QUINCE THERAPEUTICS

Unlocking the power of a patient's own biology for the treatment of rare disease

H.C. Wainwright 27th Annual Global Investment Conference

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 timing, success, and reporting of results of the clinical trials and related data, including expected timing of Phase 3 NEAT topline results and submission of a related NDA; expected cash position and operating runway, including cash potentially receivable upon the exercise of warrants; current and future clinical development of eDSP, including for the potential treatment of Ataxia-Telangiectasia (A-T), Duchenne muscular dystrophy (DMD), and other potential indications; the strategic development path for eDSP, including the anticipated benefits of the strategic partnership with Option Care Health; planned regulatory agency submissions and clinical trials and timeline, prospects, and milestone expectations; and the potential benefits of eDSP and the company’s market opportunity. 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 Annual Report on Form 10-K filed with the Securities and Exchange Commission (SEC) on March 24, 2025, Quarterly Report on Form 10-Q filed with the SEC on May 13, 2025, and other reports as filed with the SEC. Forward-looking statements contained in this news release are made as of this date, and Quince undertakes no duty to update such information except as required under applicable law.

eDSP value proposition

Red blood cell encapsulated dexamethasone sodium phosphate – **eDSP** – designed to chronically deliver **corticosteroid efficacy without toxicity**

A	Autologous
I	Intracellular
D	Drug
E	Encapsulation

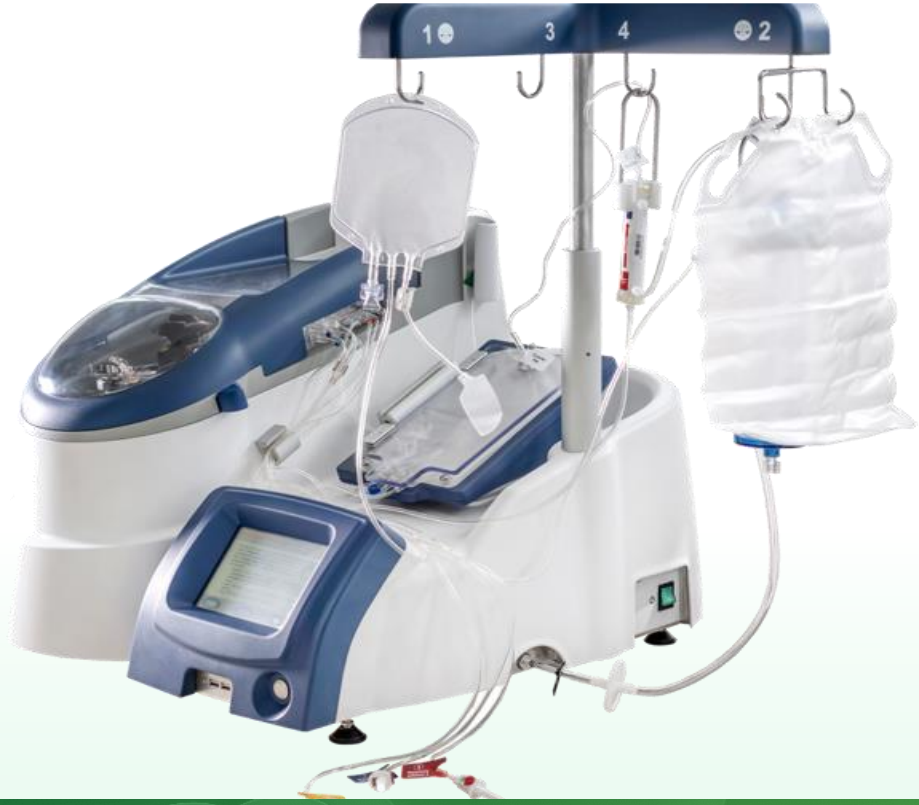
Quince Therapeutics investment highlights

- Pivotal Phase 3 NEAT clinical trial in pediatric rare disease Ataxia-Telangiectasia (A-T) with no currently approved treatments and $1+ billion* commercial opportunity
- NEAT enrollment complete with total of 105 participants – including 83 in six to nine year-old primary analysis population and 22 aged 10 years or older. **Topline data in first quarter of 2026**
- Significant pipeline expansion opportunity for eDSP with Duchenne muscular dystrophy (DMD) as second indication with multiple other rare immunology and autoimmune focused targets
- Entered strategic partnership with Option Care Health – largest independent provider of home and outpatient infusion services in U.S. – as provider for administration of lead asset eDSP
- $34.7 million in cash provides funding through topline results in first quarter of 2026 and into the second quarter of 2026 – or second half of 2026 if warrants exercised

*$1+ billion estimated global peak commercial opportunity is based on IQVIA Medical Claims (Dx), PharmetricsPlus (P+), and IQVIA Analytics in the U.S. and the company's internal estimates and assumptions outside the U.S.

