MARKER THERAPEUTICS
CORPORATE PRESENTATION

November 2025

NASDAQ: MRKR

MARKER Therapeutics

Forward Looking Statements

Certain statements contained herein are forward-looking statements within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended, and Section 27A of the Securities Act of 1933, as amended, that involve risks and uncertainties. All statements other than statements relating to historical matters including statements to the effect that we "believe", "expect", "anticipate", "plan", "target", "intend" and similar expressions, including without limitation statements regarding Marker Therapeutics, Inc.'s ("Marker" or the "Company") intentions, beliefs, projections, outlook, analyses or current expectations are "forward-looking statements". Forward-looking statements include statements concerning, among other things: the Company's research, development and regulatory activities and expectations relating to its non-engineered multi-antigen recognizing (MAR) T cell therapies; the effectiveness of the Company's programs or the possible range of application and potential curative effects and safety in the treatment of diseases; the timing, conduct and success of the Company's clinical trials of its product candidates, including MT-401 for the treatment of patients with Acute Myeloid Leukemia ("AML") or Myelodysplastic Syndrome ("MDS"), MT-401 Off-the-Shelf ("OTS") for the treatment of patients with AML, and MT-601 for the treatment of patients with relapsed lymphoma; the Company's long-term stability and cash runway; the Company's optimized manufacturing process; and the future development of MAR-T cell therapies (formerly known as multiTAA-specific T cells). Forward-looking statements are by their nature subject to risks, uncertainties and other factors which could cause actual results to differ materially from those stated in such statements. Such risks, uncertainties and factors include, but are not limited to the risks set forth in the Company's most recent Forms 10-K, 10-Q and other SEC filings which are available through EDGAR at WWW.SEC.GOV. No representation or warranty (expressed or implied) is made as to, and no reliance should be placed on, the fairness, accuracy or completeness of the information contained herein. Accordingly, none of the Company, or any of its principals, partners, subsidiaries or affiliates, or any of such person's board members, officers or employees accepts any liability whatsoever arising directly or indirectly from the use of this presentation. Certain information set forth herein includes estimates, projections and targets and involves significant elements of subjective judgement and analysis, which may or may not be correct. No representations are made as to the accuracy of such estimates, projections or targets or that all assumptions relating to such estimates, projections or targets have been considered or stated or that such estimates, projections or targets will be realized. This presentation does not purport to contain all of the information that may be required to evaluate the Company and any recipient hereof should conduct its own independent analysis of the Company and the data and information contained herein. Any forward-looking statements are not guarantees of future performance and actual results may differ materially from estimates in the forward-looking statements. Unless otherwise stated, all information in this presentation is as of the date of the cover page of this presentation, and the Company undertakes no obligation to revise these forward-looking statements to reflect events or circumstances that arise after the date hereof.

Marker Therapeutics – Value Proposition

MAR-T Cell Platform

MAR-T (Multi-Antigen Recognizing T cell, formerly known as multiTAA) technology was developed at Baylor College of Medicine and, we believe, offers key therapeutic and manufacturing advantages over traditional T cell therapies

MT-601 - APOLLO Study

MT-601 in Phase 1 clinical trial has shown durable objective response rates in patients with lymphoma who relapsed after anti-CD19 CAR-T cells or where CAR-T cell therapy is not an option

Attractive Safety Profile

MAR-T cells are non-genetically engineered and were well-tolerated in clinical trials to date, with a favorable safety profile and no observation of immune-effector cell associated neurotoxicity syndrome (ICANS) attributed to MAR-T cell technology

Multiple INDs & Strong IP Position

FDA cleared INDs for three MAR-T based clinical programs

Strong IP position and world-wide exclusive license on MAR-T technology from Baylor College of Medicine

