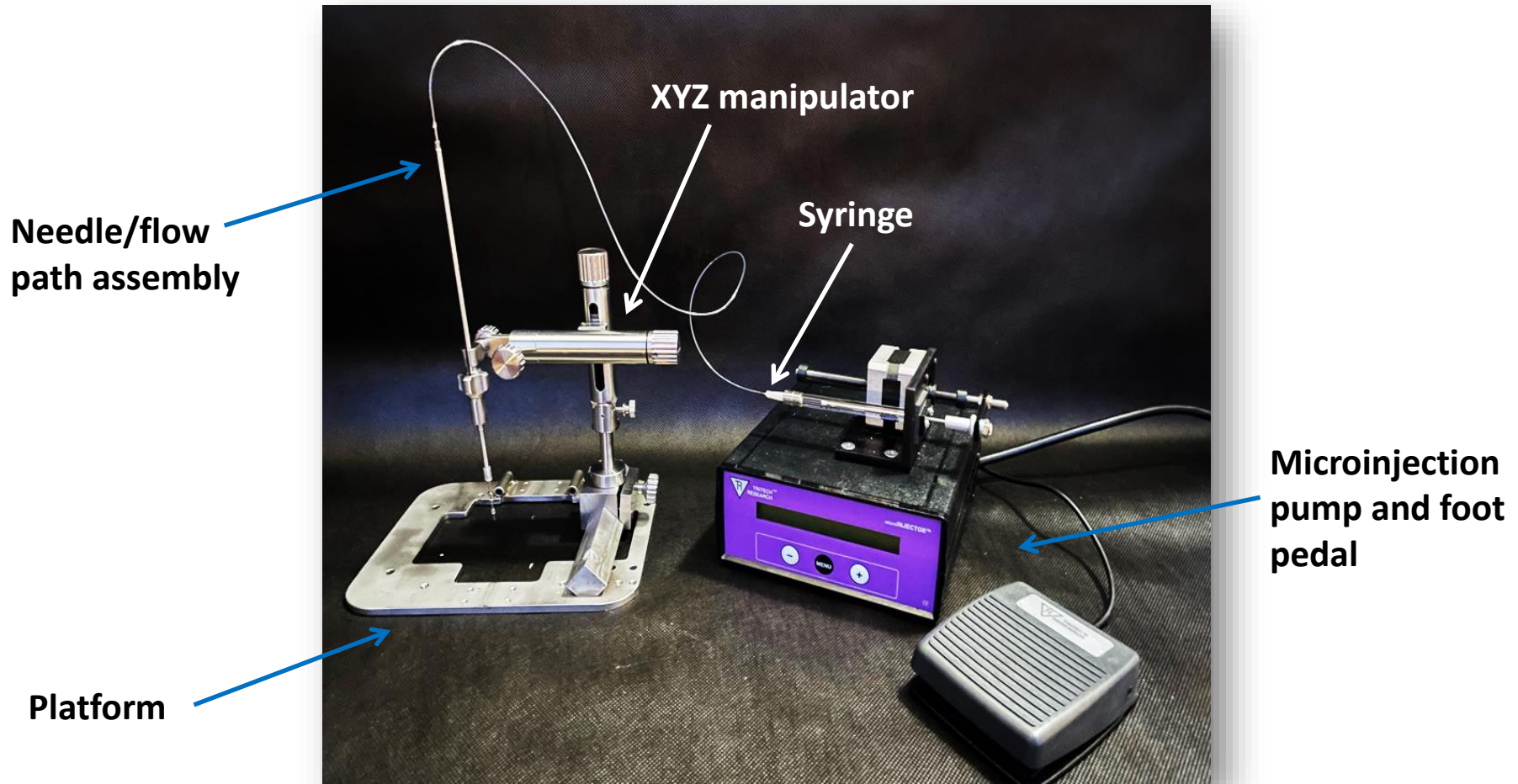
Storage trays



Supply Kits



Overview of Novel Parenchymal Spinal Delivery (PSD) System



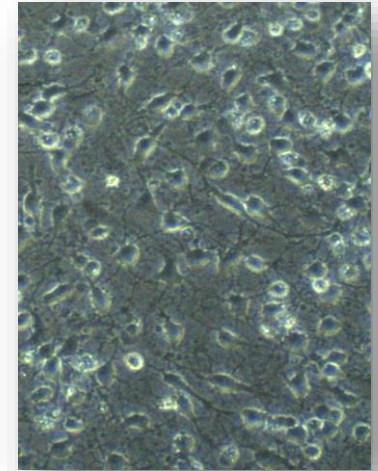
Benefits of New Parenchymal Spinal Delivery (PSD) System

