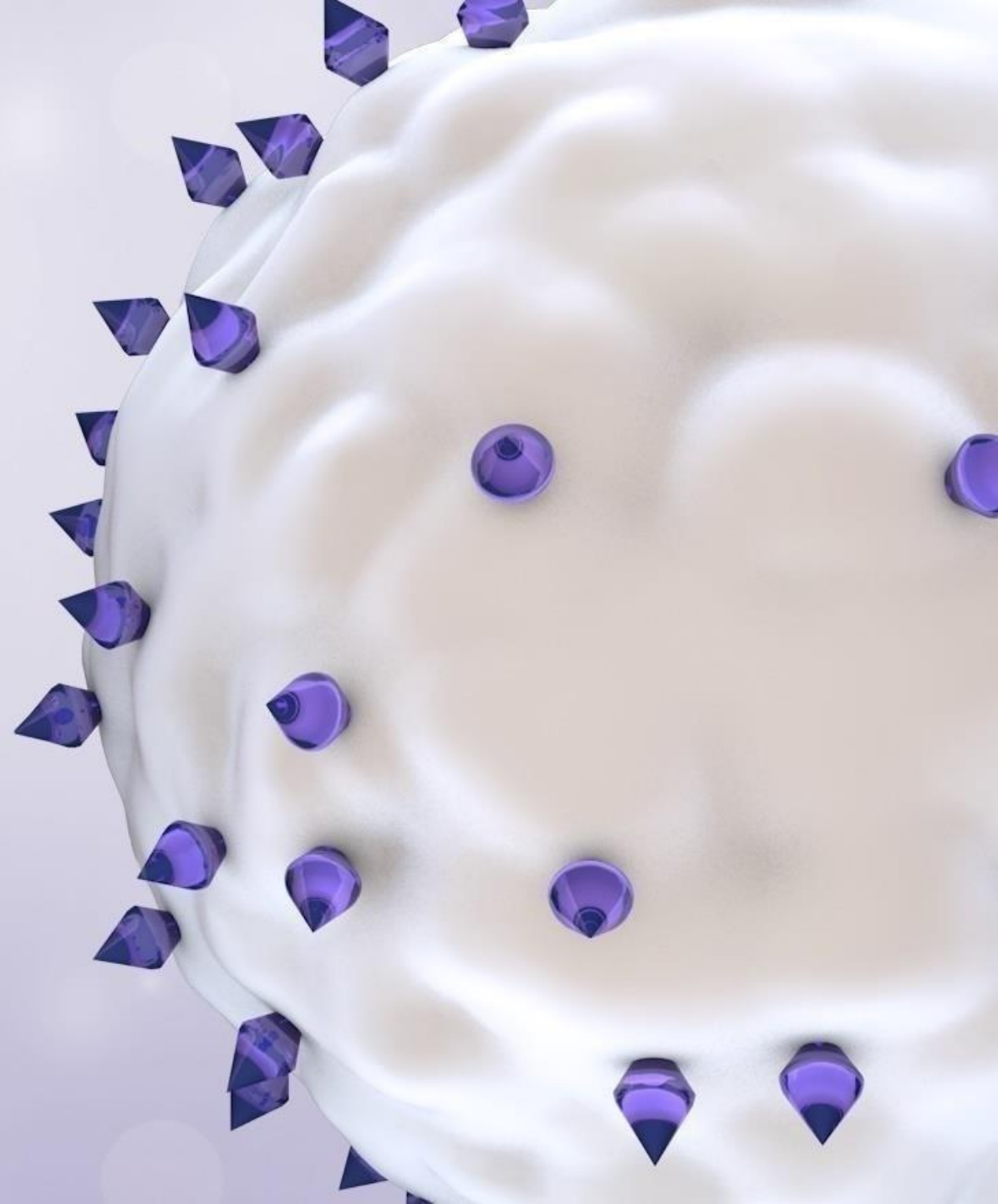




***Cure blood cancers
through cell and genome
engineering***

November 2021





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” 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’s plans, strategies and expectations for its preclinical and clinical programs, including the anticipated milestones and related catalysts of such programs. Vor 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’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’s dependence on its product candidates VOR33 and VCAR33, 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 in acute myeloid leukemia or other indications, and the impact of the COVID-19 pandemic on Vor’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’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.

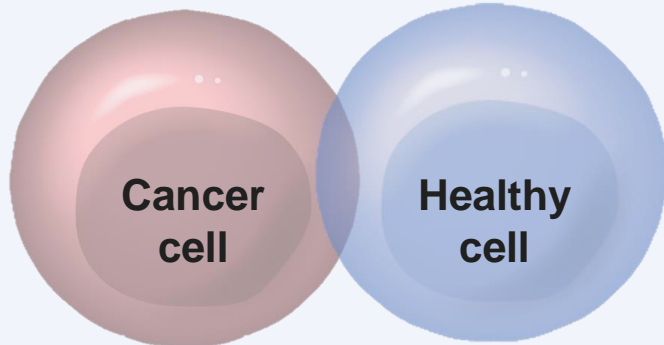
Certain information contained in this Presentation relates to or is based on studies, publications, surveys and other data obtained from third party sources and the Company's own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this 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 and NMDP-Sponsored Trial. A T cell therapy using the same CAR construct as VCAR33 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 and we may still potentially assume sponsorship and oversight of the NMDP trial. We believe the T cell therapy being evaluated in the NMDP trial is comparable to VCAR33 and that the trial, if successful, will support future clinical development of VCAR33. However, the FDA may reject our claim of comparability or the sufficiency of the data to support it or disagree with our ability to reference the data generated by NMDP. If any of foregoing were to occur, we will be required to repeat certain development steps, which would involve us conducting additional IND-enabling studies. 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 the Company’s Quarterly Report on Form 10-Q for the quarter ended September 30, 2021 filed with the Securities and Exchange Commission (“SEC”) and such other filings that the Company may make with the SEC from time to time.



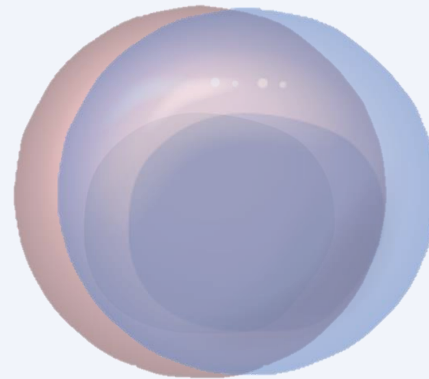
Changing the Thinking on Tumor Targeting

Traditional Paradigm for Drug Development



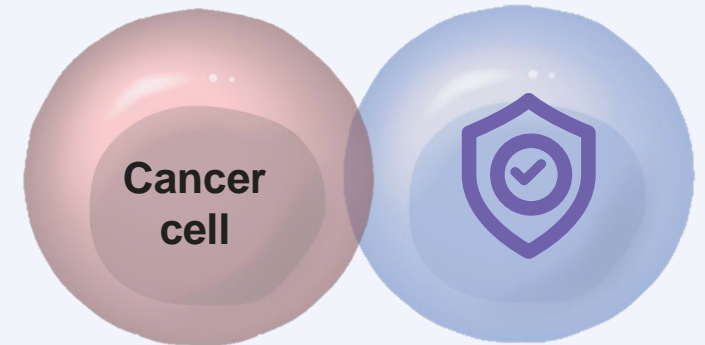
Target cancer antigens to kill cancer cells