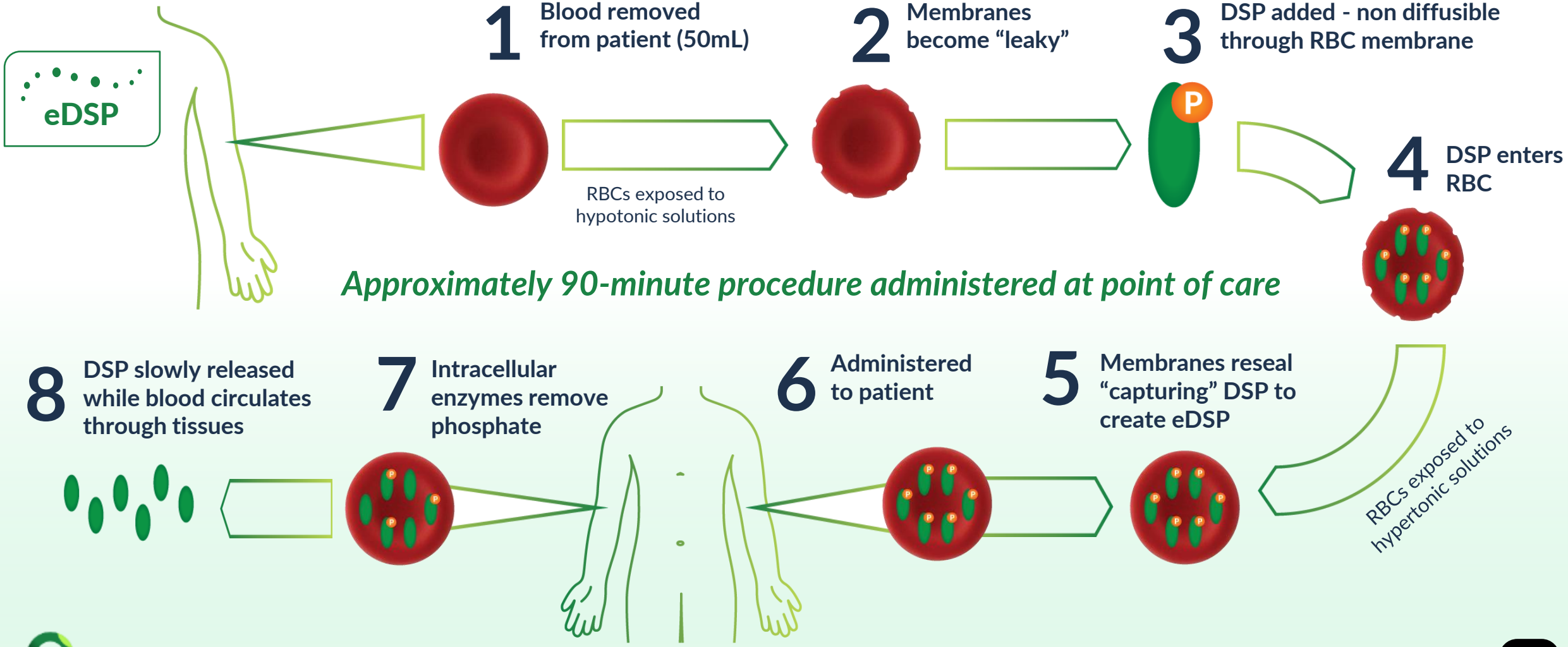
eDSP designed to deliver corticosteroid efficacy without toxicity

- One-touch, fully automated, and sterile Autologous Intracellular Drug Encapsulation (AIDE) device
- eDSP designed to deliver corticosteroids in patient's own red blood cells – distinct from standard cell or gene therapy
- Corticosteroids encapsulated in autologous red blood cells designed to significantly alter drug characteristics
- Designed to deliver corticosteroid efficacy without toxicity and adrenal suppression associated with chronic corticosteroid use



20+ years of research & development and $100 million invested in AIDE technology

eDSP encapsulates dexamethasone sodium phosphate in patient's red blood cells for once monthly treatment



Why are conventional corticosteroids toxic?

Well-described toxicity of corticosteroids

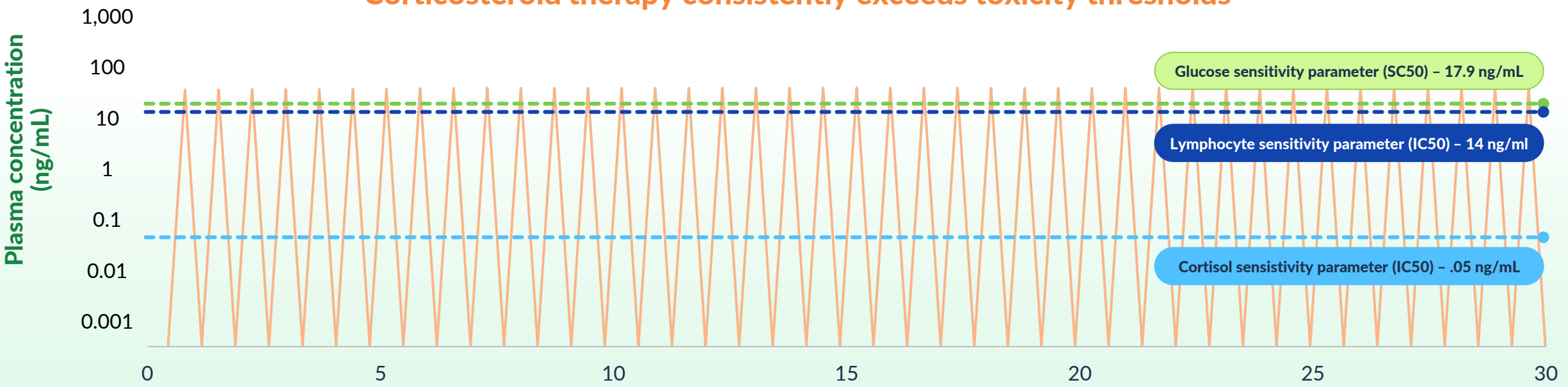
Adrenal suppression

- 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

Pharmacokinetics of daily IV dexamethasone (6 mg)
Corticosteroid therapy consistently exceeds toxicity thresholds



Note: Information represented does not reflect a completed comparative study of eDSP versus oral/IV administration of dexamethasone but rather provides a comparison of published corticosteroid pharmacokinetic information relative to company data regarding eDSP. 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: Krzyzanski, Journal of Pharmacokinetics and Pharmacodynamics (2021) 48: 411-438; Aljebab, PLoS ONE 12(1):e0170259. doi:10.1371/journal.pone.0170259, January 26, 2017; Montanha et al, Frontiers in Pharmacology (2022) 13: 814134.

