QUINCE THERAPEUTICS

Leveraging a patient's own biology to deliver rare disease therapeutics

7th Annual Neuroscience Innovation Forum

January 7, 2024

Forward-looking statements

Statements in this presentation contain “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995 as contained in Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, which are subject to the “safe harbor” created by those sections. All statements, other than statements of historical facts, may be forward-looking statements. Forward-looking statements contained in this presentation may be identified by the use of words such as “believe,” “may,” “should,” “expect,” “anticipate,” “plan,” “believe,” “estimated,” “potential,” “intend,” “will,” “can,” “seek,” or other similar words. Examples of forward-looking statements include, among others, statements relating to the expected benefits of the current and future clinical development and potential expansion of EryDel assets, related platform, and related timing and costs; the strategic development path for EryDex; planned regulatory agency submissions and clinical trials and timeline, prospects, and milestone expectations; the timing and success of the clinical trials and related data, including plans and the ability to initiate, fund, conduct and/or complete current and additional studies; the potential therapeutic benefits, safety, and efficacy of EryDex; statements about its ability to obtain, and the timing relating to, further development of EryDex; therapeutic and commercial potential; the integration of EryDel’s business, operations, and employees into Quince; Quince’s future development plans and related timing; its cash position and projected cash runway; the company’s focus, objectives, plans, and strategies; the company’s market opportunities; and the ability to execute on any strategic transactions. Forward-looking statements are based on Quince’s current expectations and are subject to inherent uncertainties, risks, and assumptions that are difficult to predict and could cause actual results to differ materially from what the company expects. Further, certain forward-looking statements are based on assumptions as to future events that may not prove to be accurate. Factors that could cause actual results to differ include, but are not limited to, the risks and uncertainties described in the section titled “Risk Factors” in the company’s Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission (SEC) on November 14, 2023, and other reports as filed with the SEC. Forward-looking statements contained in this presentation are made as of this date, and Quince undertakes no duty to update such information except as required under applicable law.

Quince Therapeutics investment highlights

Acquisition closed on October 20, 2023

Recently completed transformative acquisition of EryDel S.p.A.

- Focused on rare diseases with compelling Phase 3 lead asset EryDex for potential treatment of Ataxia-Telangiectasia (A-T) with no currently approved treatments and $1+ billion* estimated peak sales opportunity globally

Phase 3 lead asset EryDex enrollment planned for second quarter 2024

- Risk-mitigated clinical and regulatory approach supported by optimized clinical trial design, special protocol assessment (SPA) agreement with FDA, and encouraging Phase 3 clinical trial results in prior study

Strong balance sheet to achieve meaningful clinical inflection point

- Well-capitalized with sufficient cash runway into 2026 expected to fund EryDex Phase 3 clinical trial through NDA submission, assuming positive study results

*$1+ billion estimated global peak sales opportunity is based on company's internal projections

Unique drug/device combination with high barriers to entry

- One-touch, fully automated, and sterile Autologous Intracellular Drug Encapsulation (AIDE) device
- Designed to deliver therapeutic in patient's own red blood cells – distinct from standard cell or gene therapy
- Flexible technology designed to deliver wide range of therapeutics from small and large molecules to biologics
- CE mark in Europe with strong patent protections and IP exclusivity until at least 2034 globally & 2035 in U.S. – without patent term extension

20+ years of research & development and $100 million invested in Autologous Intracellular Drug Encapsulation technology

Unlocking the potential of a patient's own biology to deliver innovative and life-changing therapeutics to those living with rare diseases