Problem



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

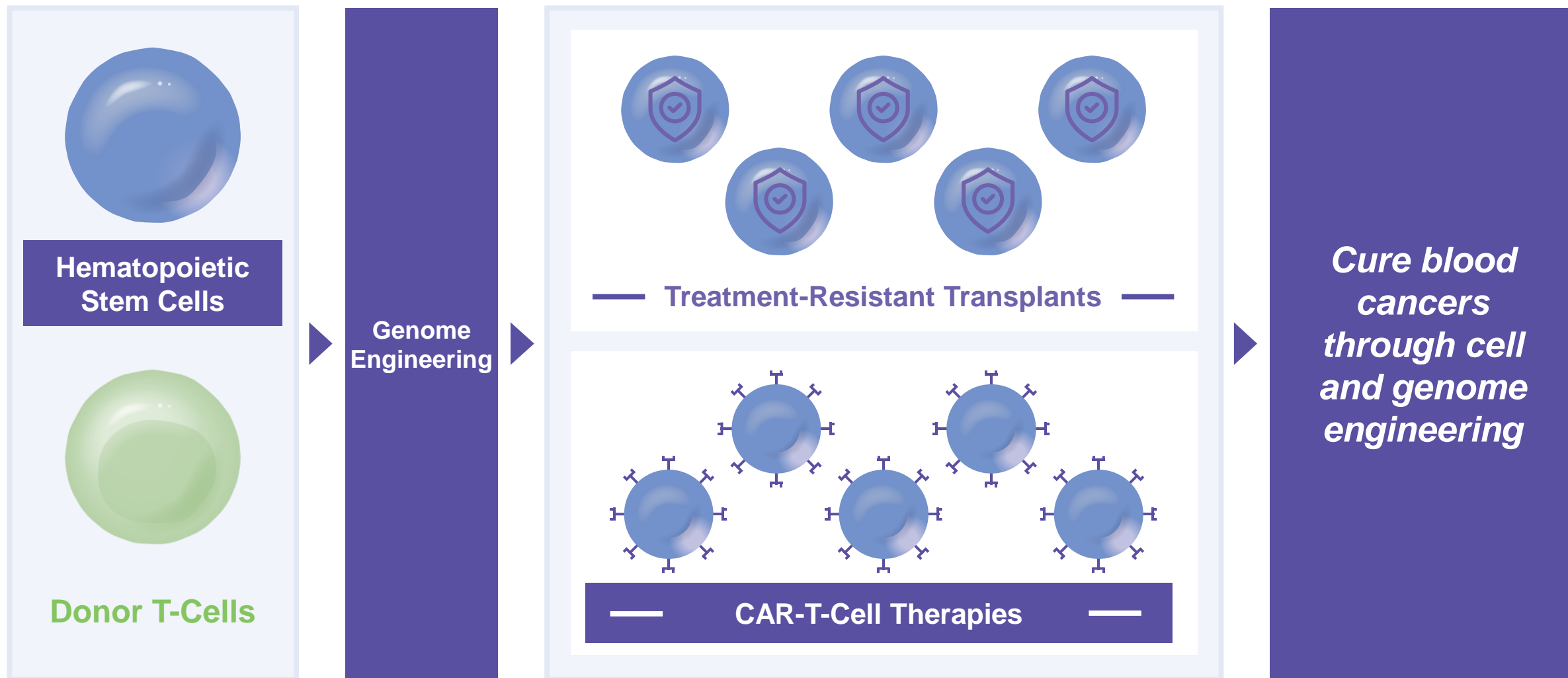
Vor Paradigm: Engineered HSCs (eHSCs)