How can potential efficacy be maintained without toxicity?

Principles of corticosteroid delivery resulting in optimal efficacy

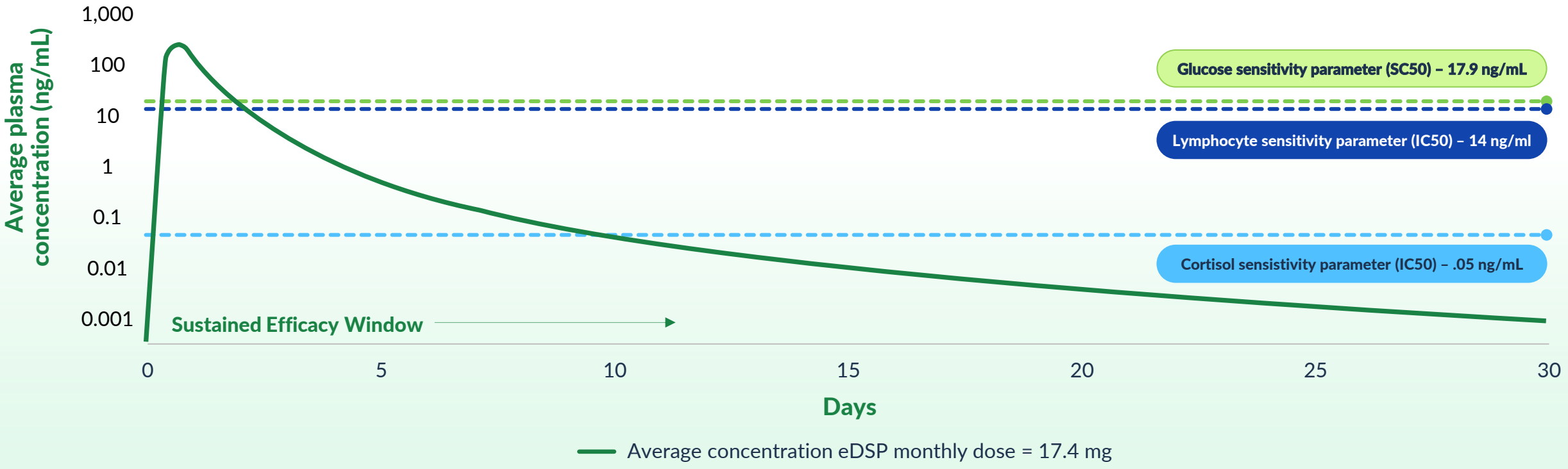
Clinical efficacy depends on the *magnitude* and *duration* of *exposure of glucocorticoid receptors* (GRs) to glucocorticoid (GC)

- **Optimal results achieved by initial bolus dose to achieve GR saturation**
- **Followed by continuous exposure to maintain GC binding to GR**
- **Long tail of eDSP exposure avoids adrenal suppression**

Reference: Meduri GU, et al. *Intensive Care Med.* 2020;46(12):2284-2296.

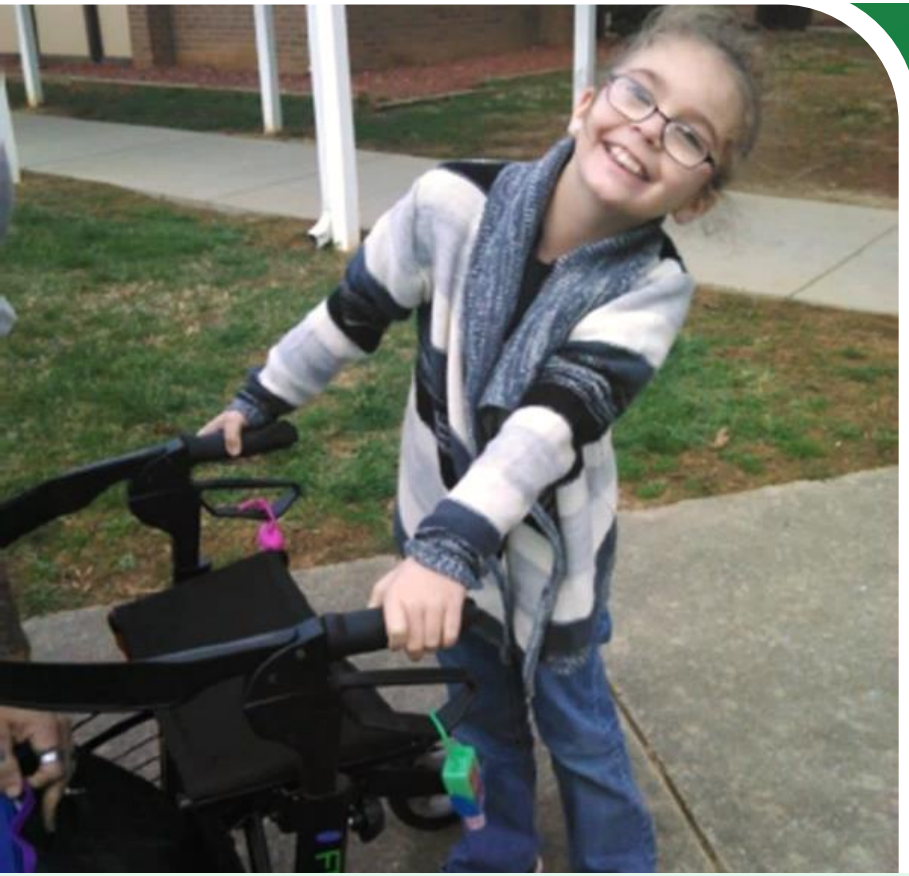
eDSP designed to optimize dexamethasone delivery through once monthly dosing in patients with A-T

