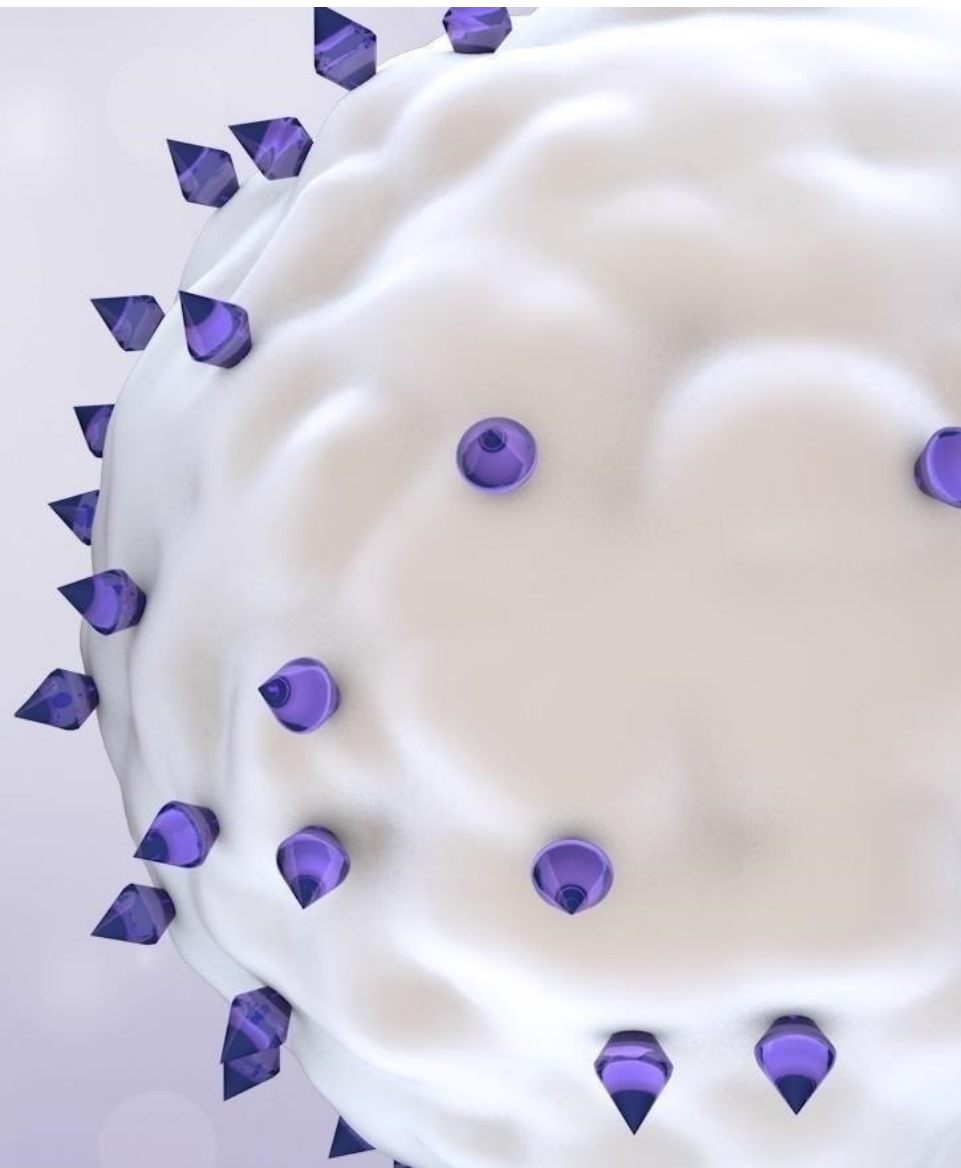




***Cure blood cancers
through cell and genome
engineering***

April 2022





Disclaimer

This presentation (the “Presentation”) contains forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995 about Vor Biopharma Inc. (“Vor,” “Vor Bio” or the “Company”) that involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this Presentation, are forward looking statements including, but not limited to, terms such as “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “plan,” “potential,” “project,” “should,” “target,” “vision,” “will,” “would,” or other similar expressions. Such forward-looking statements in this Presentation include those regarding Vor Bio’s plans, strategies and expectations for its preclinical and clinical programs, including the anticipated milestones and related catalysts of such programs. Vor Bio may not actually achieve the plans, intentions, or expectations disclosed in these forward-looking statements. These forward-looking statements should not be relied upon as representing Vor Bio’s views as of any date subsequent to the date of this Presentation. Factors that could cause actual results to differ include, but are not limited to, Vor Bio’s dependence on its product candidates VOR33 and VCAR33^{ALLO}, the risks inherent in biopharmaceutical product development and clinical trials, including the lengthy and uncertain regulatory approval process, uncertainties related to the timing of initiation, enrollment and completion of clinical trials, whether the clinical trials will validate the safety and efficacy of VOR33 and VCAR33 programs in acute myeloid leukemia or other indications, and the impact of the COVID-19 pandemic on Vor Bio’s business, operations, strategy and anticipated milestones, among others. These and other risks are described in greater detail under the caption “Risk Factors” in Vor Bio’s reports filed with the Securities and Exchange Commission (“SEC”), and in other filings that Vor may make with the SEC in the future. We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. In addition, the forward-looking statements included in this Presentation represent our views as of the date of this Presentation. We anticipate that subsequent events and developments will cause our views to change. We undertake no obligation to update or revise any forward-looking statements, whether as a result of new information, the occurrence of certain events or otherwise.

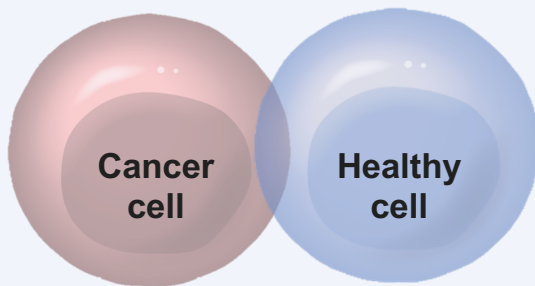
Certain information contained in this Presentation relates to or is based on studies, publications, surveys and other data obtained from third party sources and Vor Bio’s own internal estimates and research. While we believe these third-party sources to be reliable as of the date of this Presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of any information obtained from third party sources. In addition, the third party information included in this Presentation may involve a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal research is reliable, such research has not been verified by any independent source.

VCAR33^{AUTO} and NMDP-Sponsored Trial. A T cell therapy using the same chimeric antigen receptor construct as VCAR33^{ALLO} is being studied in a Phase 1/2 clinical trial sponsored by the National Marrow Donor Program (“NMDP”), and timing of data release is dependent on the investigators conducting the trial. Although we are not the sponsor of this trial, the NMDP has permitted us to cross-reference its IND for this trial in future IND applications that we may submit with the FDA. While we do not believe that we need to demonstrate comparability of our VCAR33^{ALLO} candidate since we intend to rely on initial clinical data from our VCAR33^{ALLO} program, if the U.S. Food and Drug Administration (the “FDA”) disagrees, we may have to demonstrate comparability. The FDA may also reject the sufficiency of the data to support it or disagree with our ability to reference the data generated by NMDP in any IND we may file for VCAR33^{ALLO} or the VOR33 + VCAR33 Treatment System. For more information regarding the NMDP trial, see “Risk Factors - We have not successfully tested our product candidates in clinical trials and any favorable preclinical results are not predictive of results that may be observed in clinical trials” in our Annual Report on Form 10-K for the year ended December 31, 2021 filed with the SEC and such other filings that we may make with the SEC from time to time.