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



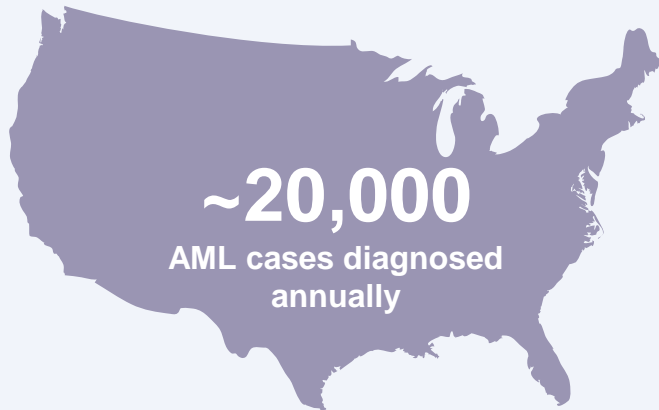
Vor's Platform and Vision



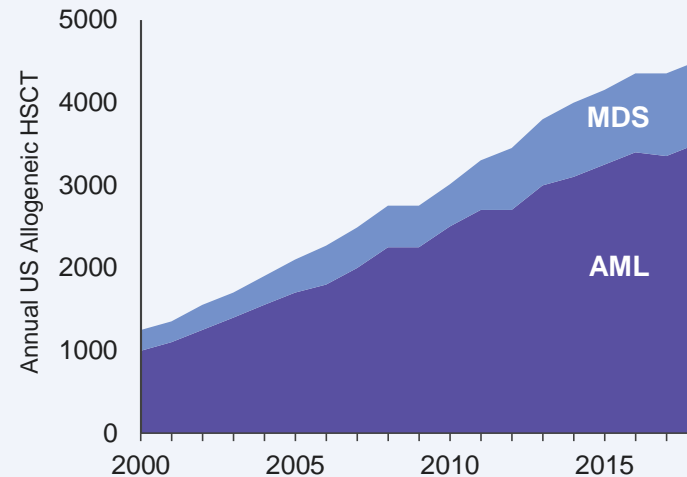


Myeloid Cancer Unmet Need Is Large and Increasing

Most Common Form of Adult Acute Leukemia

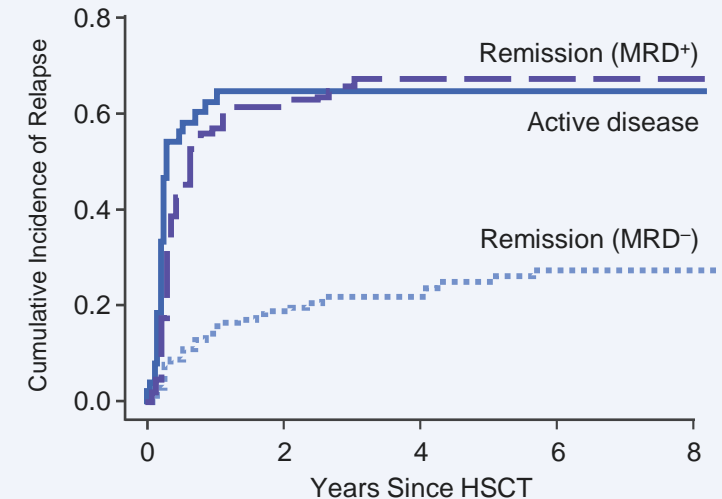


More Allogeneic Transplants



Frequent Relapse Post-Transplant

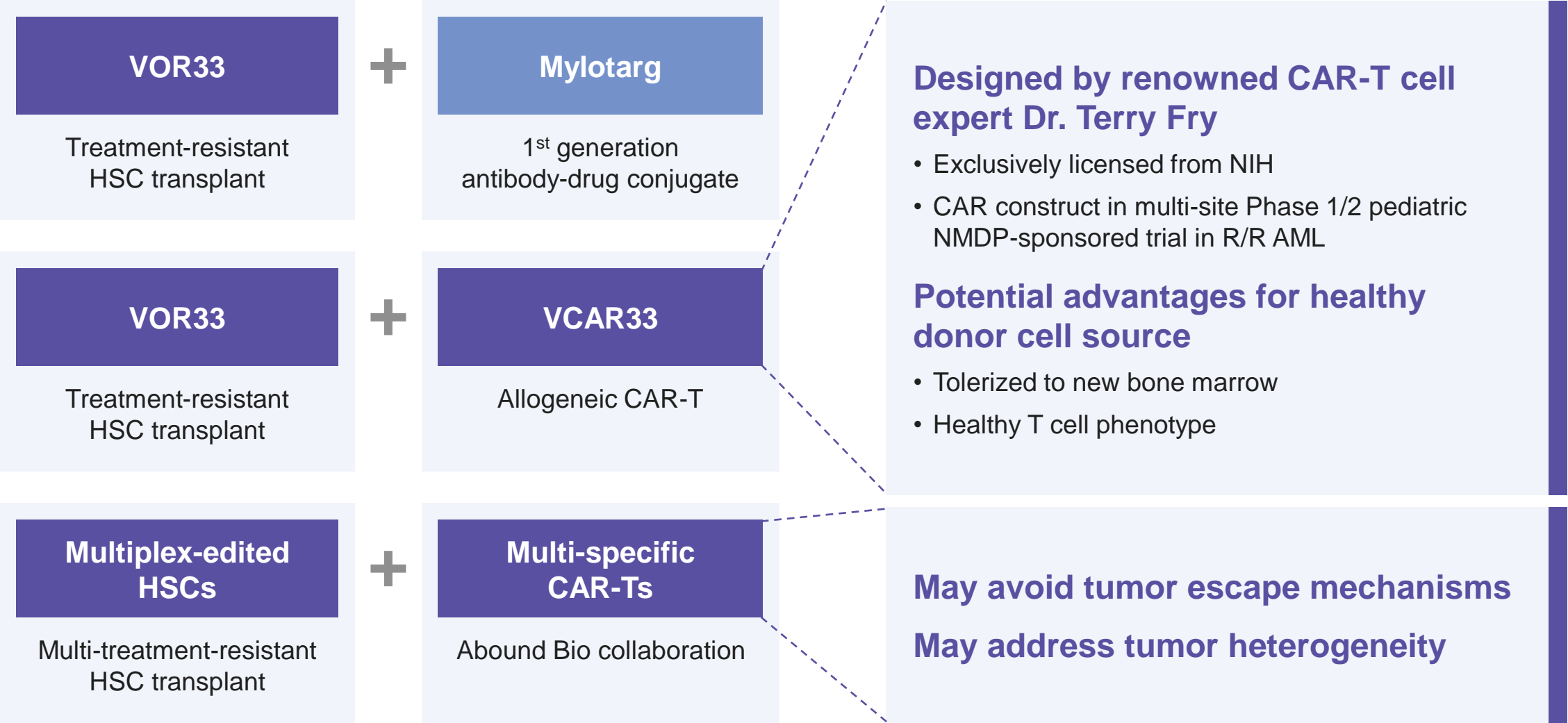
Status at Time of Transplant



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



The Vision: eHSC + CAR-T Treatment Systems





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					1H 2022: Initial clinical data
		MDS, MPN					
VCAR33	CAR-T	Bridge-to-transplant AML					2022: Initial monotherapy clinical proof-of-concept data*
VOR33 + VCAR33 Treatment System	eHSC + CAR-T	AML					2H 2022: IND filing following initial VOR33 and NMDP clinical data*
VOR33-CLL1 + VCAR33-CLL1 Treatment System	Multiplex-edited eHSC + Multi-specific CAR-T	AML					

Discovery Platform

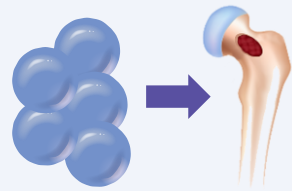
- Leveraging our proprietary Vor platform, we are exploring additional surface targets such as CD123, EMR2, and CD5 including multiplex genome engineering approaches where multiple surface targets are removed.
- We are conducting ongoing discovery efforts in commonly transplanted hematologic malignancies.

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

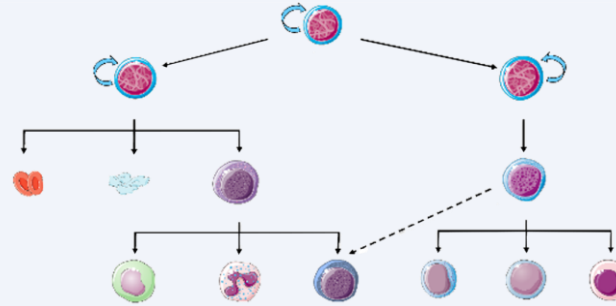
* The VCAR33 construct is being studied in a Phase 1/2 clinical trial sponsored by the National Marrow Donor Program ("NMDP"), and the timing of data release is dependent on the investigators conducting the trial. See "Disclaimer" slide for more information.



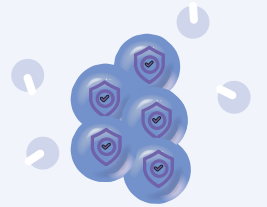
Preclinical Validation of CD33 Deletion in HSCs