Average concentration-time profile for plasma dexamethasone in eDSP



Note: Pharmacokinetic (PK) curve from Population PK model (smoothed) based on company's prior studies of eDSP. 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: Montanha et al, Frontiers in Pharmacology (2022) 13: 814134; Krzyzanski et al, Journal of Pharmacokinetics and Pharmacodynamics (2021) 48: 411-438.

No currently approved treatments for A-T patients

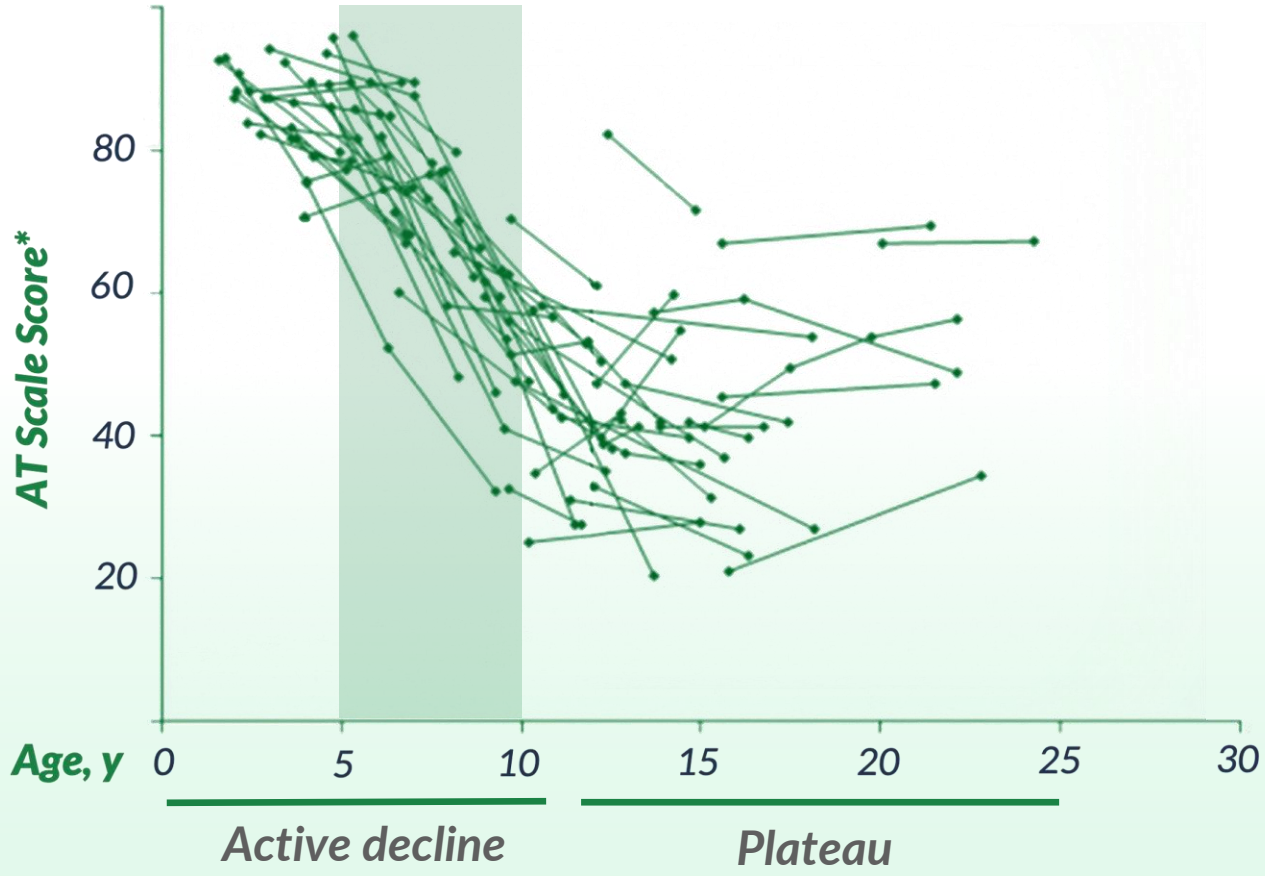


- A-T is an inherited rare neurodegenerative and immunodeficiency disorder caused by mutations in ATM gene
- Estimated prevalence of approximately 10,000 patients with A-T in U.S., U.K., and EU4 countries*
- Neurological symptoms worsen until patients are wheelchair dependent, usually by age 12 – with teenage years typically marked by repeated infections, pulmonary impairment, and malignancies. Median lifespan of approximately 25-30 years
- Patients with A-T cannot take standard steroids due to immunodeficiency and risk of lethal infections posed by immunosuppressive drug
- Currently no approved treatments for A-T and no currently known effective approaches to delay progression of disease

*Patient population based estimated A-T patient population are based on IQVIA Medical Claims (Dx), PharmetricsPlus (P+), and IQVIA Analytics in the U.S. and the company's internal estimates and assumptions outside the U.S.