- **A** Autologous
- **I** Intracellular
- **D** Drug
- **E** Encapsulation

Proprietary AIDE technology process

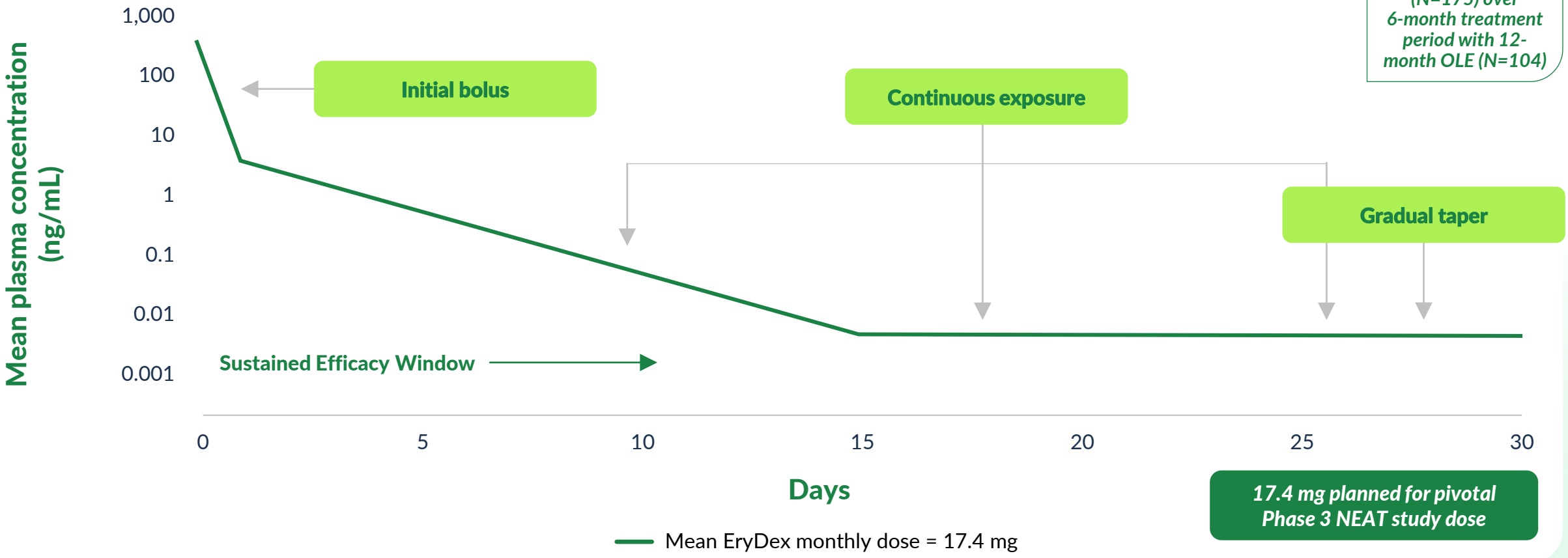
- Patient's own blood collected and loaded into device using consumable treatment kit for fully automated and sterile processing
- AIDE processes red blood cells to encapsulate therapeutic of interest – dexamethasone sodium phosphate (DSP) in case of lead asset EryDex
- Result of the process is DSP loaded red blood cells that are washed, isolated, and prepared – no gene editing or conditioning regimen required
- Proprietary process results in DSP encapsulated in autologous red blood cells that is then infused into patient
- Approximately two-hour process designed for monthly outpatient administration, if approved
- **Designed to fundamentally alter biodistribution and pharmacokinetics of DSP to allow for sustained therapy – mitigating chronic toxicity associated with long-term steroid use**

EryDex designed to optimize dexamethasone delivery through once monthly dosing in A-T patients

EryDex
ATTeST Trial

Completed largest global study of A-T patients in Phase 3 ATTeST clinical trial (N=175) over 6-month treatment period with 12-month OLE (N=104)

Mean concentration-time profile for plasma dexamethasone in EryDex



17.4 mg planned for pivotal Phase 3 NEAT study dose

References: Company prior Phase 3 ATTeST clinical trial data (*ClinicalTrials.gov ID: NCT02770807*); Meduri et al, *Intensive Care Med* (2020) 46: 2284-2296.

Why are conventional corticosteroids toxic?