MT-601 – Lead Clinical Product

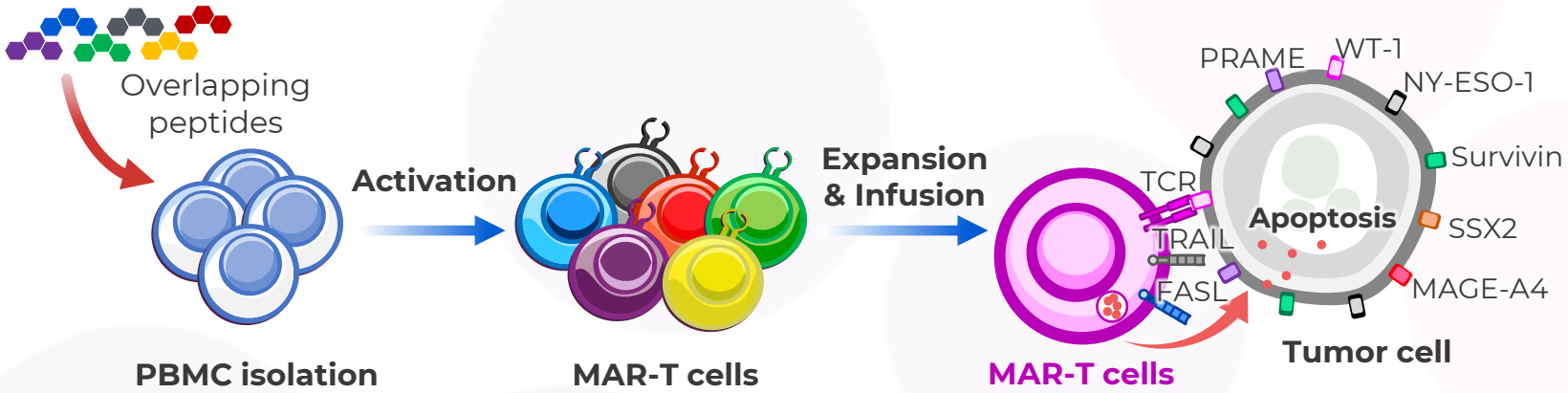
Marker's lead product, MT-601, targets 6 tumor-specific antigens (Survivin, PRAME, NY-ESO-1, MAGE-A4, SSX2, WT-1) for a broad tumor recognition

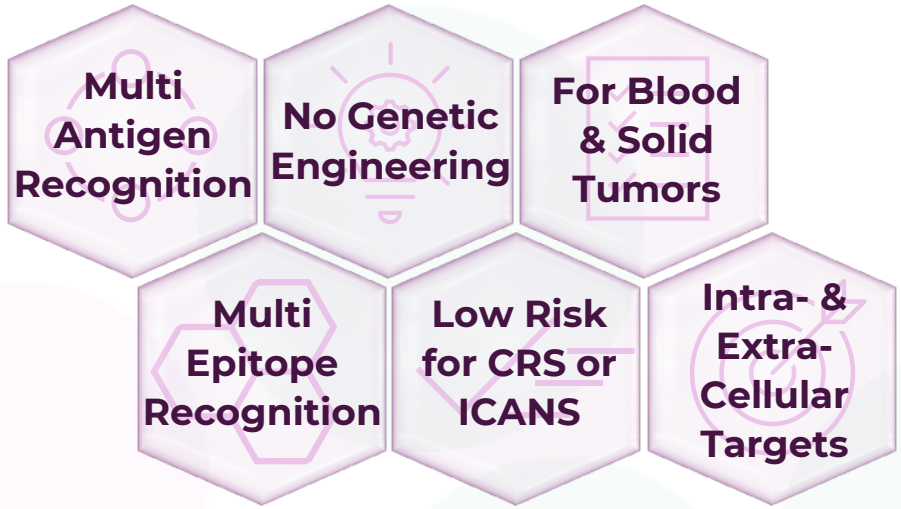
Non-Dilutive Funding Support

Ongoing efforts to obtain non-dilutive funding; to date Marker was awarded over $30 million non-dilutive funding (NIH, FDA, CPRIT)