Rapid neurological progression in A-T

Symptoms progress quickly from 6 to 9 years of age

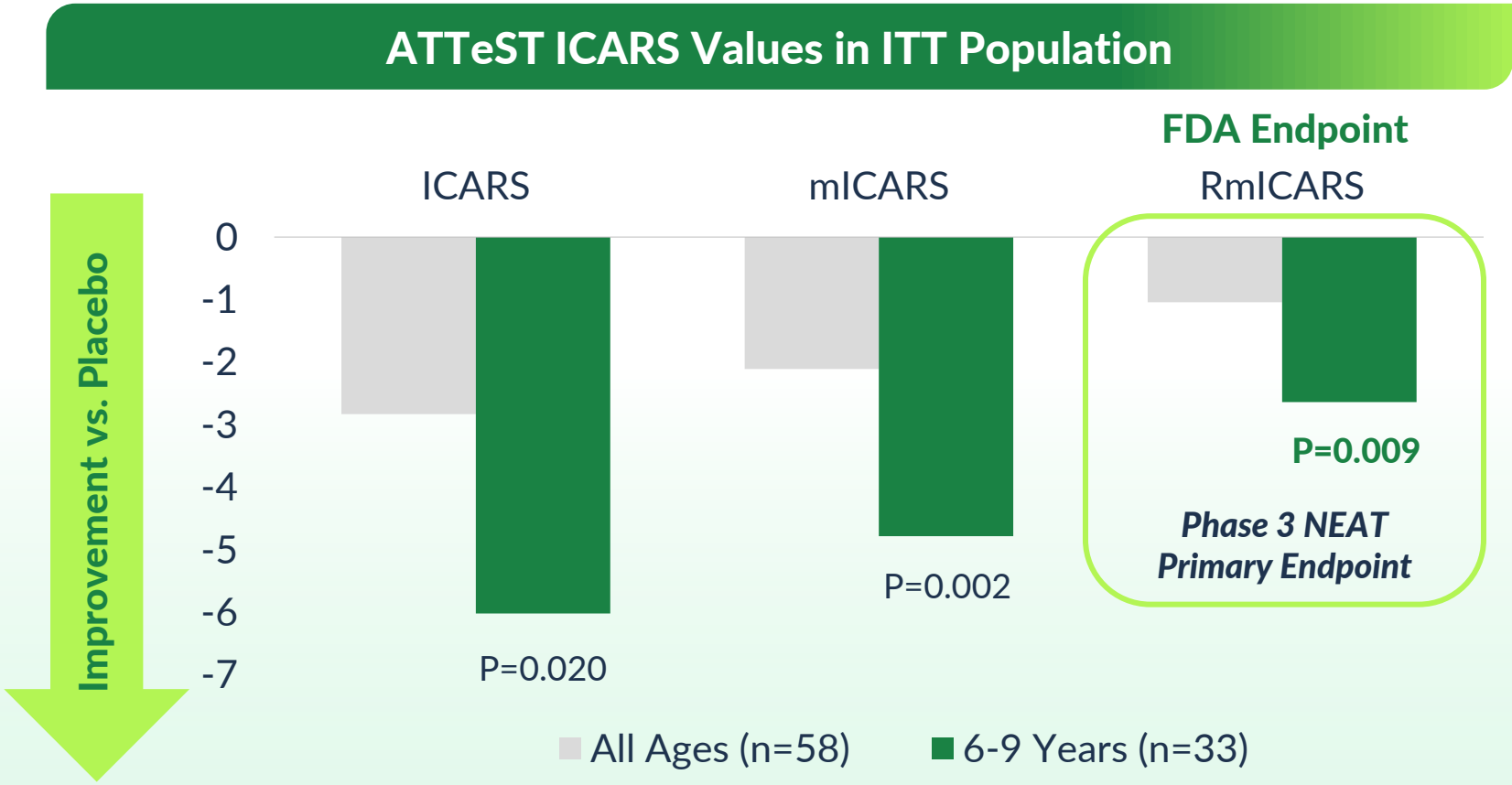


*Scores based on the Crawford Quantitative Neurologic A-T Scale (100=normal). References: Rothblum-Oviatt C, et al. *Orphanet J Rare Dis.* 2016;11(1):159; Crawford TO, et al. *Neurology.* 2000;54(7):1505–1509.