1. Homing



2. Engraftment

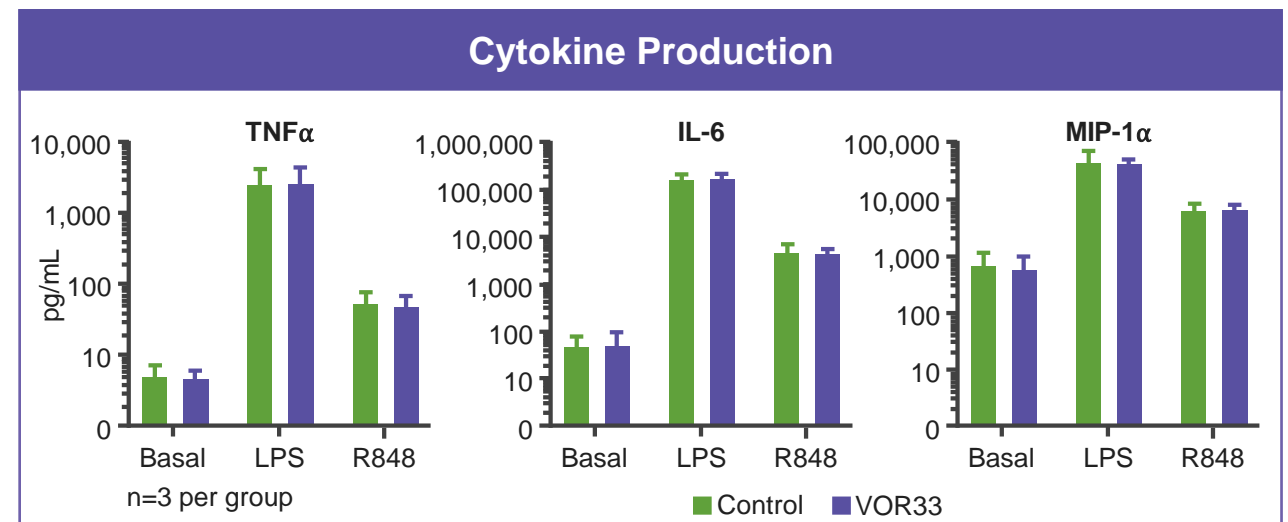
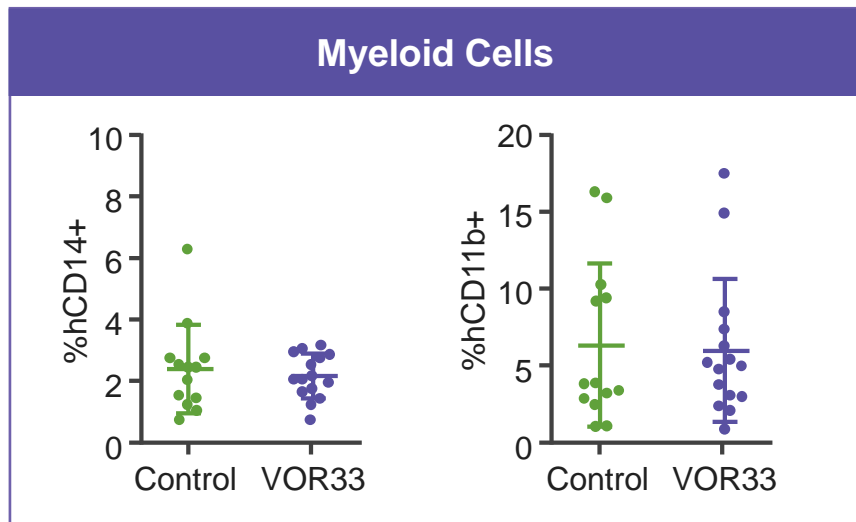
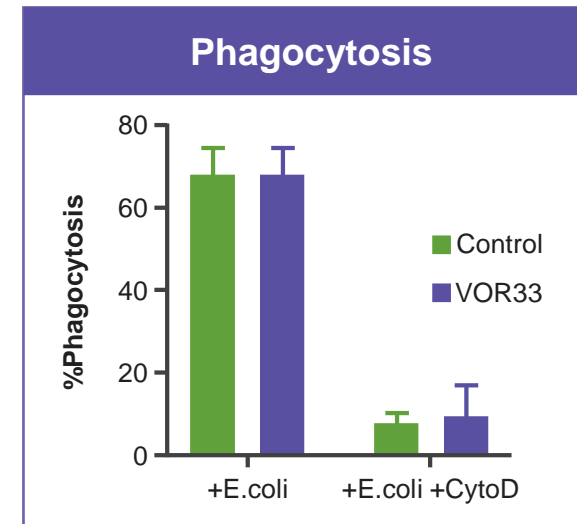
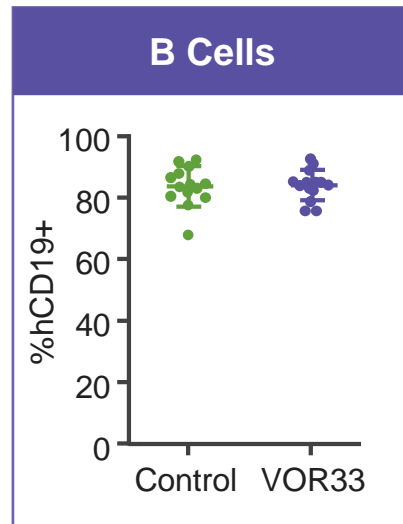
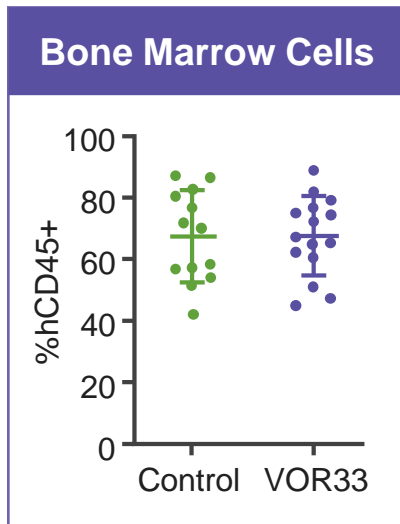