- **Device offers stability and control**
 - Eliminates motion between platform/XYZ manipulator/injection needle
 - Pump and syringe not in sterile field: programmed accurate dose rate
- **Device requires no cessation of ventilation**
 - Attaches directly to the patient, syncs with patient breathing motion
 - Magnetic needle provides stabilization from micromotion due to heartbeats
- **Device is easier to use in clinical setting**
 - Smaller and uses fewer components
 - Easily assembled prior to surgery
 - Single hand operation for XYZ positioning
 - Accurate needle depth insertion
 - Straightforward cleaning and sterilization
 - Compatible with OPC1 TAI formulation; eliminates prior-day dose prep
- **Device manufacturing and testing compatibility with OPC1 is ongoing**

OPC1 Manufacturing (December 2020 Update)

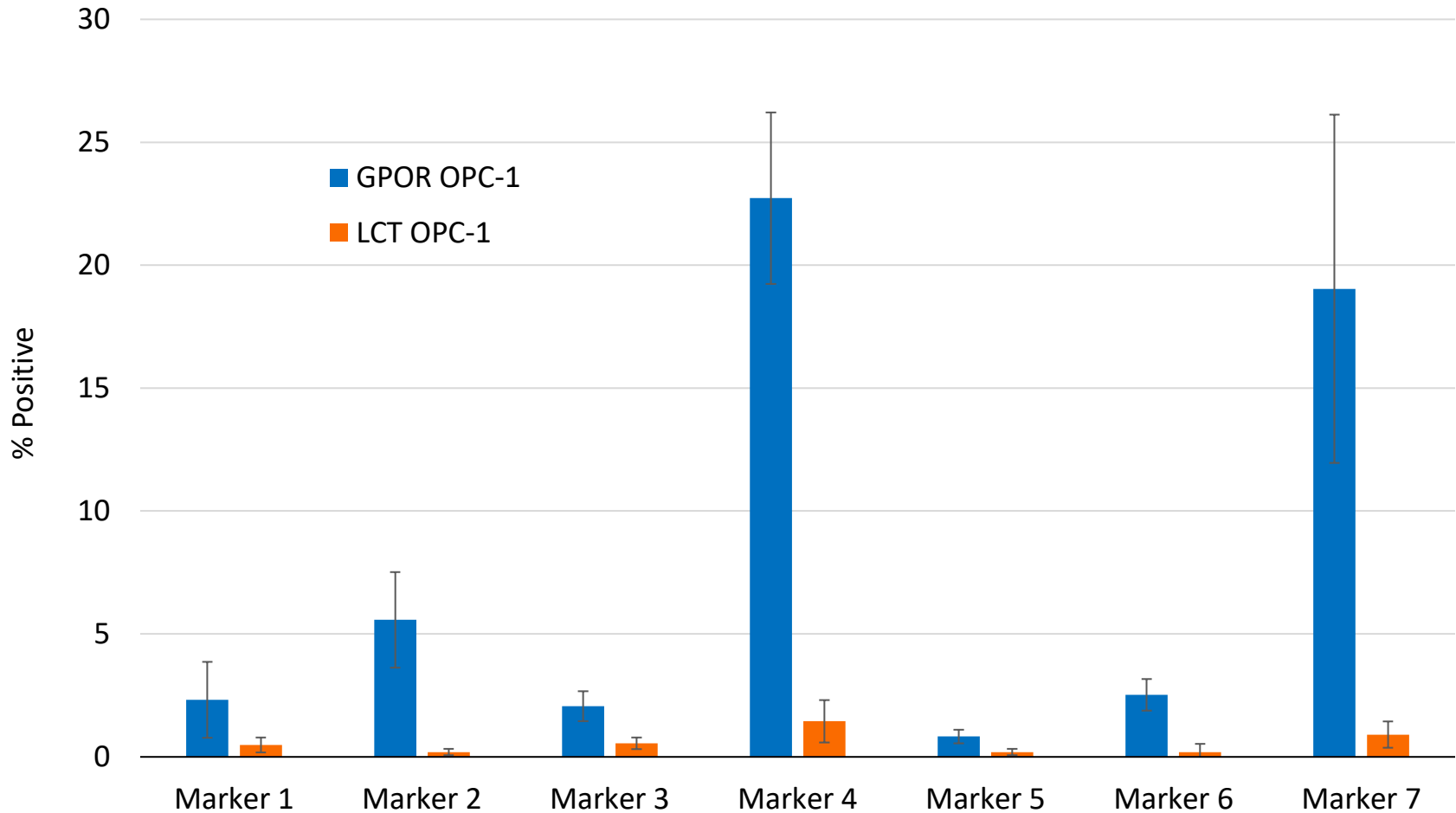
Lineage has made major improvements in production and quality of OPC1