Encouraging eDSP Phase 3 clinical trial results in prior ATTeST study

eDSP
ATTeST Trial

- Improvement observed in 6 to 9 year-old subgroup across multiple endpoints
- At 12 months, eDSP well tolerated with no serious safety concerns
- 3+ years of ATTeST OLE observed no serious safety concerns
- Clinically important delay in progression at 6 months



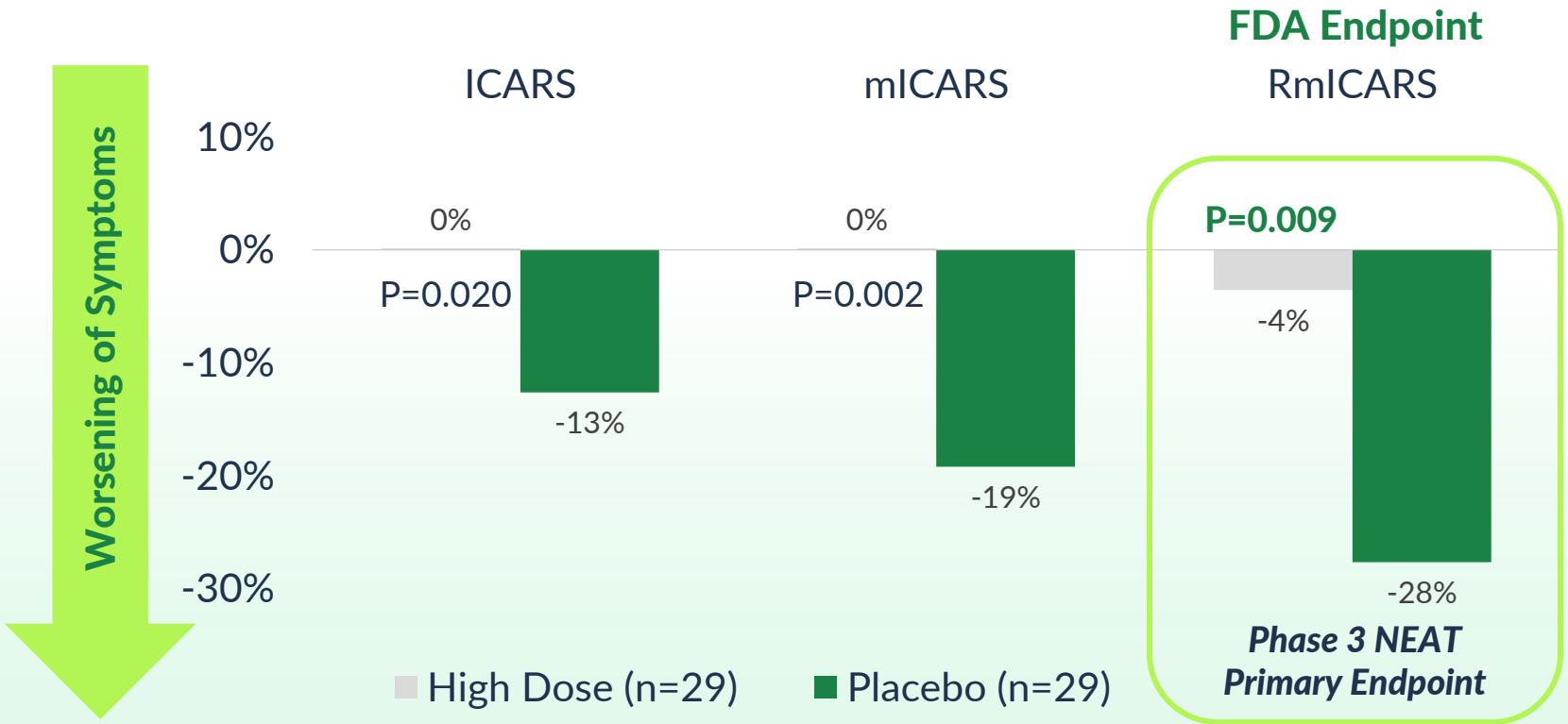
Note: Company ATTeST clinical trial data (ClinicalTrials.gov ID: NCT02770807) presented reflect nominal p-values for ICARS values in ITT populations. Values reflect Least Square Means (LSM) difference from placebo and the P value presented • ICARS = International Cooperative Ataxia Rating Scale • mICARS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

Improvement observed in 6 to 9 year-old subgroup across multiple endpoints in prior ATTeST study

eDSP
ATTeST Trial

- eDSP slowed progression in 6 to 9 year old patients
- Observed magnitude of change in endpoints is considered by investigators to be highly clinically significant

ATTeST ICARS Mean % Change in 6 to 9 Year-Old ITT Population



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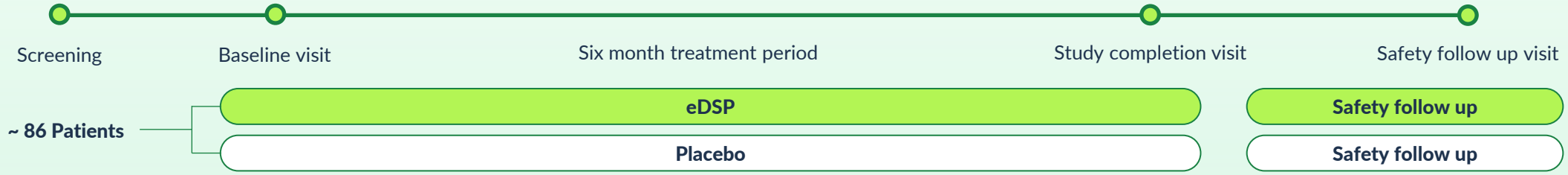
Pivotal Phase 3 NEAT study design

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

Multicenter, randomized, double-blind, placebo-controlled study with six infusions scheduled once every 21 to 30 days
Topline data expected in first quarter of 2026

Completed enrollment in July 2025 with 105 total participants
83 participants ages 6 to 9 years old comprise primary analysis population
22 participants ages 10 years or older also included in study
Provides **~90% power** to determine statistical significance
Participants eligible for open label extension (OLE) study – with all participants to date electing to transition to OLE