MAR-T Technology

Mechanism of Action of MAR-T Cells



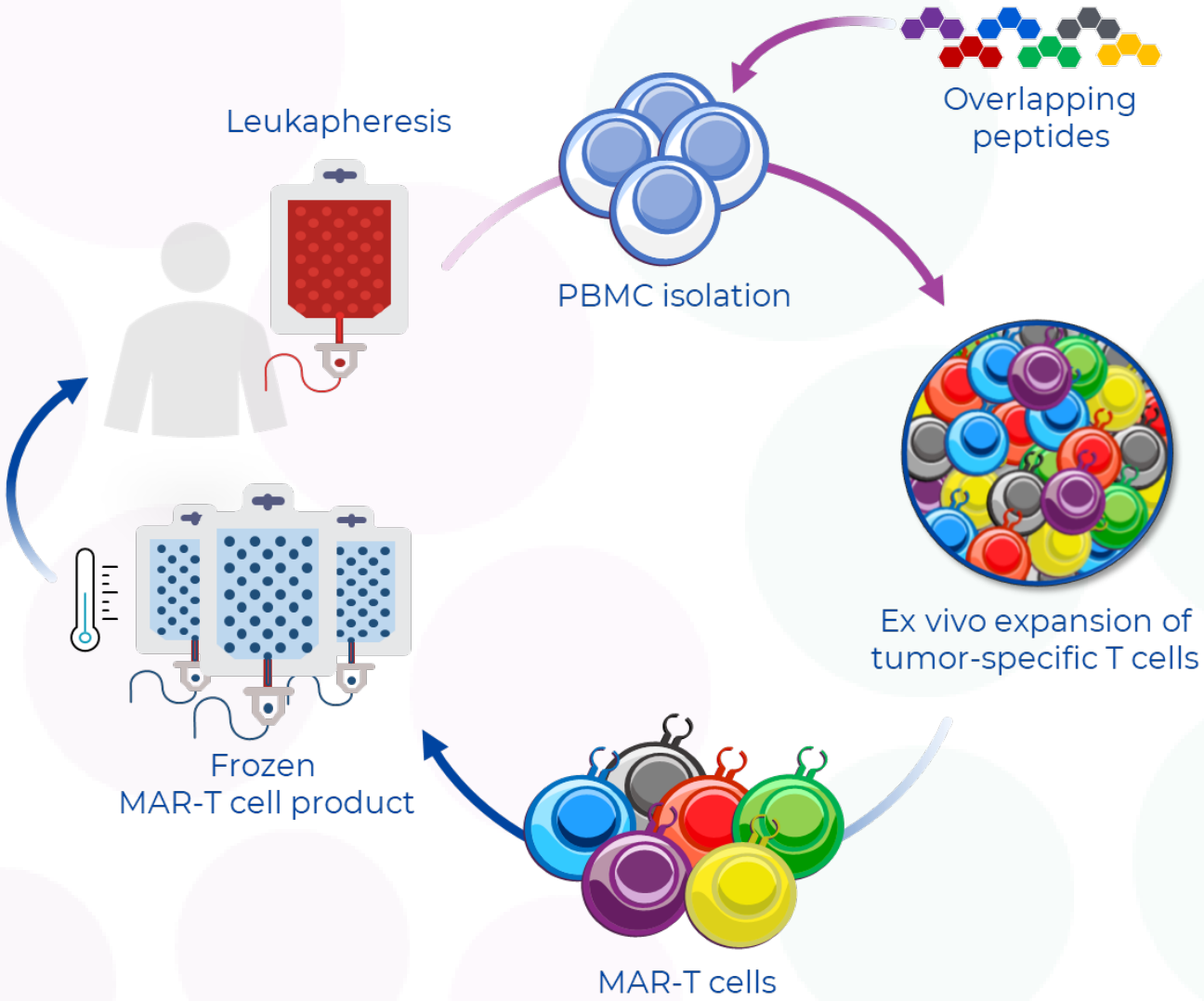


- MAR-T cells target up to 6 antigens[1, 2] for a more potent, durable anti-tumor response.
- MAR-T cells lack genetic modification; Natural T cells expanded ex vivo pose no mutagenesis risk.
- MAR-Ts intend to address challenges faced by Bispecific Antibodies, CAR-T and TCR approaches.
- MAR-T platform technology developed at Baylor College of Medicine.

(1) MT-601 targets six tumor antigens (Survivin, PRAME, NY-ESO-1, WT-1, MAGE-A4, SSX2).
(2) MT-401 targets four tumor antigens (Survivin, PRAME, NY-ESO-1, WT-1).

MAR-T Cells are Generated in a Simple Manufacturing Process

- **No genetic engineering**
- **Natural T cell expansion**
- **Uninterrupted cell expansion**
- **Reproducible process**
- **Cost-effective process**



PBMC, peripheral blood mononuclear cells.

MAR-T Pipeline for Hematologic Malignancies and Solid Tumors

PROGRAM / INDICATION	PRECLINICAL	IND	PHASE 1	PHASE 2

HEMATOLOGIC MALIGNANCIES

MT-601 [1] **(APOLLO)**
Lymphoma – Autologous

MT-401-OTS [2]
AML – Allogenic Off-the-Shelf (OTS)

SOLID TUMORS

MT-601 [1]
Pancreatic Cancer – Autologous

AML, Acute Myeloid Leukemia.