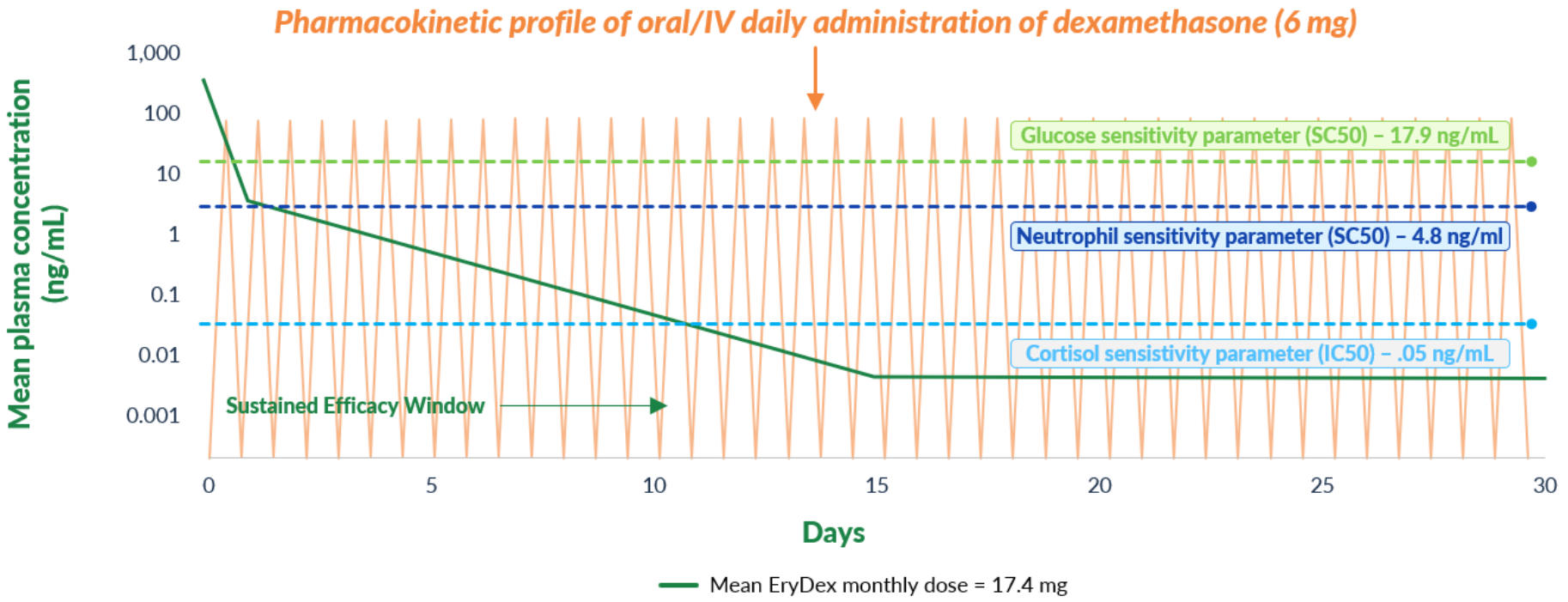
Well-described dose-limiting toxicity of corticosteroids

Adrenal suppression

- Low cortisol levels
- Cushingoid appearance
- Hirsutism
- Loss of bone mineral density
- Growth retardation in pediatrics
- Delay in puberty

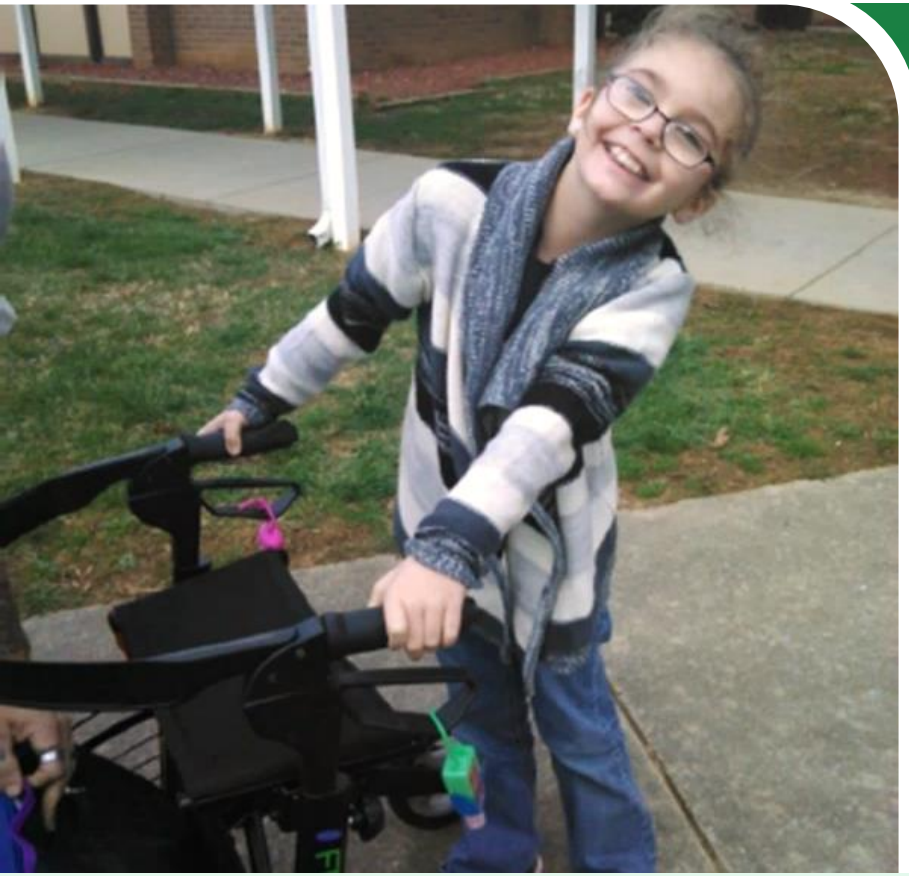
Elevated glucose resulting in hyperglycemia and diabetes