3. Survival

	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

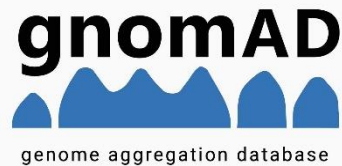




Strongest Supportive Evidence for CD33 Dispensability: Human Genetics

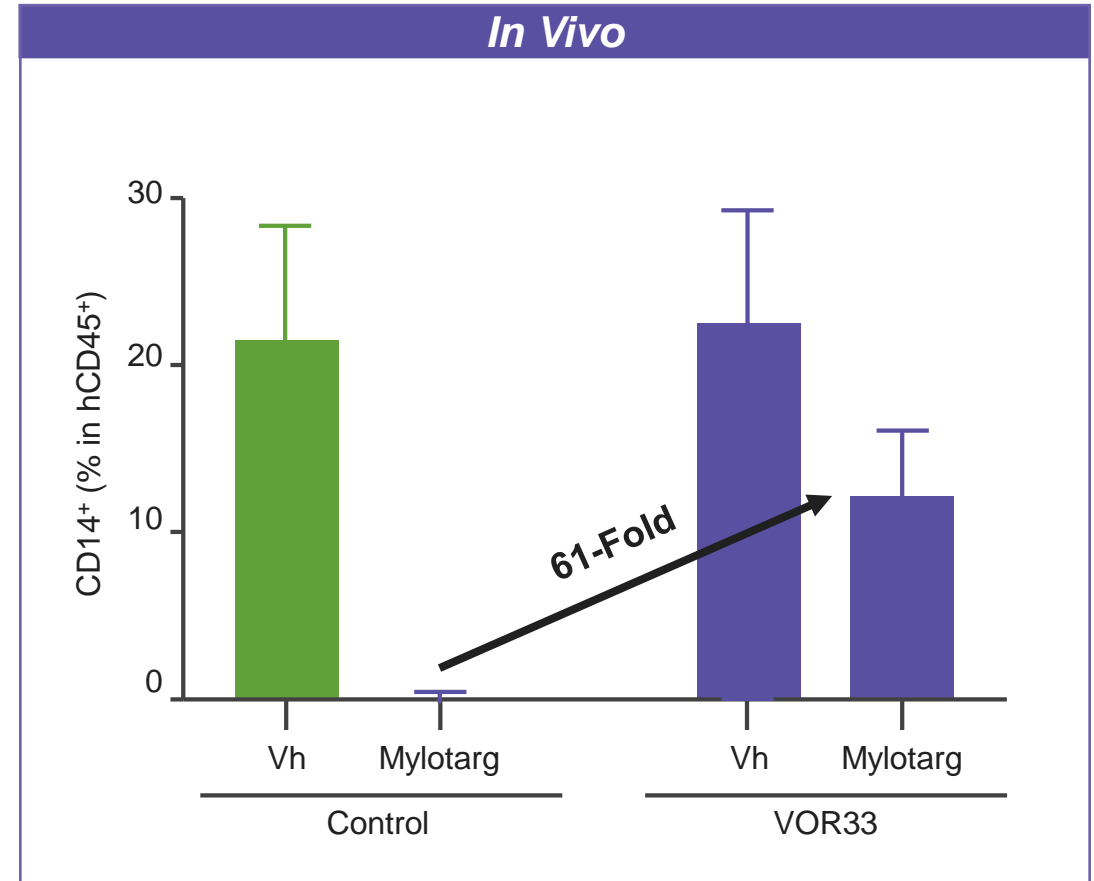
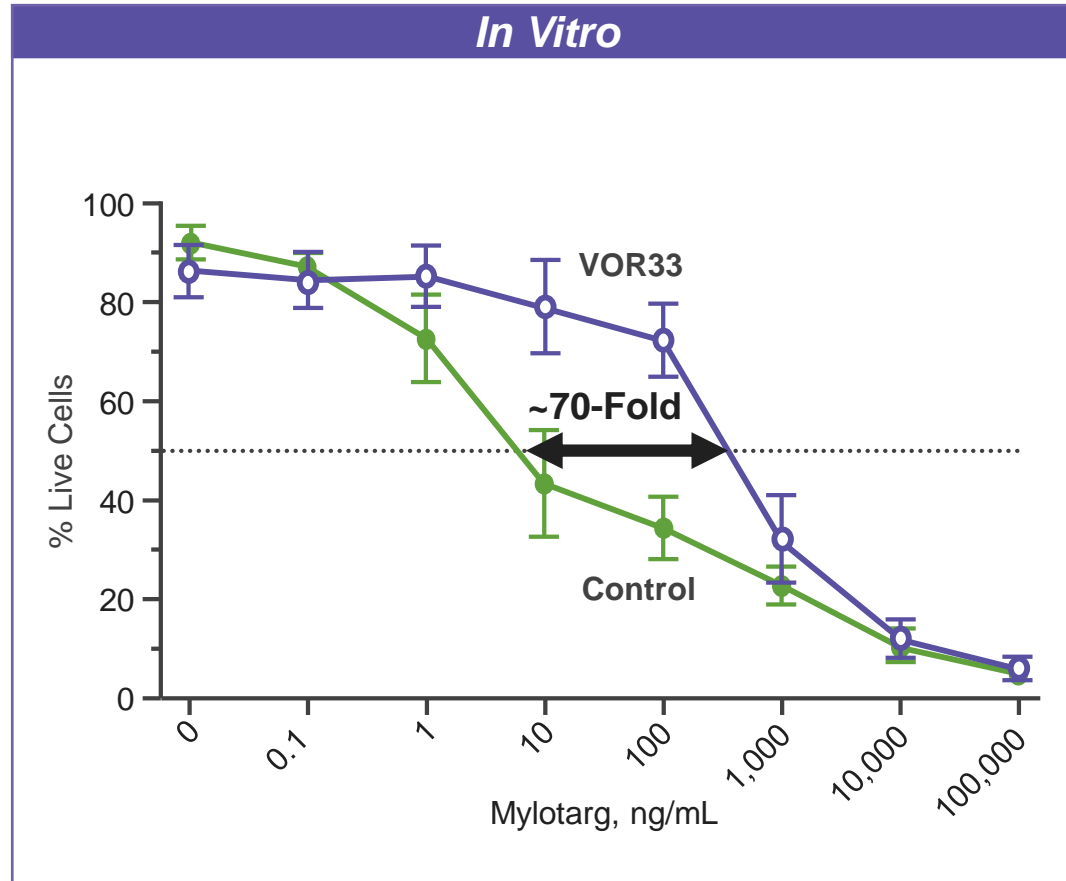
**65 individuals with homozygous
loss-of-function mutations in CD33 gene**

in Genome Aggregation Database





VOR33: Resistance to CD33 Therapy

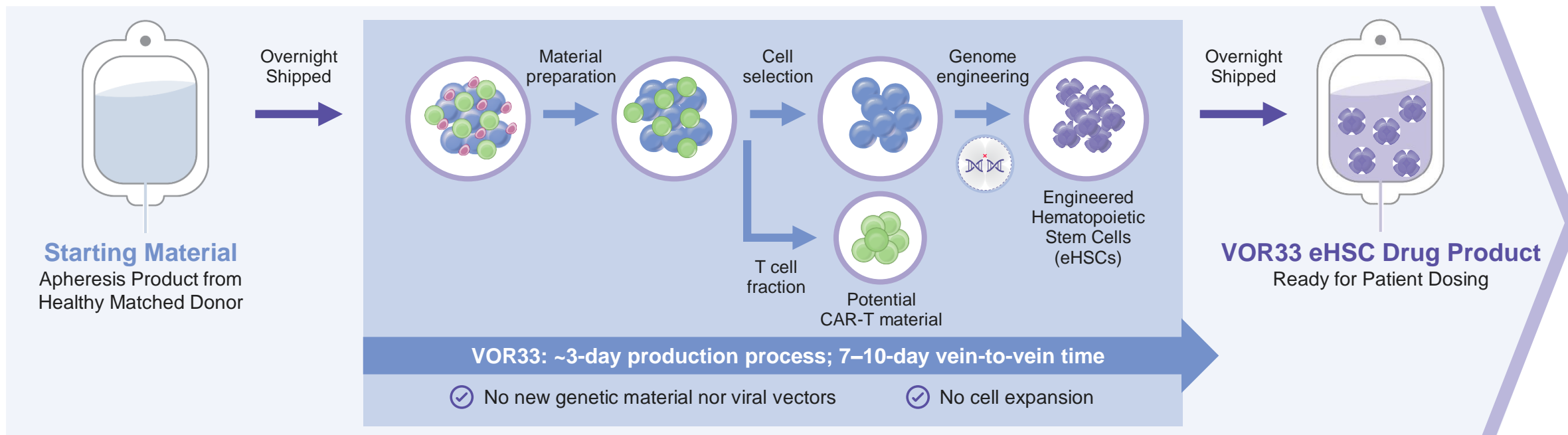
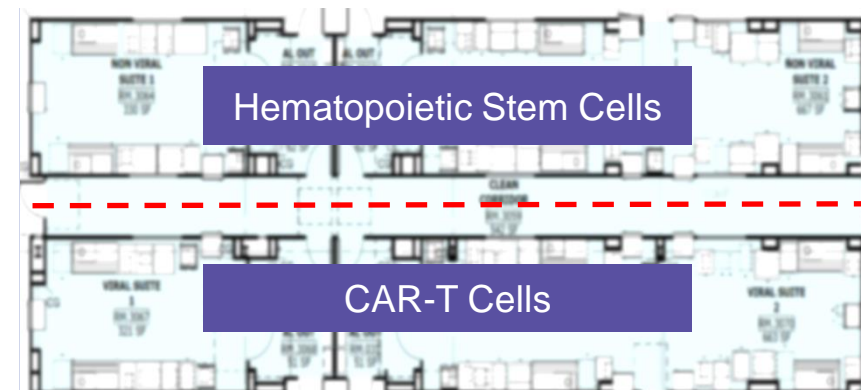