- **A new ready-to-inject formulation was developed**
- **Elimination of dose preparation achieved**
- **10- to 20-fold increase in production scale**
- **Significant reduction in product impurities**
- **Improvements in functional activity**
- **12 new analytical and functional methods developed**
- **Elimination of all animal-based production reagents**
- **Patent applications recently filed on the process and product which if allowed, will have expiration dates of 2039 and 2040**



OPC1 Manufacturing Improvements: Lower Impurities

OPC-1 Impurity/non-targeted cell population profile by flow cytometry



OPC1 Program Key Considerations

- **OPC1 offers a compelling opportunity to deploy next-generation cell transplant technology against a high unmet need with low competition**
 - Clinical data supports moving to later-stage clinical development
 - Manufacturing issues: being addressed by Lineage in-house
 - Delivery issues: being addressed by Lineage through device alliance
- **Next steps include collecting data to support FDA discussion of comparability plan (for new process and new delivery) and the regulatory path for a comparative trial**
- **New opportunities for regional and/or global partnership opportunities**
- **New opportunities for additional settings of demyelination**



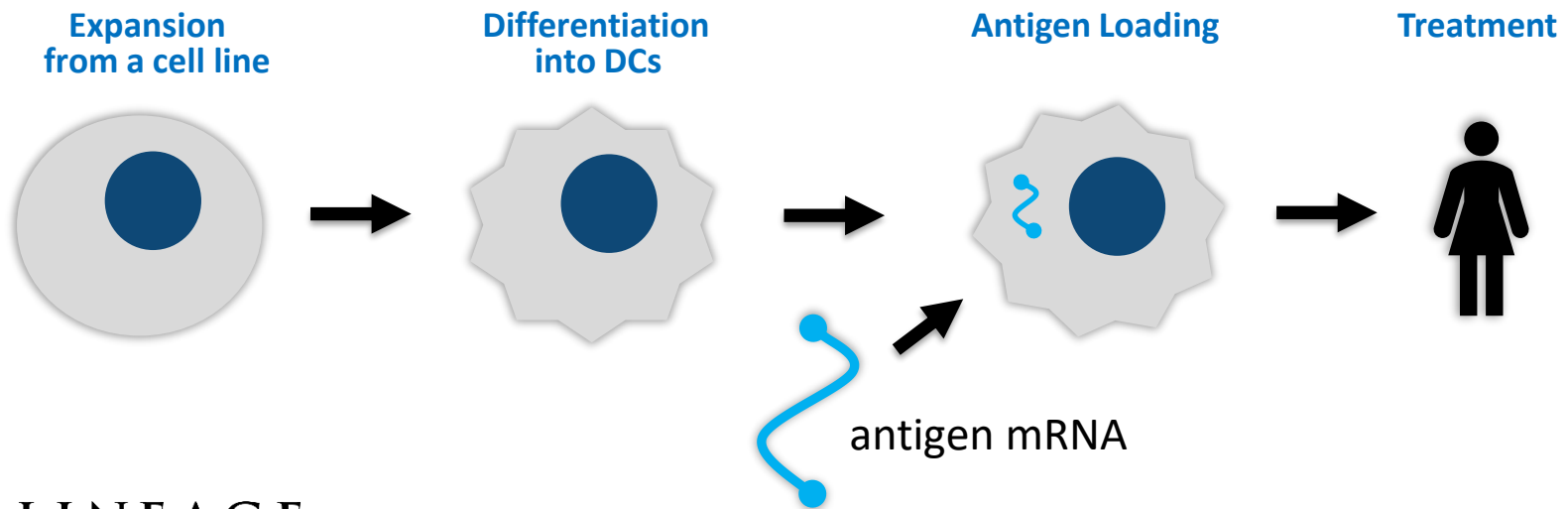
Immunotherapy is "poised to
revolutionize treatment for all
types of cancer"