Primary efficacy endpoint – RmICARS
RmICARS measures primarily focused on posture and gait disturbance



Note: RmICARS = Rescored Modified International Cooperative Ataxia Rating Scale • Company NEAT clinical trial: ClinicalTrials.gov ID: NCT06193200

NEAT metrics of data integrity are high

	NEAT*	ATTeST
Missed doses	1%	5% Excluding Covid
Discontinuation rate	2.5%	24%
Missing data	6%	26%
Screen failure rate	14%	26%
Dosing within study window	93% 21-30 days	70% 21-38 days
OLE rollover rate	100%	96%

*Data as of July 22, 2025

Regulatory overview and pathway

Phase 3 NEAT study conducted under an SPA agreement with the FDA

- Reflects inclusion of primary endpoint of RmICARS at the request of FDA
- Should allow for submission of NDA following completion of single study, assuming positive results

eDSP granted orphan drug designation from FDA and EMA, and Fast Track designation from FDA for the treatment of A-T

eDSP regulated as drug/device combination product by the FDA

- Relies on FDA's prior findings of safety and effectiveness for active pharmaceutical ingredient DSP
- Center for Drug Evaluation and Research (CDER) main reviewing division for NDA – with consults from device division and Center for Biologics Evaluation and Research (CBER)

Plan to submit NDA with FDA in second half of 2026

- Pediatric investigational plan (PIP) initiated in 2025 to evaluate younger patients with A-T who weigh between nine and 15 kilograms to support MAA submission and potential for expanded FDA label

eDSP System device and single-use treatment kit are CE marked

Attractive commercial opportunity for eDSP for A-T

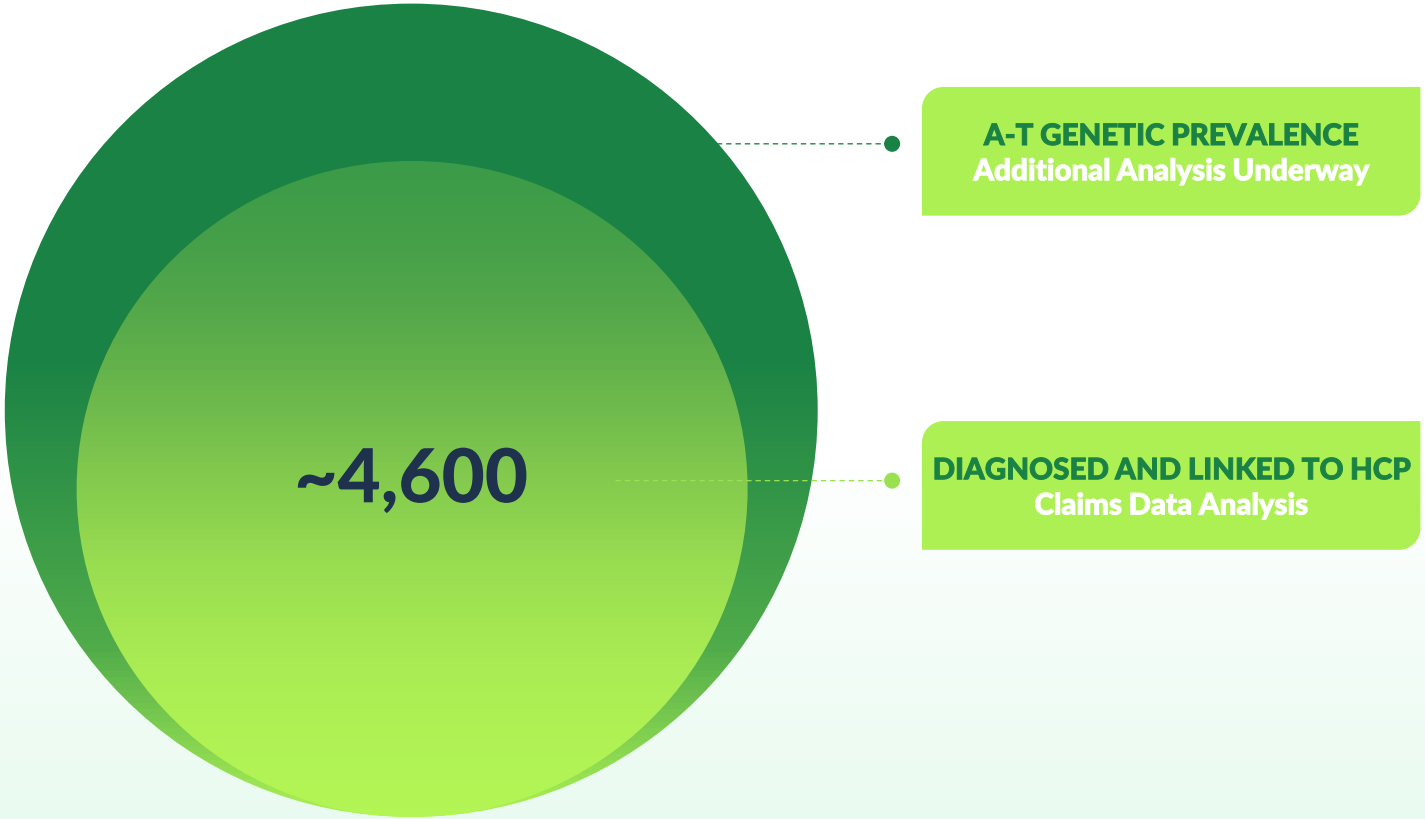
$1+ billion*

estimated global peak commercial opportunity for A-T indication alone

- Estimated prevalence of approximately 10,000 patients with A-T* in U.S., U.K., and EU4 countries with no currently approved A-T therapies
- First-to-market potential with plans to commercialize in U.S. with capital efficient model; orphan excluded from IRA
- Attractive rare disease pricing comparables with recently approved treatments (Skyclarys - $429K/year; Daybue - $585K/year; Vyjuvek - $631K/year)
- Highly scalable manufacturing infrastructure in place with low direct cost of goods
- Strong patent protections with IP exclusivity until at least 2034 globally and 2036 in U.S.