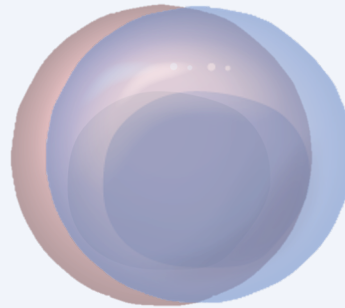
Changing the Thinking on Tumor Targeting

Traditional Paradigm for Drug Development



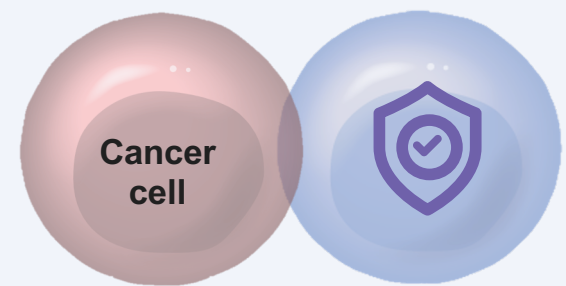
Target cancer antigens to kill cancer cells

Problem



Few unique cancer antigens, so drugs kill both cancer and healthy cells through **on-target toxicity**

Vor Bio Paradigm: Engineered HSCs (eHSCs)

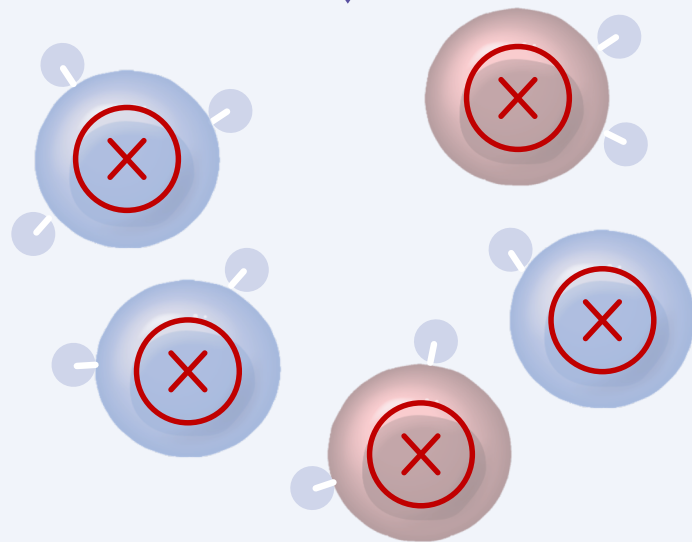


Remove target expression on healthy cells so that killing is **cancer-specific**



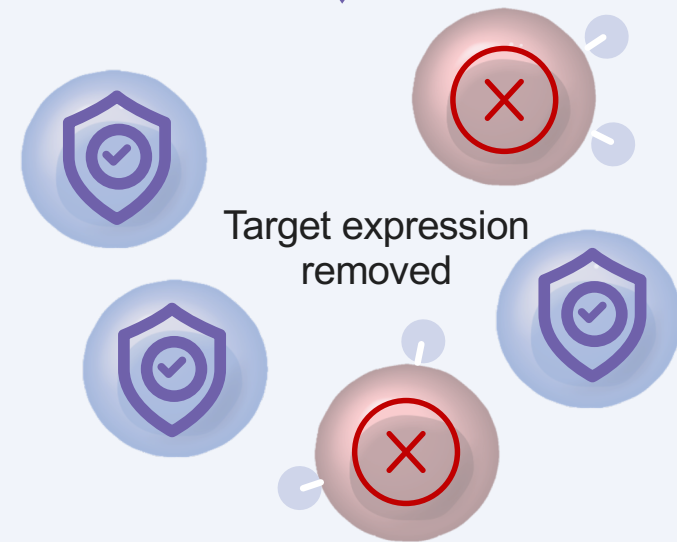
Protected eHSCs 'Invisible' to Targeted Therapies

Current Targeted Therapies



On-target toxicity

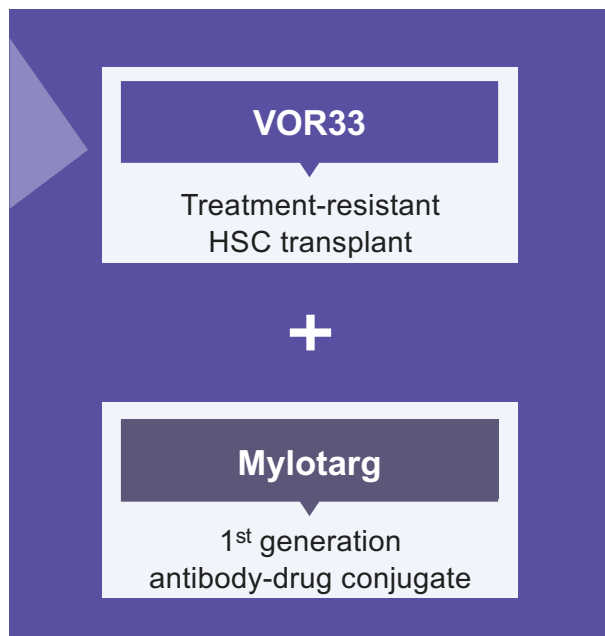
Protected eHSCs



Cancer-specific killing

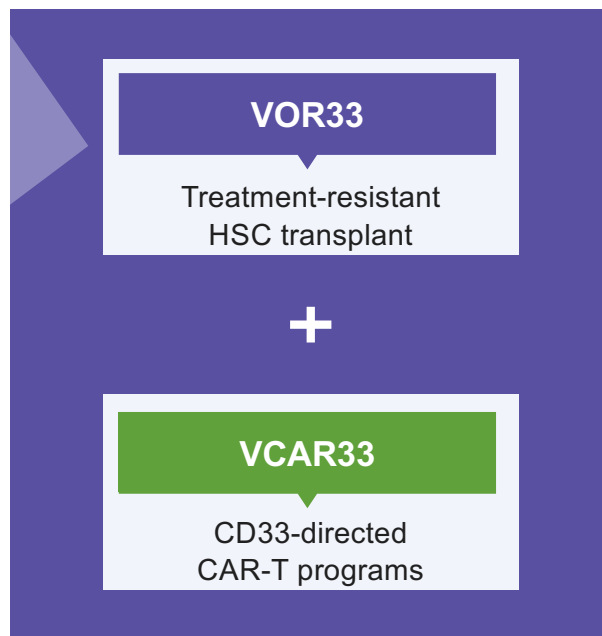


The Vision: eHSC + CAR-T Treatment Systems



Clinical proof of concept in 2022

- Engraftment
- Heme protection

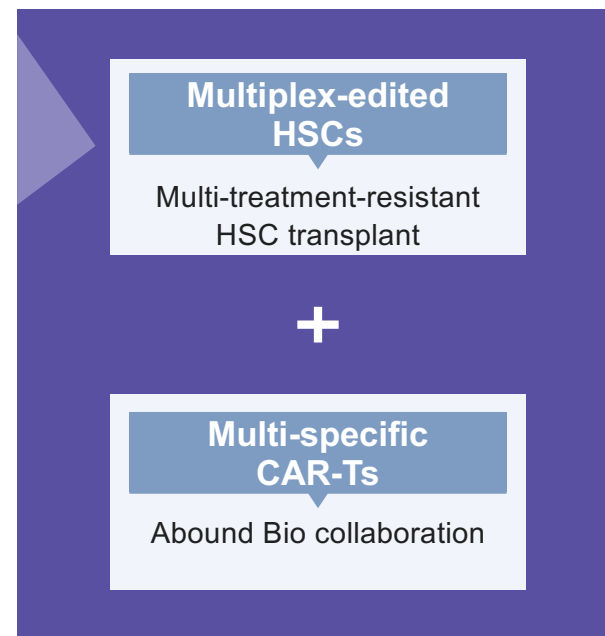


VCAR33^{AUTO}

- In Phase 1/2 NMDP-sponsored trial

VCAR33^{ALLO}

- Healthy donor source, stemlike phenotype
- Tolerized to new marrow



**Addresses tumor heterogeneity and
potential escape mechanisms**



Expanding Pipeline Driven by Innovative Platform

Description			Preclinical		Clinical		Anticipated Milestones
Program	Modality	Indication	Discovery/ Validation	IND- Enabling	Phase 1/2	Phase 2/3	
VOR33 + Mylotarg	eHSC + ADC	AML					2H 2022: Initial clinical data
		MDS, MPN					
VCAR33 ^{ALLO} (Allogeneic)	CAR-T	AML Post-transplant					1H 2023 IND submission
VCAR33 ^{AUTO} (Autologous)	CAR-T	Bridge-to-transplant AML	NMDP-sponsored trial*				2022: Initial monotherapy clinical proof-of-concept data*
VOR33 + VCAR33 Treatment System	eHSC + CAR-T	AML					IND filing following initial VOR33 and VCAR33 ^{ALLO} data
VOR33-CLL1 + VCAR33-CLL1 Treatment System	Multiplex-edited eHSC + Multi-specific CAR-T	AML					