(1) MT-601 targets six tumor antigens (Survivin, PRAME, NY-ESO-1, WT-1, MAGE-A4, SSX2).

(2) MT-401 targets four tumor antigens (Survivin, PRAME, NY-ESO-1, WT-1).

MT-601 – APOLLO STUDY

MAR-Ts targeting 6 tumor antigens for patients with lymphoma who relapsed after anti-CD19 CAR-T cells or where CAR-T cell therapy is not an option

APOLLO Study Utilizes an Optimized MAR-T Cell Product

BAYLOR STUDY [1]

- MAR-T cell product targeted **5 tumor antigens**
- Demonstrated durable responses for up to 5 years without CRS or ICANS
- Cell Dose: $10x10^6$ – $40x10^6$
- Manufacturing Process:
  - Average Potency: 77 SFU/ $2x10^5$ cells

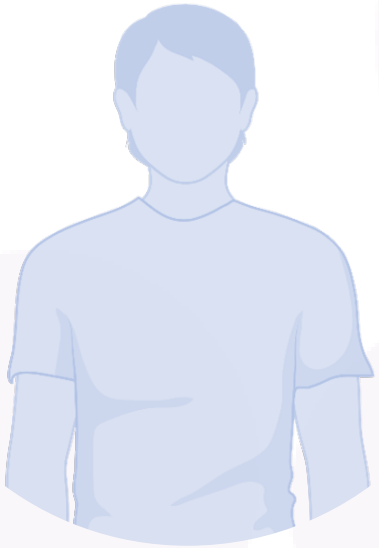
MARKER'S MT-601 STUDY (APOLLO)

- MAR-T cell product targets **6 tumor antigens** for broader target specificity
- Higher Cell Dose: $200x10^6$ – $400x10^6$
- Improved Manufacturing Process:
  - 4x increased potency (Average Potency: 1,200 SFU/ $2x10^5$ cells)

[1] *Vasileiou S et al. J Clin Oncol 2021. TACTAL study, ClinicalTrials.gov Identifier: NCT01333046.*

Marker MT-601 APOLLO Clinical Trial Design

STUDY DESIGN



Lymphoma Patient

MT-601 Dose Escalation
100-400 x 10^6 cells
N=24

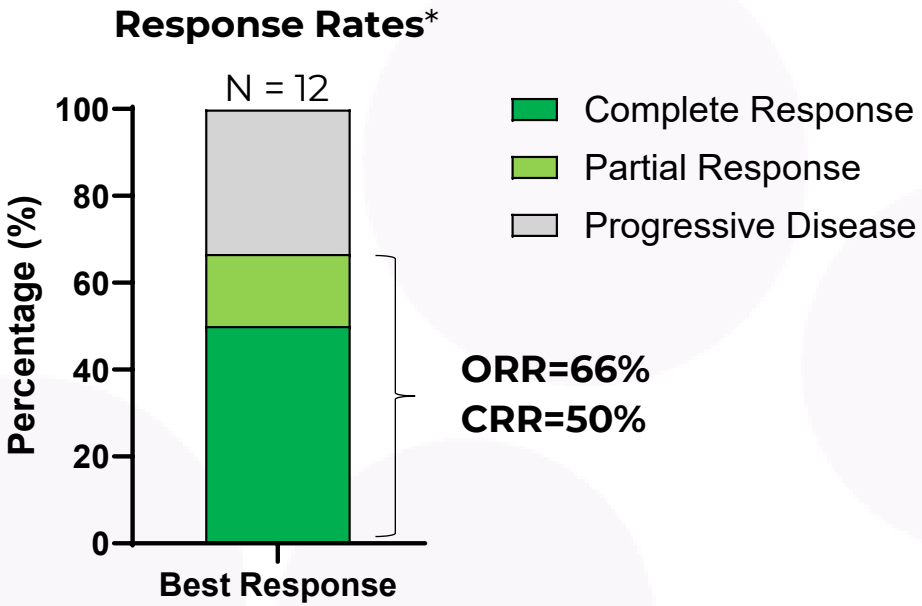
Enroll different histopathologies (e.g. DLBCL, FL, MZL, MCL, HL)

MT-601 Dose Expansion
Disease-specific cohort (DLBCL)
Start June 17, 2025

Histopathology-specific (DLBCL – CAR-T and/or Bispecific relapse)

DLBCL, Diffuse Large B Cell Lymphoma; FL, Follicular Lymphoma; MZL , Marginal Zone Lymphoma; MCL, Mantle Cell Lymphoma; HL, Hodgkin's Lymphoma.