Immunosuppression resulting in infections



References: Information represented does not reflect a completed comparative study of EryDex versus oral/IV administration of dexamethasone, but rather provides a comparison of published corticosteroid pharmacokinetic information relative to company data regarding EryDex. IC50 and SC50 refer to pharmacodynamic parameters of which IC50 reflects drug concentration eliciting 50% of the maximum inhibition and SC50 reflects drug concentration eliciting 50% of the maximum stimulation. References: Company prior Phase 3 ATTeST clinical trial data (*ClinicalTrials.gov ID: NCT02770807*); Montanha et al, *Frontiers in Pharmacology* (2022) 13: 814134; Krzyzanski et al, *Journal of Pharmacokinetics and Pharmacodynamics* (2021) 48: 411-438; Aljebab et al, *PLOS ONE* (2017) 10: 1371.

No currently approved treatments for A-T patients

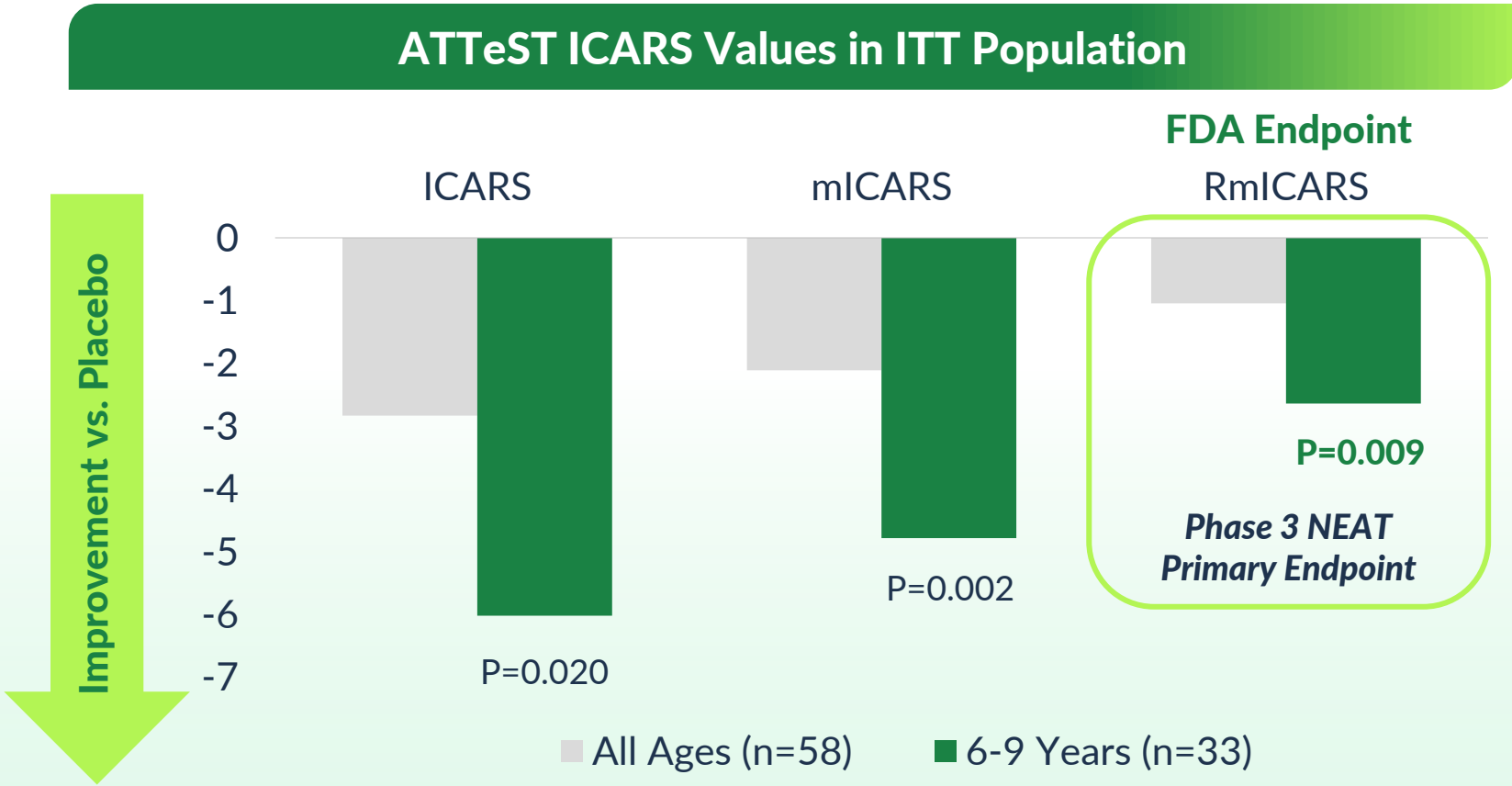


- A-T is an inherited rare neurodegenerative and immunodeficiency disorder caused by mutations in ATM gene
- Approximately 10,000 A-T patients in U.S., U.K., and EU4 countries
- Neurological symptoms worsen until patients are wheelchair dependent, usually by age 12 – with teenage years typically marked by repeated infections, pulmonary impairment, and malignancies
- Median lifespan of approximately 25-30 years
- Currently no approved treatments for A-T and no currently known effective approaches to delay progression of disease

Encouraging EryDex Phase 3 clinical trial results in prior ATTeST study

EryDex
ATTeST Trial

- Improvement observed in 6- to 9-year-old subgroup across multiple endpoints
- At 12 months, EryDex well-tolerated with no serious safety concerns
- 3+ years of ATTeST OLE observed no serious safety concerns
- Apply key learnings from ATTeST to pivotal NEAT study



Note: Company ATTeST clinical trial data (*ClinicalTrials.gov ID: NCT02770807*) presented reflect nominal p-values for ICARS values in ITT populations. Values reflect Least Square Means (LSM) difference from placebo and the P value presented • ICARS = International Cooperative Ataxia Rating Scale • mICARS = Modified International Cooperative Ataxia Rating Scale • RmICARS = Rescored Modified International Cooperative Ataxia Rating Scale

Pivotal Phase 3 NEAT study design