- Engineered cells were not enriched for CD33 deletion and some cell death was expected based on residual CD33 expression
- Free calicheamicin dissociated from Mylotarg may have led to non-specific cell death



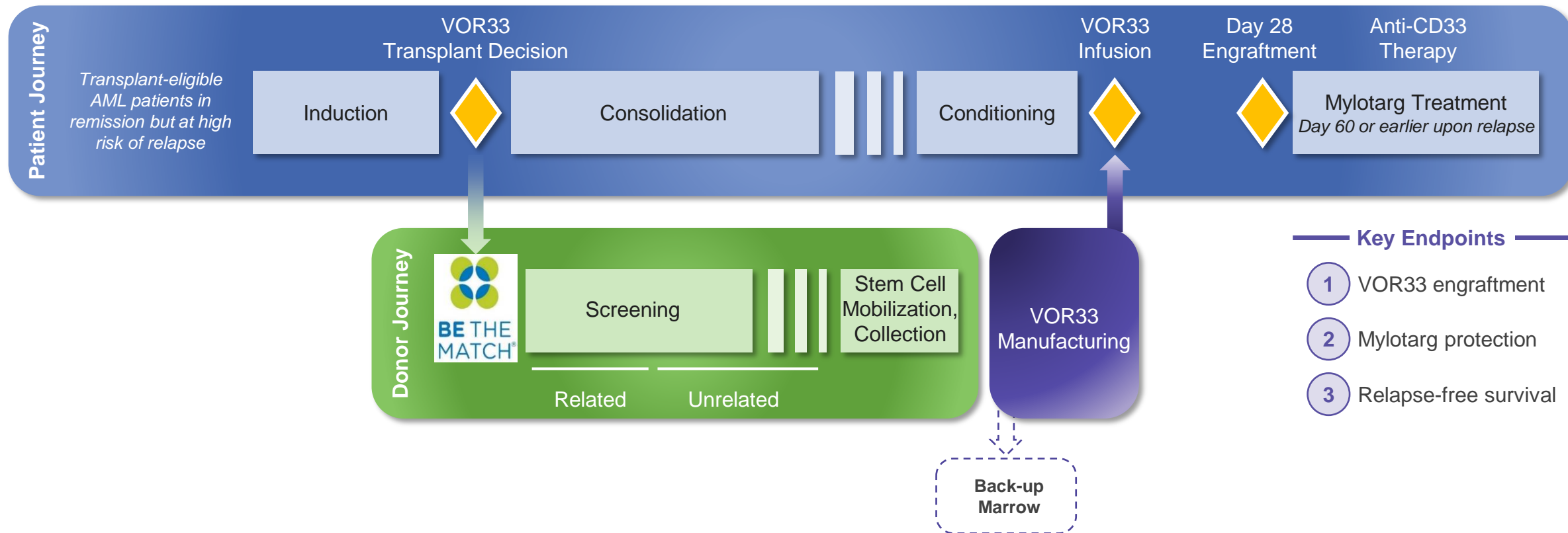
VOR33: Streamlined Cell Manufacturing Process

Vor is Building a Fully Integrated Manufacturing Facility for eHSC and CAR-T Drug Products





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



Clinical Trial Sites

- MSKCC (NY)
- Fred Hutchinson Cancer Ctr. (WA)
- Hackensack/Theurer Cancer Ctr. (NJ)
- Miami Cancer Inst. (FL)
- CWRU/Seidman Cancer Ctr. (OH)
- UC San Diego Cancer Ctr. (CA)
- Hôpital Maisonneuve-Rosemont (Montreal)
- WashU Siteman Cancer Cntr. (MO)
- The National Cancer Institute (MD)



First Validation for Vor's Novel Platform Expected 1H 2022

1.



Successful engraftment is important proof of concept

- CD33 biological redundancy in humans
- Platform de-risking
- eHSC manufacturing validation

2.



Successful engraftment is primary endpoint

- Defined as neutrophil recovery to $>500/\mu\text{l}$ by day 28 sustained for 3 consecutive days

3.



~95% of transplants achieve primary engraftment¹

1. Olsson, et al. Leukemia. (2015) 29, 1754–1762.



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



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

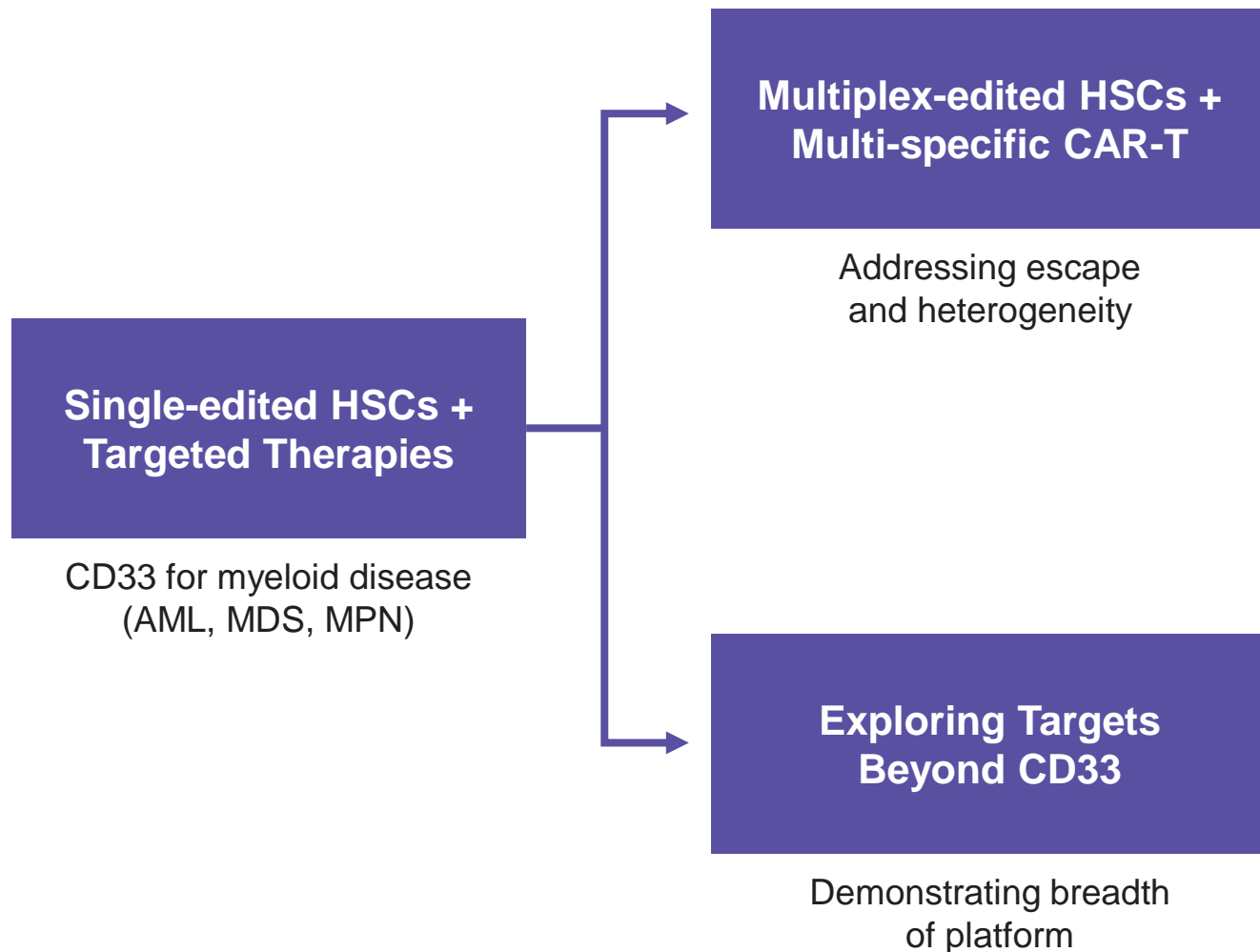
Carve-out for actual cost of stem cell acquisition & processing
(new IPPS ruling)
or
New technology add-on payment (NTAP)
or
PPS-exempt