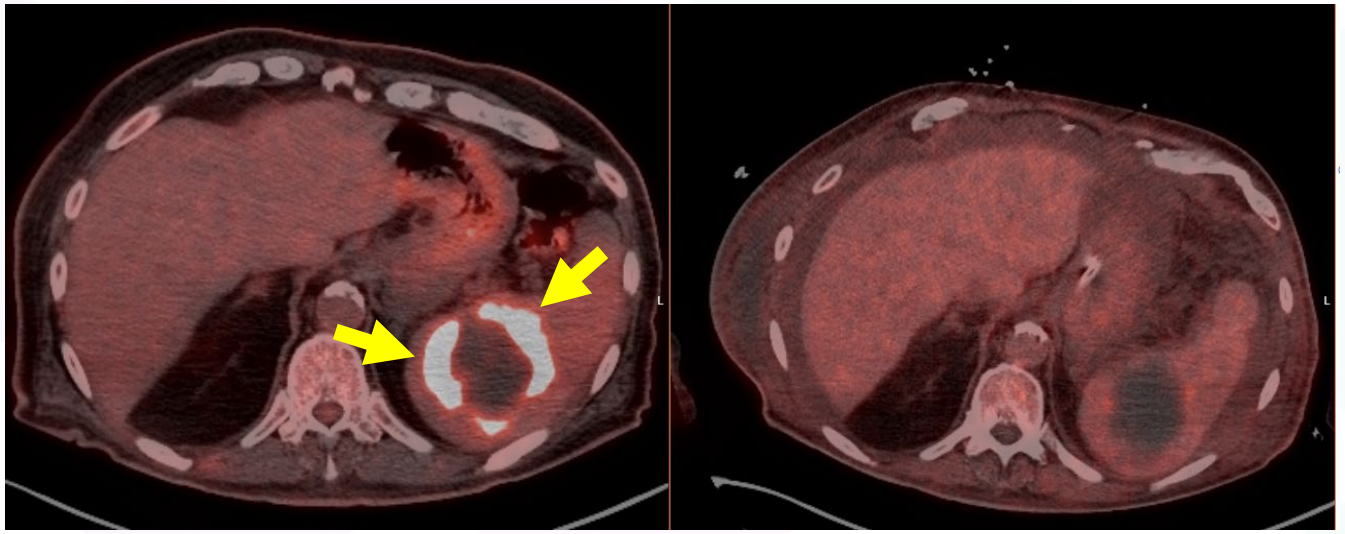
MT-601 Shows Early Objective Responses in Participants with Non-Hodgkin Lymphoma (NHL)



- **Safety**
  Favorable safety profile;
  No observation of ICANS
- **Efficacy**
  8 out of 12 patients achieved objective responses (66%) at first response assessment

Objective Responses in Patients Who Have Been Heavily Pre-Treated

Pre-Infusion | **After MT-601 Infusion**



Study participant diagnosed with LBCL had 10 prior treatment lines (incl. bispecific antibodies and anti-CD19 CAR-Ts). Study participant received 100x10^6 cells and achieved Complete Response at first response assessment.[1]

** Data as of June 2025. ORR, Objective Response Rate; CRR, Complete Response Rate.*
[1] Presentation by Geoffrey Shouse (City of Hope), 11th Global Summit on Hematologic Malignancies, Whistler April 2024.