Discovery Platform

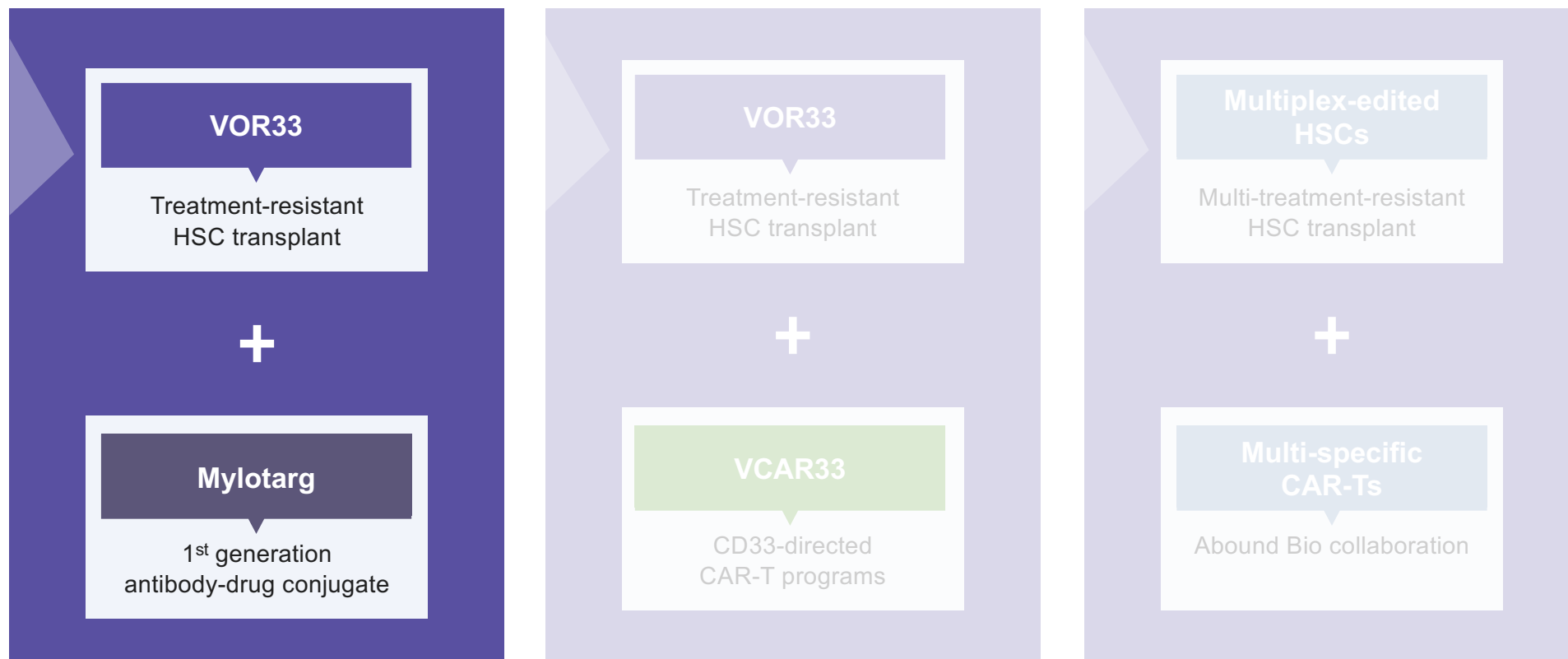
- Leveraging our proprietary Vor platform, we are exploring additional surface targets such as CD123, EMR2, and CD5 including multiplex genome engineering approaches where multiple surface targets are removed.
- We are conducting ongoing discovery efforts in commonly transplanted hematologic malignancies.

AML: acute myeloid leukemia; MDS: myelodysplastic syndrome; MPN: myeloproliferative neoplasm

* The VCAR33 construct is being studied in a Phase 1/2 clinical trial sponsored by the National Marrow Donor Program ("NMDP"), and the timing of data release is dependent on the investigators conducting the trial. See "Disclaimer" slide for more information.



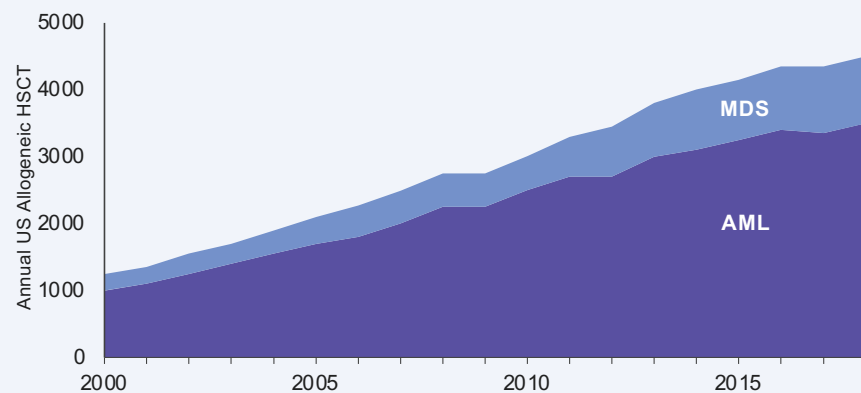
VOR33: CD33-Deleted eHSC



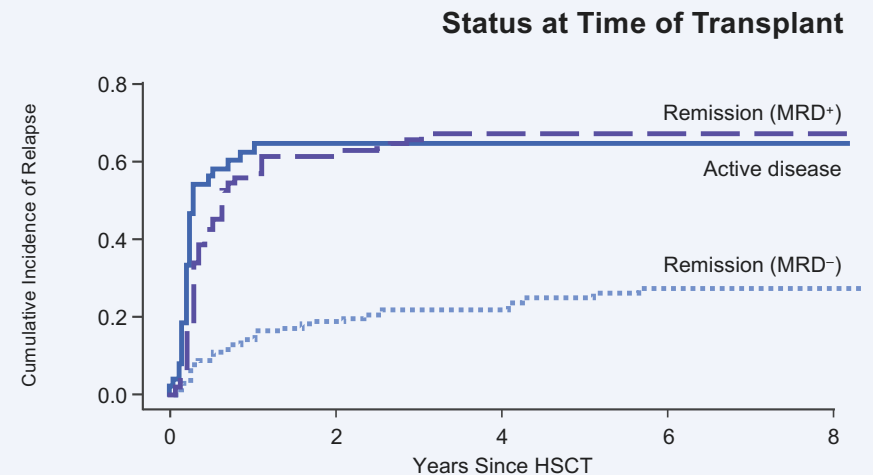


AML Unmet Need Is Large and Increasing

Use of Transplant is Increasing...



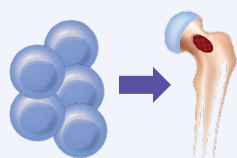
...Though Still Frequent Relapse Post-Transplant



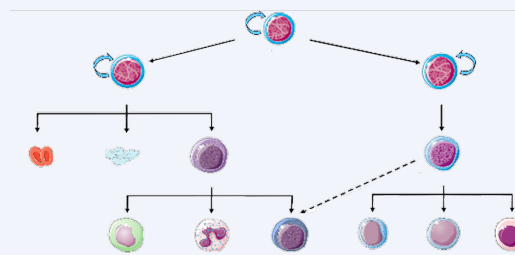
For patients who relapse post-transplant, 2-year survival is <20%