Source: cancerresearch.org

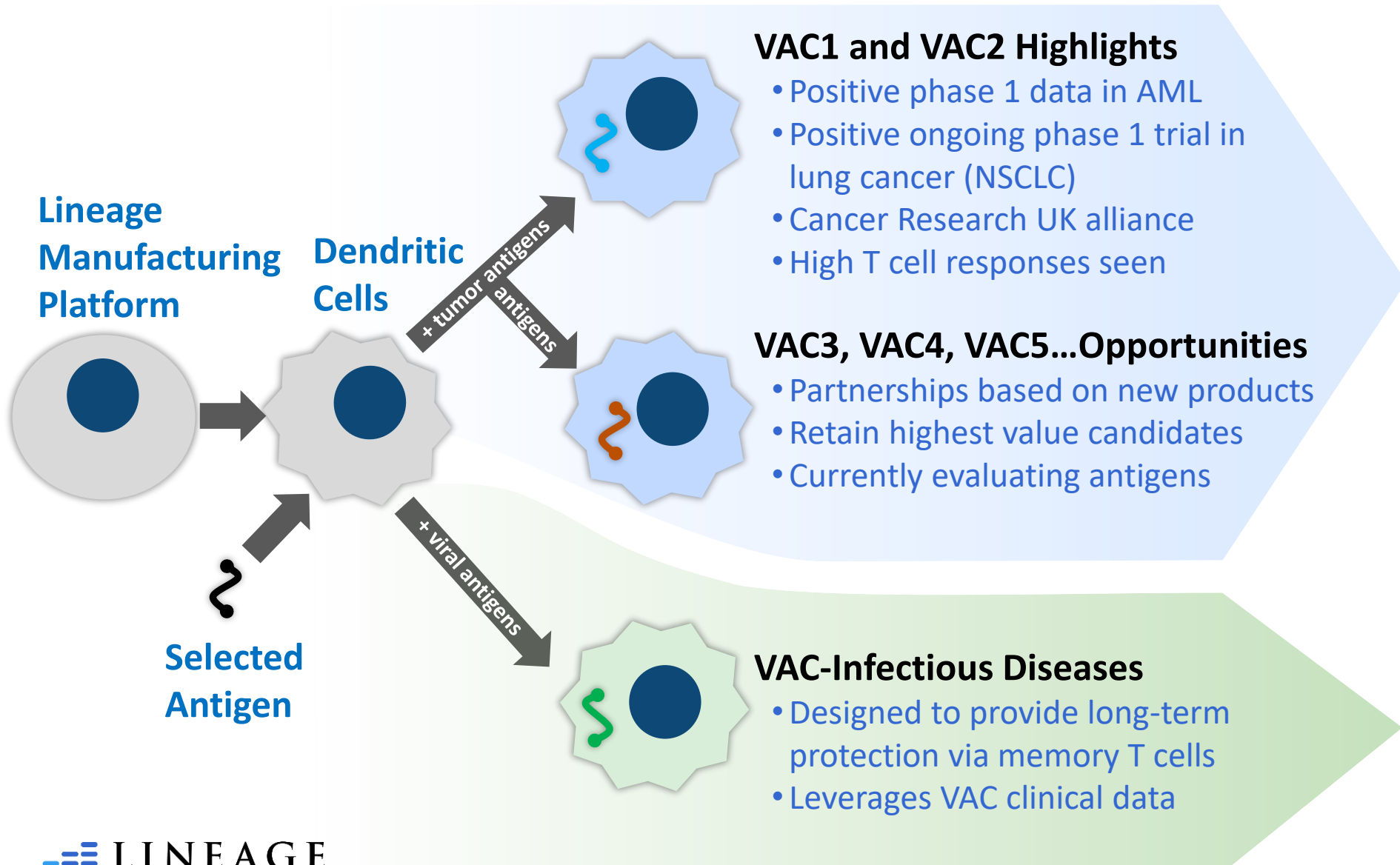
VAC: A Cell Therapy Platform for Cancer and Infectious Diseases

The VAC Platform: On demand cell therapy for cancer

- The VAC platform consists of large-scale “off the shelf” production of mature immune cells called dendritic cells (DCs). No lead time or undue lead time between diagnosis and administration
- DCs are manufactured and loaded with either a **tumor antigen** (to treat cancer) or a **viral antigen** (as a vaccine for infectious diseases)
- Antigen presentation to the patient’s T cells creates a *targeted* and robust immune response (up to 3%), aiding tumor cell destruction or viral clearance