Pivotal study to be conducted under Special Protocol Assessment (SPA)
Allows for NDA submission, assuming positive results, following a single global Phase 3 NEAT study

Double-blind, randomized, placebo-controlled study with 6-month treatment period
Plan to enroll first patient in global Phase 3 NEAT clinical trial of EryDex **in second quarter 2024**

Plan to enroll approximately 86 A-T patients ranging in age from 6 to 9 years-old
Approximately 20 additional patients aged 10 or over also will be included
Patients will be eligible for participation in open label extension (OLE) following trial completion

Primary endpoint – RmICARS

Note: RmICARS = Rescored Modified International Cooperative Ataxia Rating Scale

Attractive commercial opportunity for EryDex lead indication

$1+ billion*

estimated global peak sales opportunity for A-T indication alone

EryDex for A-T

- Approximately 10,000 A-T patients in U.S., U.K., and EU4 countries with no currently approved A-T therapies
- First-to-market potential with no known late-stage competition and granted orphan drug designation for the treatment of A-T from FDA and EMA
- Attractive rare disease pricing comparables with recently approved treatment for Friedreich's ataxia indication
- Highly scalable manufacturing infrastructure in place with low cost of goods – less than 1% of comparable rare disease pricing
- European/U.S. orphan drug designation and strong patent protections with IP exclusivity until at least 2034 globally and 2035 in the U.S. – without patent term extension

*$1+ billion estimated global peak sales opportunity is based on company's internal projections

Well-capitalized with sufficient cash runway into 2026 expected to fund EryDex Phase 3 clinical trial through NDA submission, assuming positive study results

Strong balance sheet with approximately $83.2 million in cash, cash equivalents, and short-term investments as of September 30, 2023

Capital efficient development plan funds:

- EryDex Phase 3 NEAT study and NDA submission, assuming positive study results
- Determine additional potential indications for EryDex
- Evaluate potential applications of AIDE technology for new rare and debilitating disease programs

Potential out-licensing of ex-U.S. regional territories to provide runway through approval