Preclinical Validation of CD33 Deletion in HSCs



1. Homing



2. Engraftment

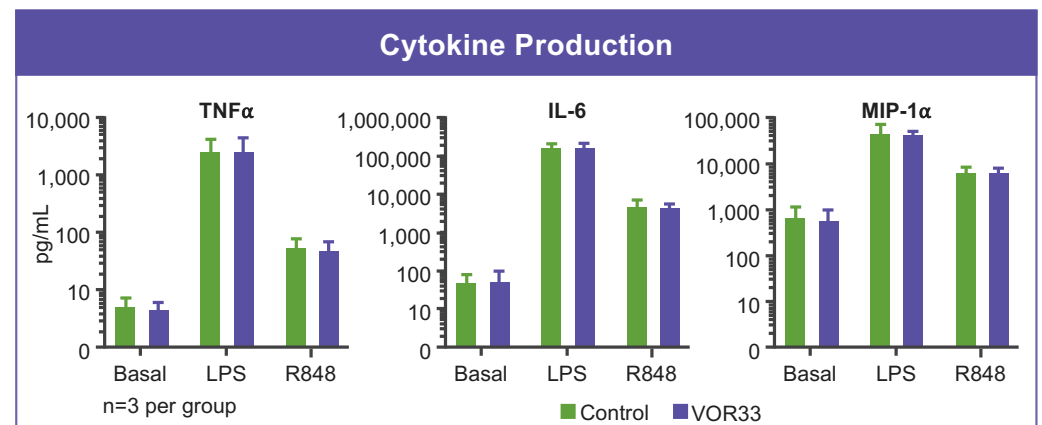
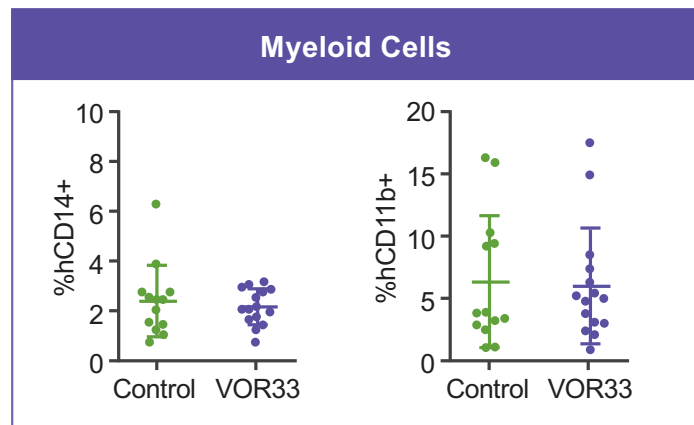
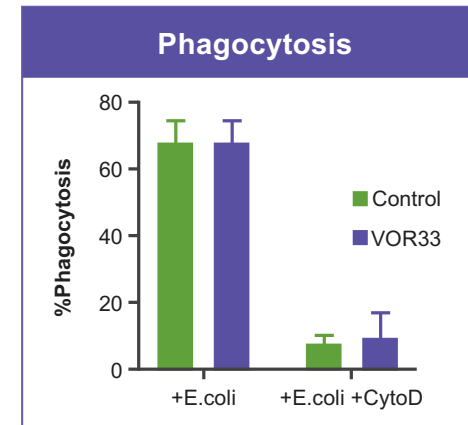
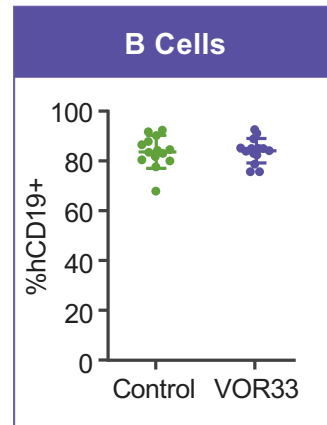
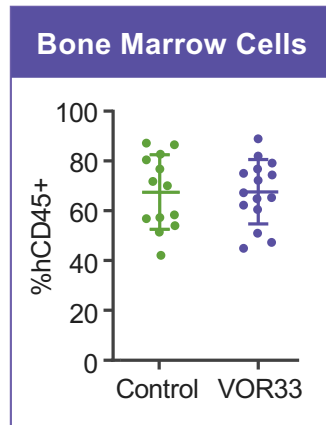


3. Survival

	Migrate to bone marrow	Repopulate the blood system	Fully functional blood cells	Resistance to toxic therapy
VOR	✓	✓	✓	✓
Columbia University	✓	✓	✓	✓
Fred Hutch	✓	✓	✓	✓
Penn Medicine	✓	✓	✓	✓



VOR33: No Observed Impact on Cell Populations or Function

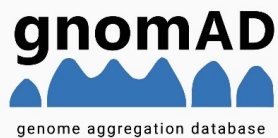




Strongest Supportive Evidence for CD33 Dispensability: Human Genetics

**65 individuals with homozygous
loss-of-function mutations in CD33**

in Genome Aggregation Database



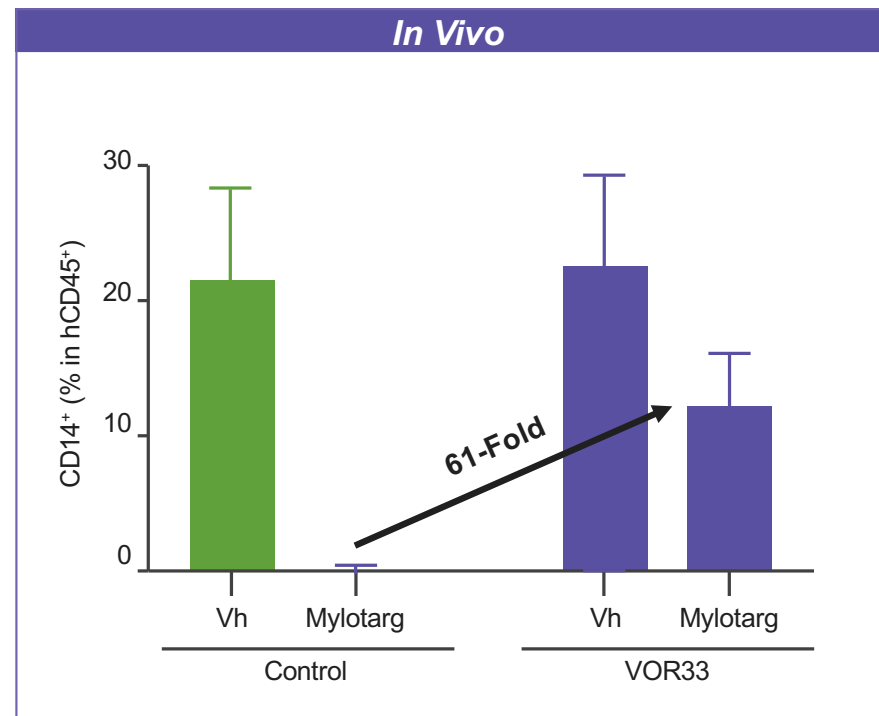
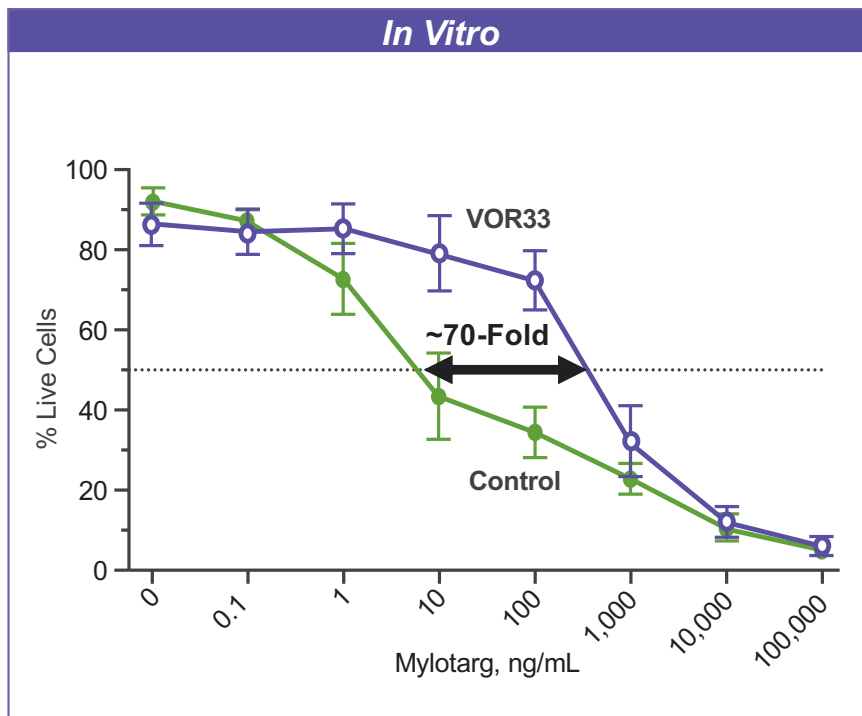
**176 individuals with homozygous
loss-of-function mutations in CD33**