VAC Development – A Platform for Multiple Product Candidates



VAC Platform Next Steps

Upcoming Events and Key Considerations:

- **Complete dosing in ongoing clinical trial (1 patient remaining)**
- **Evaluate options for VAC2 clinical development**
- **Design new products (i.e. VAC3, 4, 5, 6...) with newly discovered antigens**
- **Introduce improvements to the manufacturing process**
- **Identify potential partnership and grant opportunities for more rapid expansion of the VAC platform**

Upcoming Milestones

<u>PROGRAM</u>	<u>TIMING</u>	<u>INITIATIVES</u>
OpRegen	Q2 2021	Present interim OpRegen data (6-month Cohort 4 update, ARVO)
	Q3 2021	Request FDA meeting to discuss future clinical development
	Ongoing	Evaluate OpRegen partnership opportunities
OPC1	Q1-Q3 2021	Evaluate OPC1 and Neurgain PSD system
	Q2 2021	Request FDA RMAT meeting (Neurgain device)
	Q1-Q3 2021	Complete process development to support late-stage clinical trial
	Q4 2021	Request FDA RMAT meeting (manufacturing)
	Q4 2021	Request FDA RMAT meeting (clinical)
	Ongoing	Consider regional and/or global partnership opportunities
VAC	Q2 2021	Complete dosing in ongoing clinical trial in NSCLC (2 pts. remain)
	Ongoing	Introduce manufacturing process improvements
	Q4 2021	Report Phase 1 NSCLC data
	Ongoing	Evaluate new product candidates with additional tumor antigens/neoantigens with and without partners

Our Goal is to Provide Life-Changing Cell Therapies to Patients

Lineage Cell Therapeutics: Bringing the Promises of Cell Therapy into Clinical Reality



3 clinical-stage programs with billion-dollar potential and partnership opportunities



World class in-house process development and GMP manufacturing



One of the largest patent portfolios in cell therapy



Funded well into 2023 with cost-efficient business model



Leader in the emerging field of regenerative medicine

The Patients Are Our Inspiration.

View their stories at lineagecell.com/media/#patients



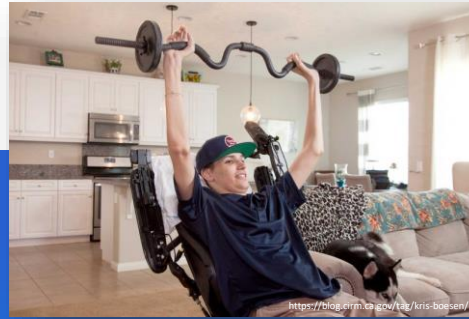
OPC1 SCiStar Study Participants



<https://blog.cirm.ca.gov/2018/01/24/how-a-stem-cell-transplant-may-help-transform-lucas-lindners-life/>

Lucas Lindner

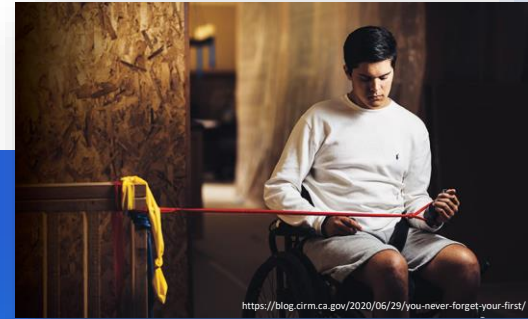
“There’s no reason to not look forward in the same way now that I had before all of this happened. I’m looking forward to driving again... it’s a bright future.”



<https://blog.cirm.ca.gov/tag/kris-boesen/>

Kris Boesen

“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.”



<https://blog.cirm.ca.gov/2020/06/29/you-never-forget-your-first/>

Jake Javier

“Even though it’s a completely different perspective, I can still lead that way. I can just try to be the best I can and to persevere the best I can.”
Diablo Magazine, Feb. 16, 2017

The Millions Worldwide Suffering from Dry AMD Vision Loss

“Macular degeneration is a very frustrating condition which can greatly affect your day-to-day life.”
- Macular Society



Image adapted from macular.org



Image adapted from macular.org

Courtesy of CIRM, American Macular Degeneration Foundation, and Macular Society