*$1+ billion estimated global peak commercial opportunity and estimated A-T patient population are based on IQVIA Medical Claims (Dx), PharmetricsPlus (P+), and IQVIA Analytics in the U.S. and the company's internal estimates and assumptions outside the U.S.

A-T represents significant U.S. commercial opportunity



- Approximately 4,600 diagnosed U.S. patients with A-T
- No currently approved A-T treatments, potential to expand patient number with market development
- Benefit from engaged, connected A-T patient community
- A-T has similar epidemiology to Friedreich's ataxia

Source: IQVIA Medical Claims (Dx), PharmetricsPlus (P+), and IQVIA Analytics

Selected Option Care Health as strategic commercial partner

option care health®

Nationwide network of specialty pharmacies and outpatient infusion suites to administer eDSP

National footprint of more than 90 full-service pharmacies and 180-plus outpatient infusion suites located across the U.S.

- Entered strategic partnership with Option Care Health – largest independent provider of home and outpatient infusion services in U.S.
- Allows for contracting with a single provider versus multiple individual academic centers of excellence
- Provides for greater geographic flexibility to match patient locations and eDSP administration needs
- Offers improved and standardized patient journey with higher control and consistency across eDSP administration sites
- Provides scalability to treat patients in additional targeted indications such as Duchenne muscular dystrophy
- Able to leverage comprehensive suite of enhanced capabilities to handle key commercial services

Significant pipeline expansion opportunity

Target eDSP to high potential immunology and autoimmune rare disease indications

Potential to advance directly into Phase 2 studies for broad range of rare diseases

Neurology/Neuromuscular

- Ataxia telangiectasia (1st indication)
- Duchenne muscular dystrophy (2nd indication)
- Becker muscular dystrophy
- Limb-girdle muscular dystrophy
- Myasthenia gravis

Inflammation & Immunology

- Autoimmune hepatitis
- Dermatomyositis
- Hashimoto's encephalopathy
- Chronic inflammatory demyelinating polyradiculoneuropathy
- Pemphigus vulgaris

Rheumatology

- Juvenile idiopathic arthritis
- Pediatric lupus
- Pulmonary sarcoidosis

Selected DMD as second development program for eDSP

For indications beyond A-T where chronic corticosteroid treatment is – or has the potential to become – standard of care

- **Duchenne muscular dystrophy (DMD)** ideal second indication for eDSP given well-described clinical benefits of corticosteroids in patients with DMD
- Finalized Phase 2 clinical trial study designs to evaluate eDSP for the potential treatment of patients with DMD
- Plan to prioritize capital efficient study approaches, including potential investigator-initiated trials (IITs)
- Dose first patient in Phase 2 clinical study in 2026

Favorable eDSP safety profile compared to conventional corticosteroid administration

Well-known toxicities of conventional corticosteroid administration	Prednisone/ Deflazacort	Agamree (Vamorolone)	Favorable eDSP clinical safety profile
Hirsutism	Yes	Yes	No
Delayed puberty	Yes	Yes	No
Hyperglycemia	Yes	Yes	No
Excessive weight gain	Yes	Yes	No
Acne	Yes	Yes	No
Growth suppression	Yes	No	No
Osteoporosis	Yes	Yes, but less than prednisone	No

eDSP clinical history snapshot

- >425 participants received at least one dose
- >220 of those were participants with A-T
- >7,800 infusions administered to participants with A-T

Source: Rossi L, et al. Biotechnol Appl Biochem. 2001;33(2):85-89. Koenig MK, et al. Front. Neurol. , 22 January 2025 Sec. Pediatric Neurology. Volume 15 – 2024.

Key clinical and corporate milestones

2025

- ☑ ATTeST long-term safety data published in *Frontiers in Neurology* in January 2025
- ☑ Extended patent claims to 2036 in the U.S. with newly issued USPTO Notice of Allowance
- ☑ Secured opportunistic financing to extend cash runway into at least second quarter of 2026
- ☑ Completed Phase 3 NEAT study enrollment in July 2025
- ☑ Selected Option Care Health as commercial partner
- ⊙ Initiate Phase 3 NEAT pediatric investigational plan
- ⊙ Prepare Phase 2 clinical study for second eDSP indication in DMD

2026

- ⊙ Readout Phase 3 NEAT topline results in first quarter of 2026
- ⊙ Prepare for potential NDA & MAA submission, assuming positive Phase 3 NEAT study results
- ⊙ Dose first patient in DMD Phase 2 clinical study
- ⊙ Ongoing Phase 3 NEAT pediatric investigational plan
- ⊙ Ongoing Phase 3 NEAT open label extension study
- ⊙ Prepare for the U.S. commercial launch of eDSP for A-T