in UK Biobank





VOR33: Resistance to CD33 Therapy

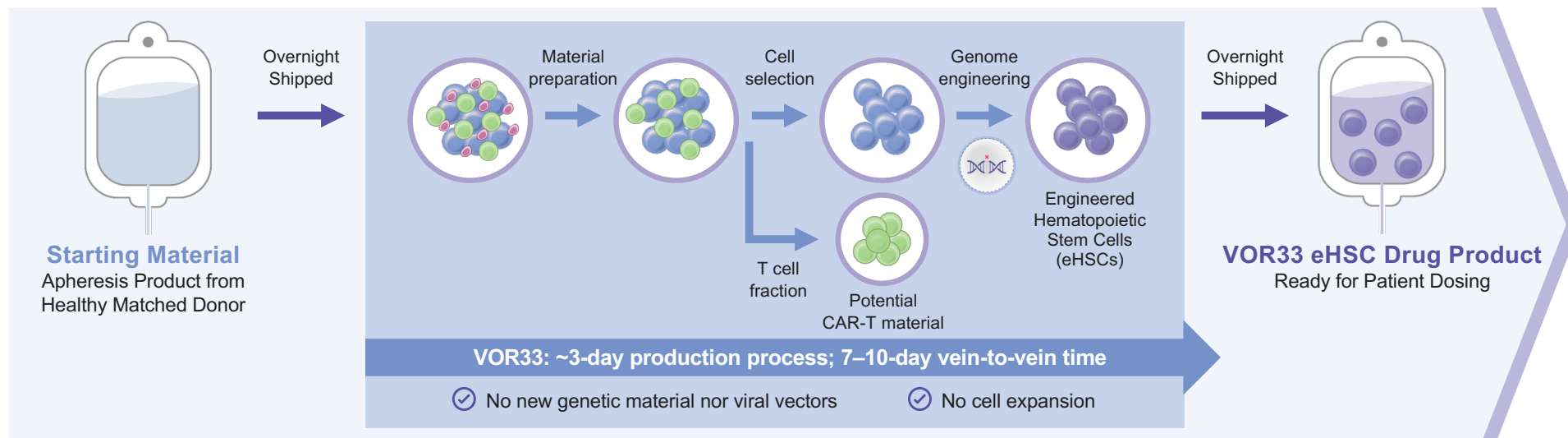
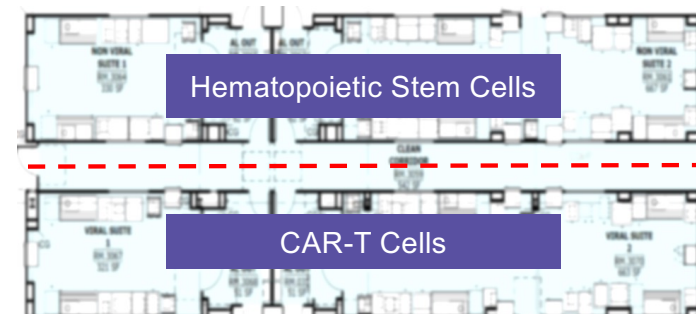


- Engineered cells were not enriched for CD33 deletion and some cell death was expected based on residual CD33 expression
- Free calicheamicin dissociated from Mylotarg may have led to non-specific cell death



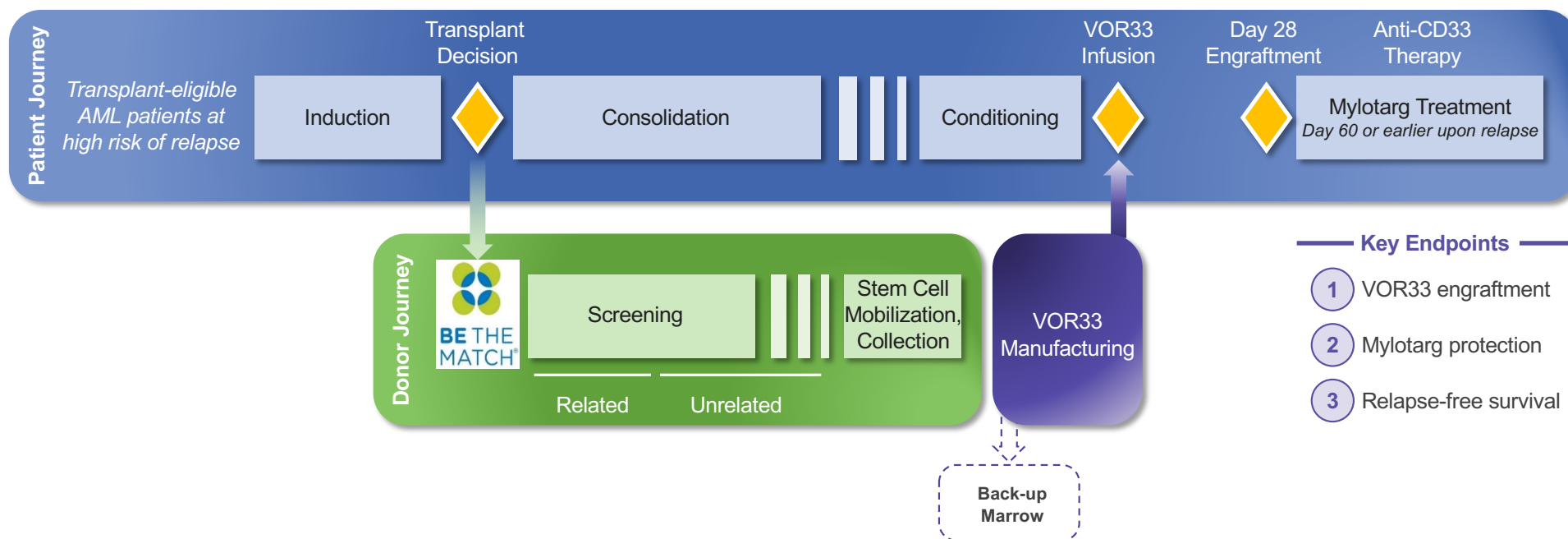
VOR33: Streamlined Cell Manufacturing Process

Vor Bio is building a fully integrated clinical manufacturing facility for eHSC and CAR-T drug products





VBP101: VOR33 + Mylotarg Phase 1/2a Clinical Trial



Clinical Trial Sites

- ✓ MSKCC (NY)
- ✓ Hackensack/Theurer Cancer Ctr. (NJ)
- ✓ Miami Cancer Inst. (FL)

- ✓ UC San Diego Cancer Ctr. (CA)
- ✓ CWRU/Seidman Cancer Ctr. (OH)
- Hôpital Maisonneuve-Rosemont (Montreal)

- WashU Siteman Cancer Cntr. (MO)
- Fred Hutchinson Cancer Ctr. (WA)
- The National Cancer Institute (MD)



VBP101: Defining Success

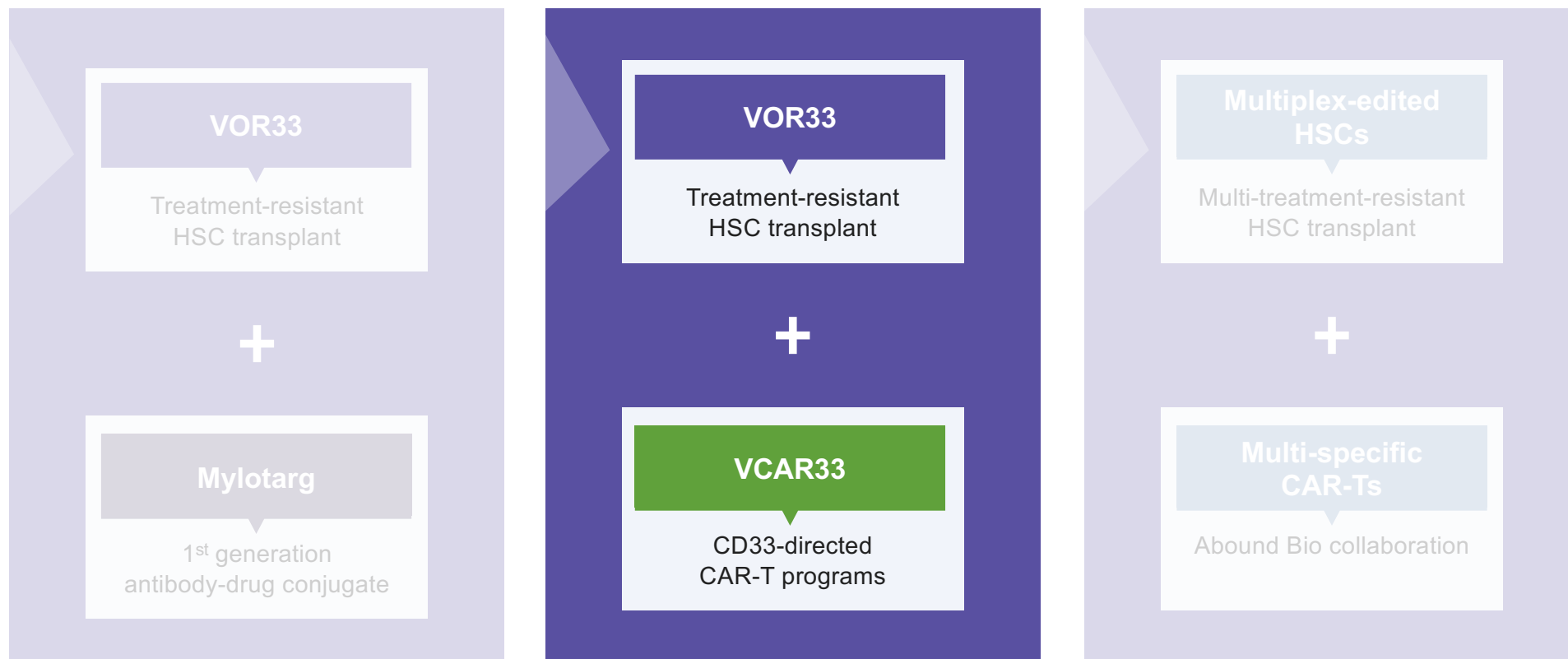
Measure	Current Standard of Care	VBP101
Short-term Engraftment	~95% typical for modern transplants ¹	Expect equivalent for VOR33
Protection against Mylotarg-mediated heme toxicities	Hematological toxicity expected in virtually all patients dosed down to 0.25 mg/m ² [2]	VOR33 allows improved tolerability with less severe cytopenia enabling repeat Mylotarg dosing
Clinical outcomes*	Relapse-free survival as poor as 28% (1-year) and 25% (2-year) post-HCT ³	Trending towards improved outcomes due to post-HCT therapy

1. Olsson, et al. Leukemia. (2015) 29, 1754–1762. 2. Sievers, et al. Blood (1999) 93 (11): 3678–3684. 3. Walter, et al. Blood (2013) 122 (10): 1813–1821.