Commercial

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



Vor's Technology-Driven Platform Vision



Exploring Next-Generation Technologies

Genome Engineering

- Sequential multiplex editing
- Cas ortholog enzymes
- Base editing

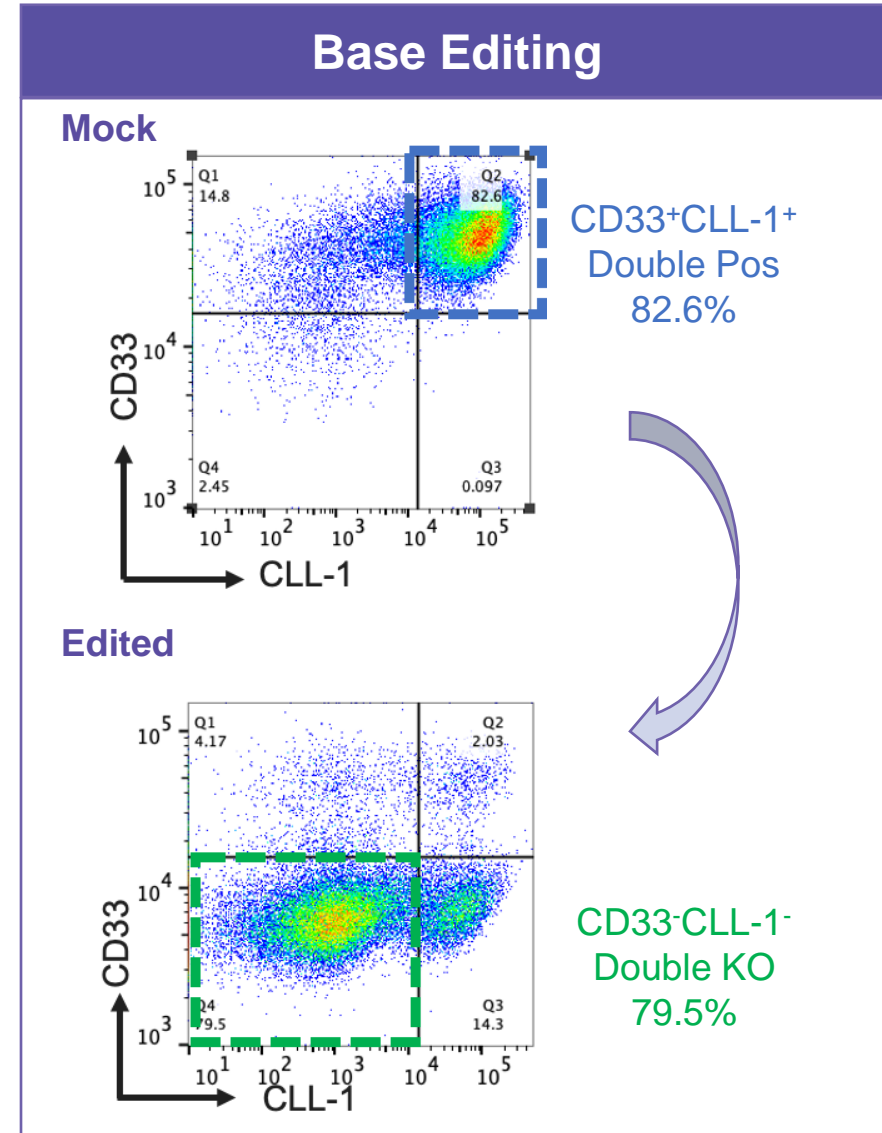
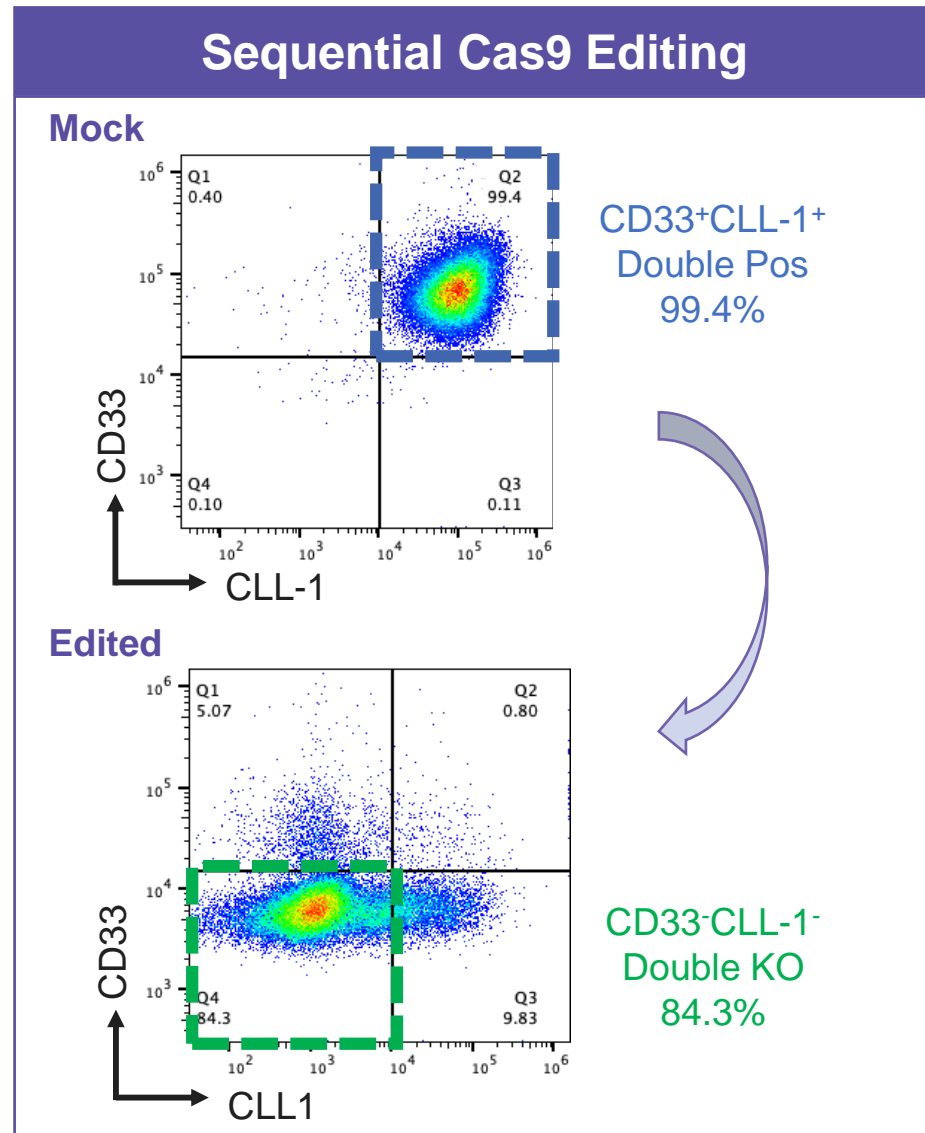
Targeted Therapies