* VBP101 not designed for comparative efficacy outcomes

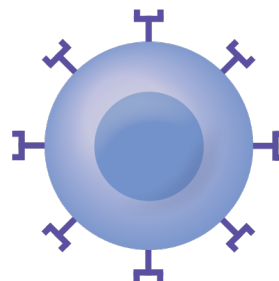


VCAR33: CD33-Directed CAR-T Programs





VCAR33 CD33-Directed CAR-T Programs



VCAR33^{AUTO}

VCAR33^{ALLO}

Autologous



Cell Source

Allogeneic healthy donor

Effector subsets



Cell Phenotype

Younger, stem-like subsets

Relapsed/refractory AML



Treatment Setting

Relapsed/refractory AML
post-transplant

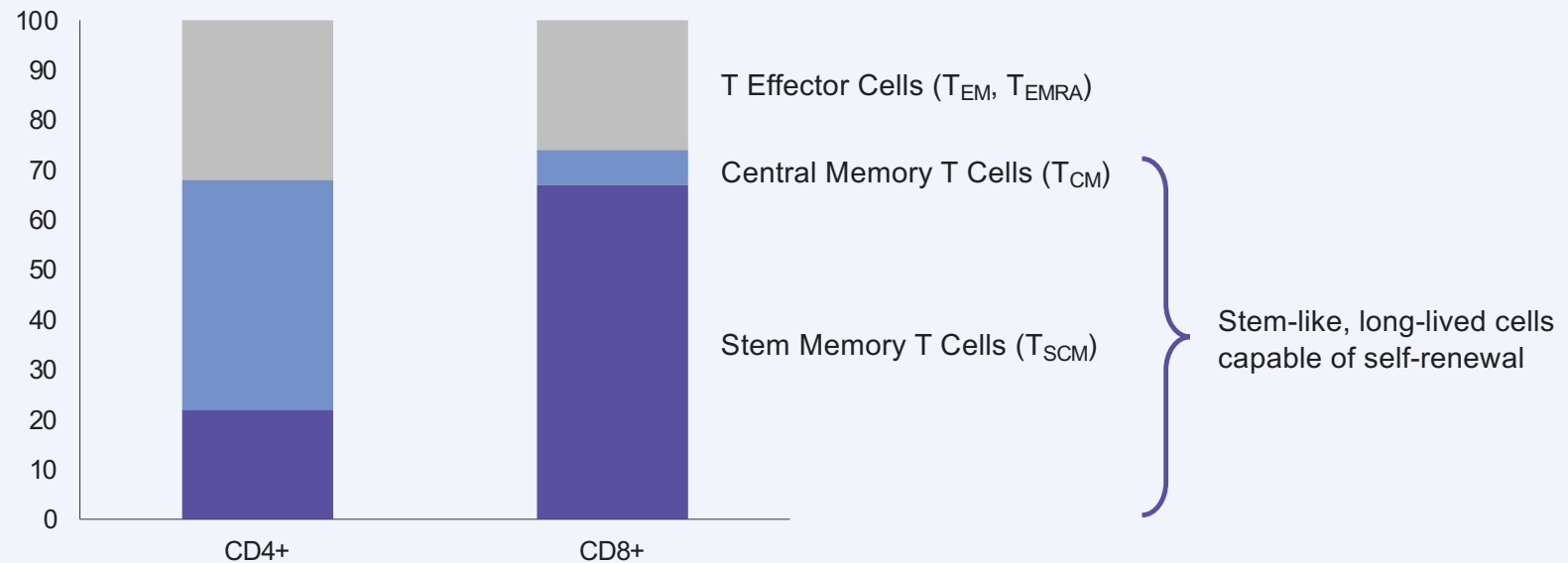
Ongoing Phase 1/2 trial
sponsored by NMDP
Initial data expected in 2022

IND expected 1H 2023



Vor's T Cell Manufacturing Process Preserves Stemness

T Cell Phenotype from VCAR Process

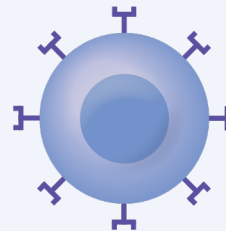




Vision: VOR33 + VCAR33 Treatment System

VOR33

CD33-deleted HSC
transplant protected from
CD33-targeted therapies



VCAR33

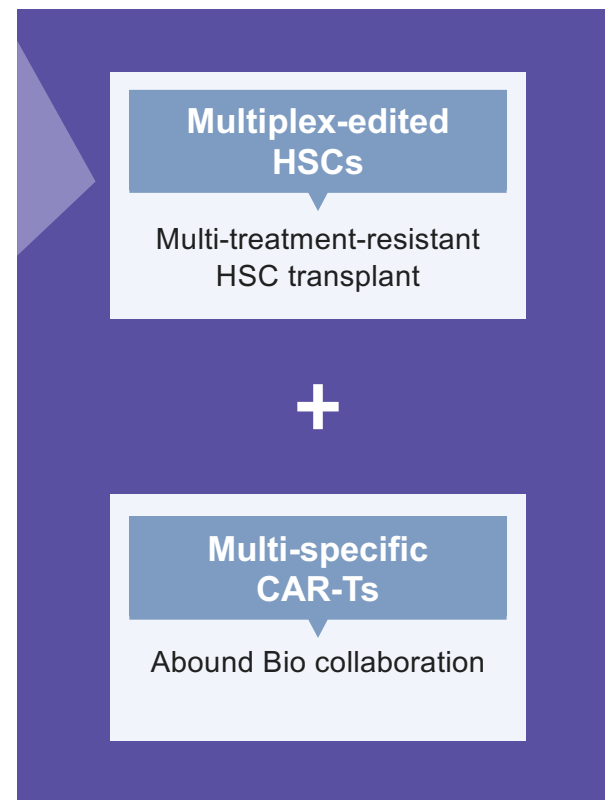
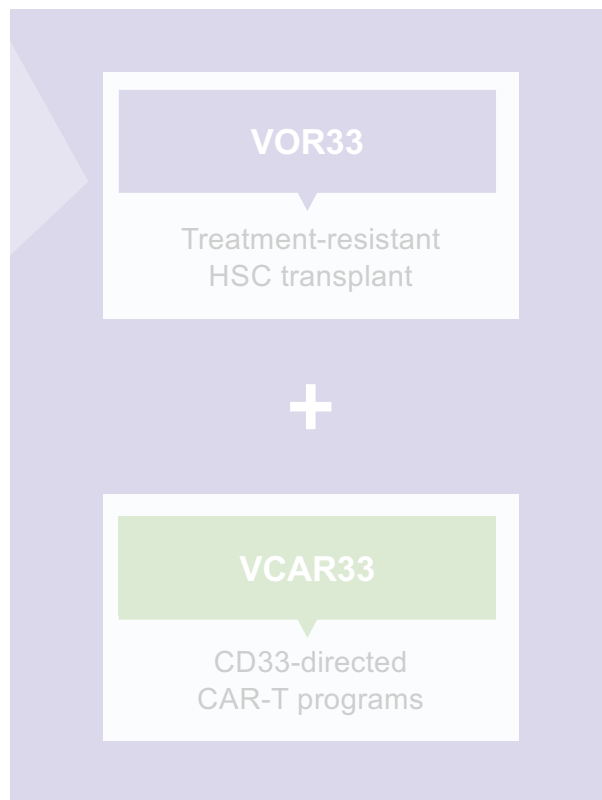
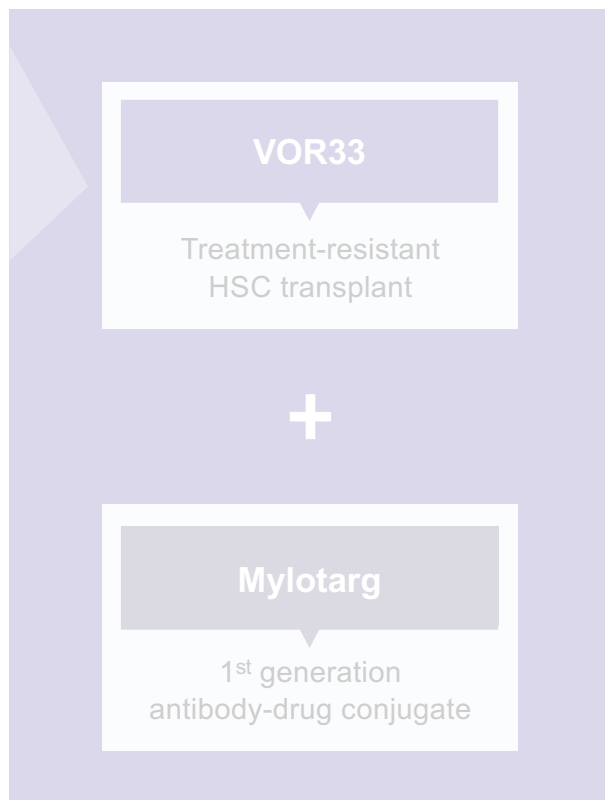
CD33-directed CAR-T
derived from same
healthy donor



Aiming for durable remissions or cures for AML and beyond



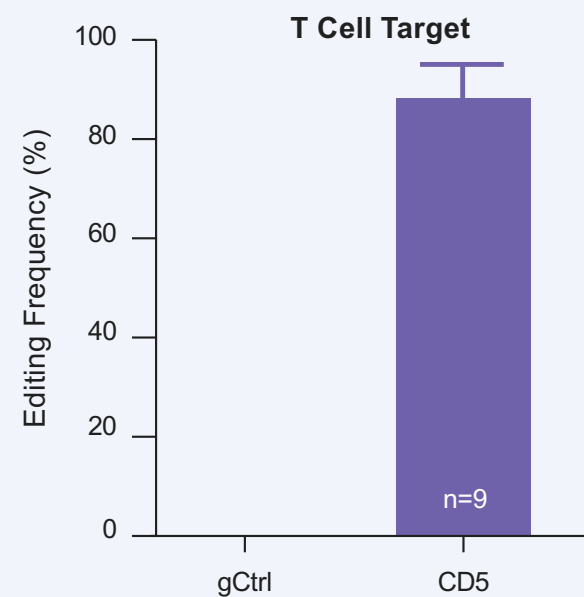
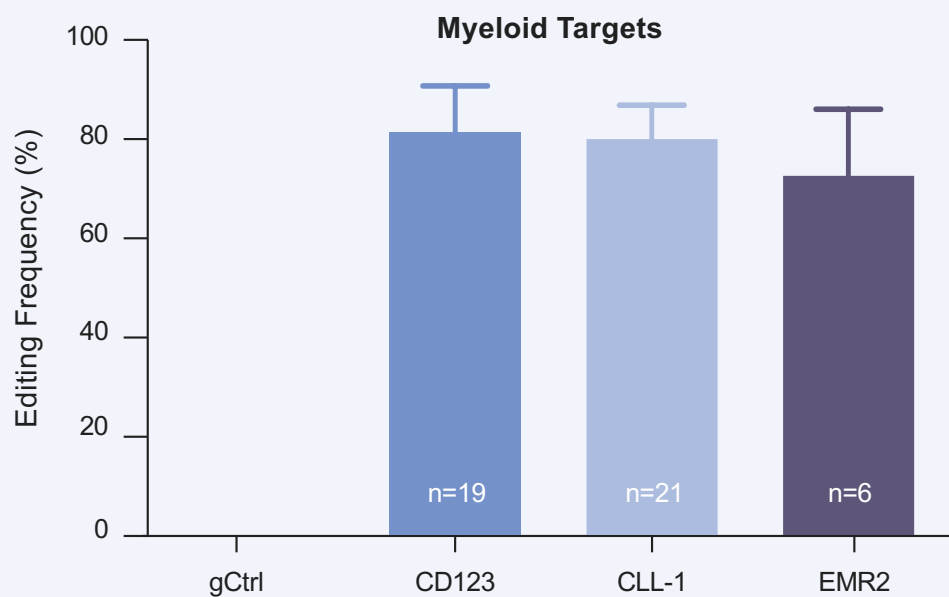
Future Programs





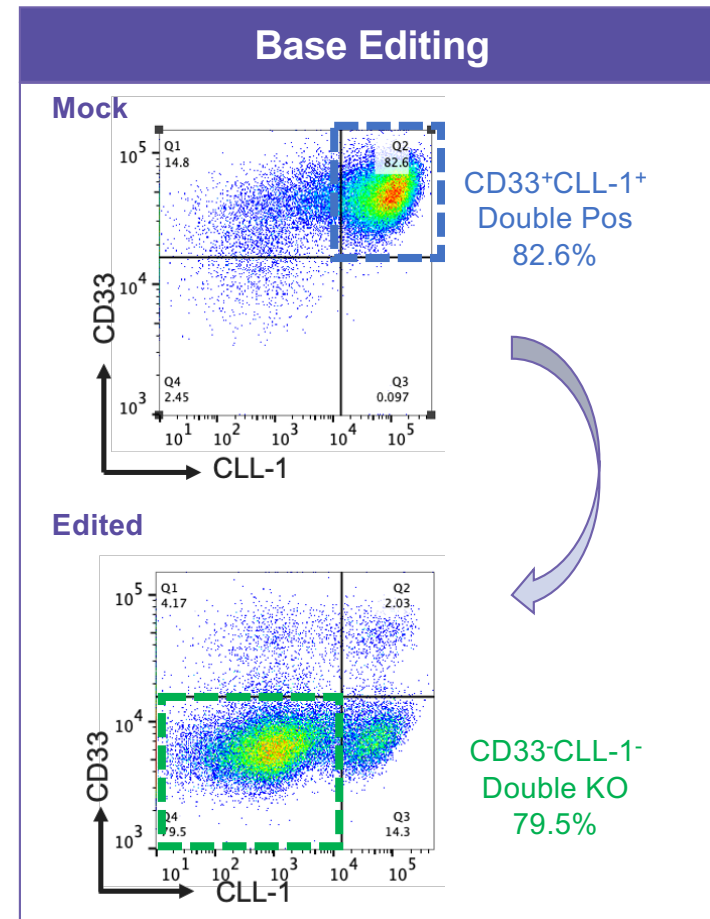
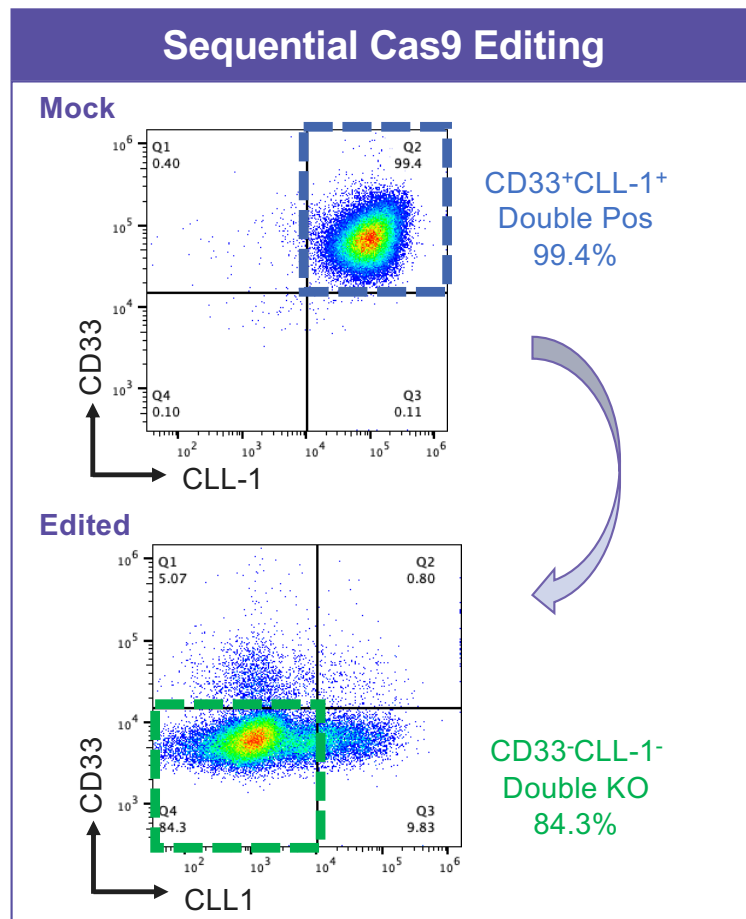
High Editing Frequency for Next-Generation Targets