- Bi-specific antibodies
- Multi-specific CARs

Aboundbio



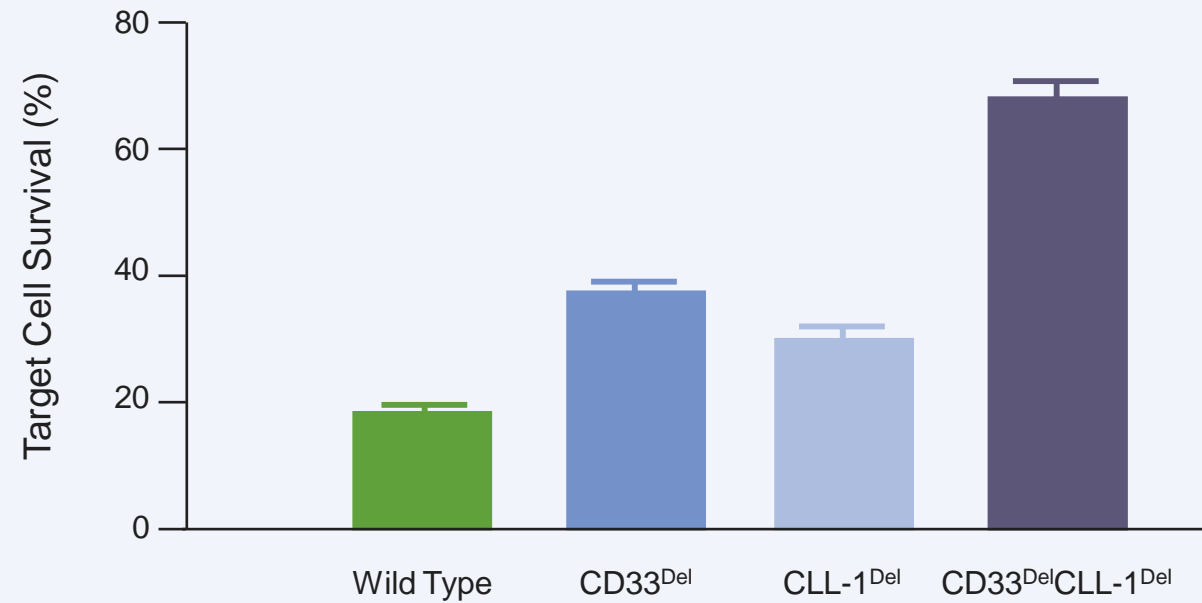
Multiplex Editing Strategies Achieve Highly Efficient Double Knock-out





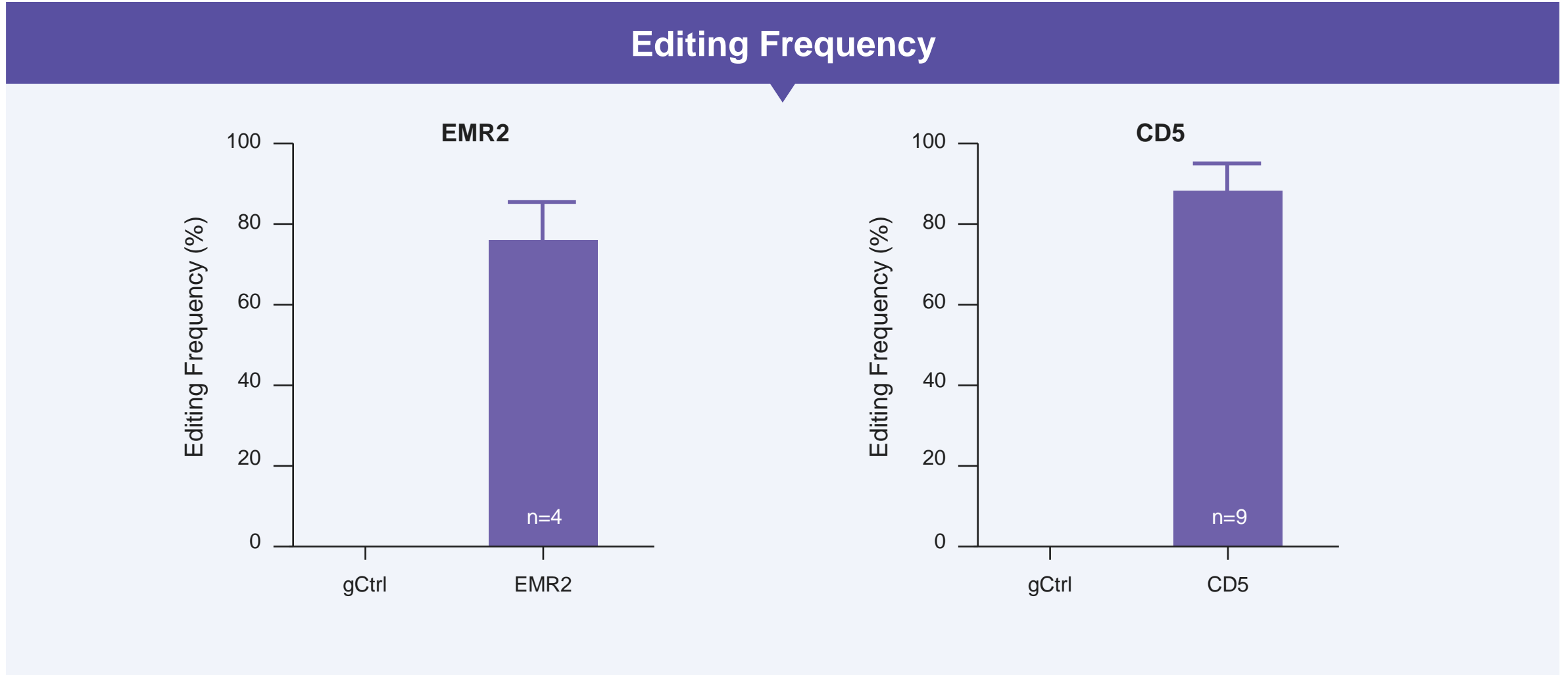
CD33/CLL-1 Multiplex Editing Results in Protection from CAR-T Cytotoxicity

Protection of multiplex-edited HSPCs from CAR-T Killing





High Editing Frequency Observed in Human CD34⁺ Cells for CD5 and EMR2





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 Acute Myeloid Leukemia (AML)
 - Multiple upcoming milestones:
 - VOR33 initial key clinical data in first half of 2022
 - VOR33/VCAR33 combo IND filing in the second half of 2022
- Building out in-house GMP manufacturing capability to support clinical development
- Experienced and proven management team
- Gross proceeds of \$203M from IPO in February 2021, cash runway into mid-2023



www.vorbio.com