CD34⁺ Editing Frequency





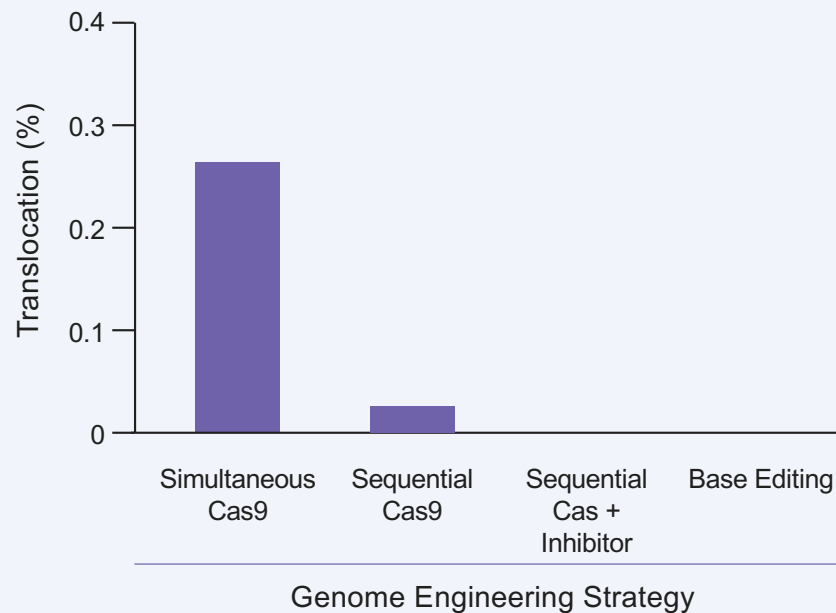
Multiplex Editing Strategies Achieve Highly Efficient Double Knock-out



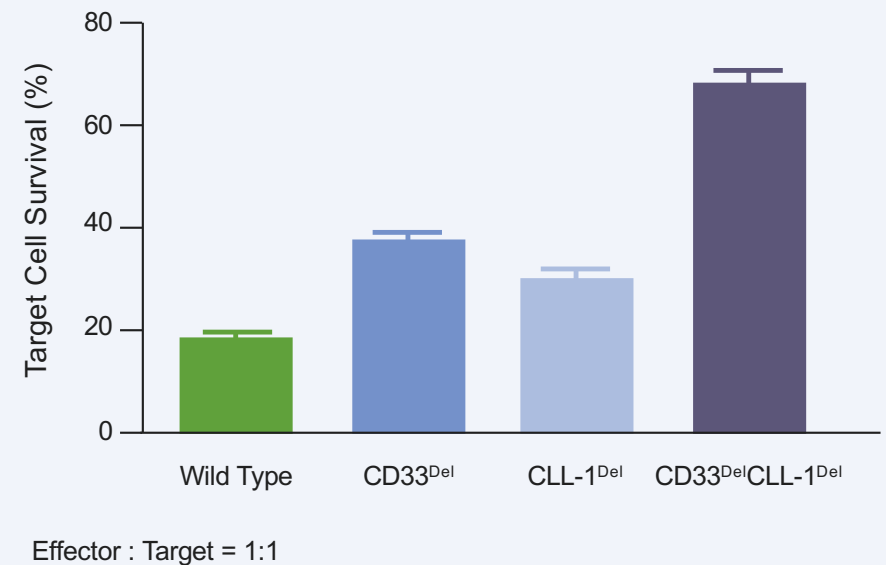


Multiplex Editing: Minimizing Translocations and CAR-T Protection

Minimizing Translocation Rate



Cell Protection from CAR-T Killing





Potential Value Proposition and Reimbursement Pathways



Engineered for Protection

H
S
C

Seamless Integration

- ✓ Comparable engraftment
- ✓ Well-characterized, regulated



Protected Bone Marrow

- ✓ Invisible and resistant to targeted therapy



Curative Intent

- ✓ Unlock new treatments
- ✓ Relapse-free survival

Reimbursement Pathways

Medicare

Carve-out for actual cost of stem cell acquisition & processing
(new IPPS ruling)
or
New technology add-on payment (NTAP)
or
PPS-exempt

Commercial

Incremental carve-out
or
Outcomes-based agreement
or
Negotiated case rate

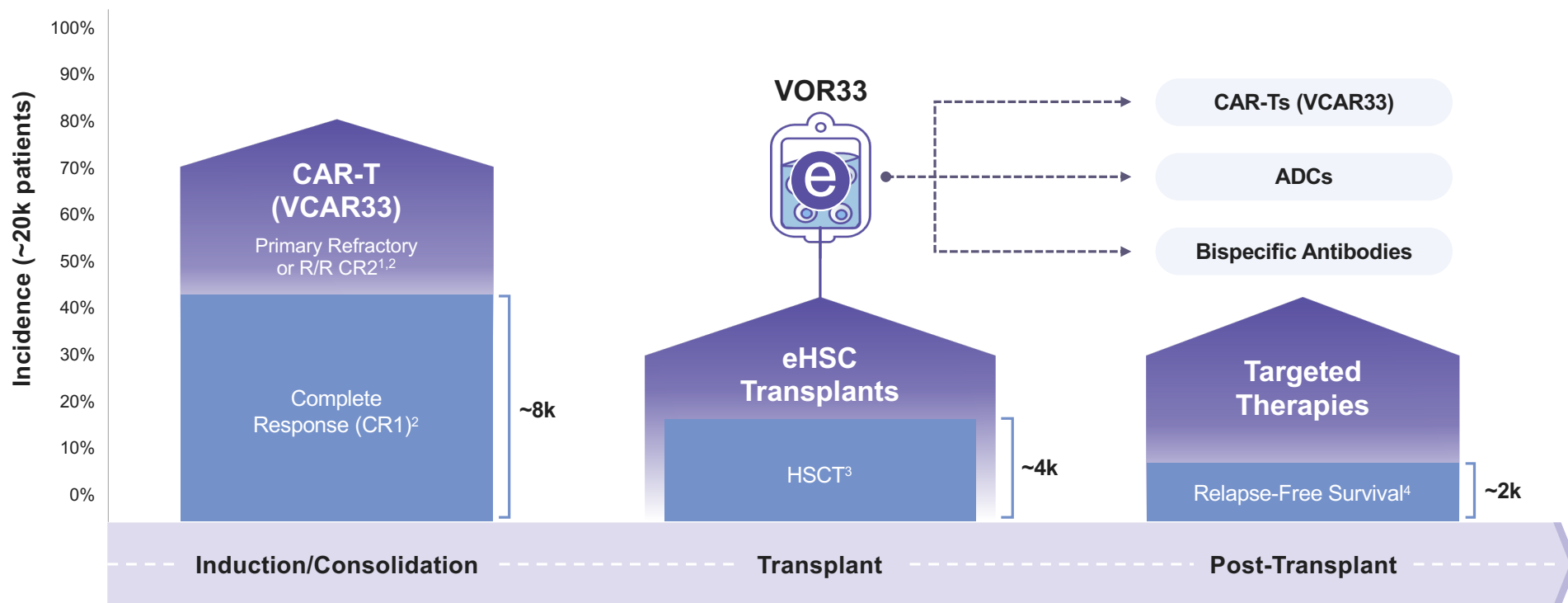


Opportunity to Transform Each Step of the Patient Journey

Increase Transplant Eligibility

Replace Traditional Transplants

Unlock Targeted Therapies





Vor Bio: Cure Blood Cancers Through Cell and Genome Engineering

- Cell and gene engineering company with fundamentally different approach to target cancer
 - Proprietary engineered hematopoietic stem cell transplant (eHSC) platform unlocking the potential of targeted therapies with curative intent
 - Current pipeline covering hematologic malignancies with an initial focus on AML
 - Multiple upcoming milestones:
 - VOR33 initial clinical data in second half of 2022
 - VCAR33^{AUTO} initial clinical data in 2022
 - VCAR33^{ALLO} IND filing in the first half of 2023
- Building out in-house GMP manufacturing capability to support clinical development
- Experienced and proven management team
- Cash runway into Q4 2023



www.vorbio.com