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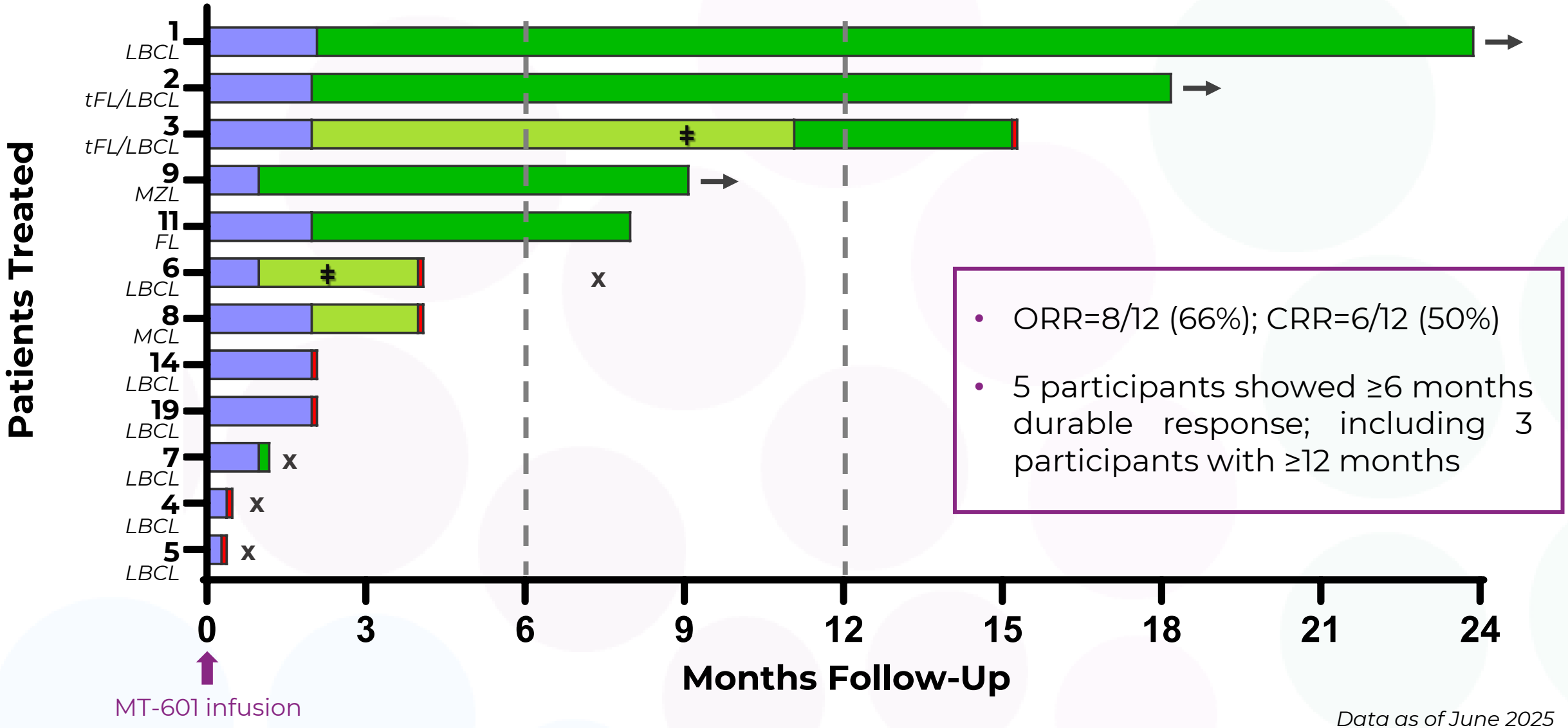
Patients Treated in Phase 1 APOLLO Trial – Non-Hodgkin Lymphoma



- ORR=8/12 (66%); CRR=6/12 (50%)
- 5 participants showed ≥6 months durable response; including 3 participants with ≥12 months

Data as of June 2025

Complete Response | Partial Response | Disease Progression | Response Gap | Continued Response | Re-Infusion of MT-601 | x Death

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Study Participants with NHL show Early Objective Responses

Patient ID	LD	Dose Level	Disease Histology	CAR-T Therapy	Bispecific Antibodies	Best Response
1	No	$200x10^6$	LBCL	Yes	No	CR
2	No	$200x10^6$	tFL/LBCL	Yes	Yes	CR
3	No/Yes	$200x10^6$	tFL/LBCL	No	No	CR
9	Yes	$200x10^6$	MZL	No	No	CR
11	Yes	$200x10^6$	FL	Yes	Yes	CR
6	Yes	$200x10^6$	LBCL	No	No	PR
8	Yes	$200x10^6$	MCL	Yes	No	PR
14	Yes	$200x10^6$	LBCL	Yes	Yes	PD
19	Yes	$200x10^6$	LBCL	Yes	No	PD
7	Yes	$100x10^6$	LBCL	Yes	Yes	CR
4	No	$200x10^6$	LBCL	Yes	No	PD
5	No	$200x10^6$	LBCL	Yes	No	PD

Complete Response Partial Response

Data as of June 2025

CR, Complete Response; PR, Partial Response; PD, Progressive Disease; LD, Lymphodepletion; FL, Follicular Lymphoma; LBCL, Large B Cell Lymphoma; MZL , Marginal Zone Lymphoma; MCL, Mantle Cell Lymphoma.

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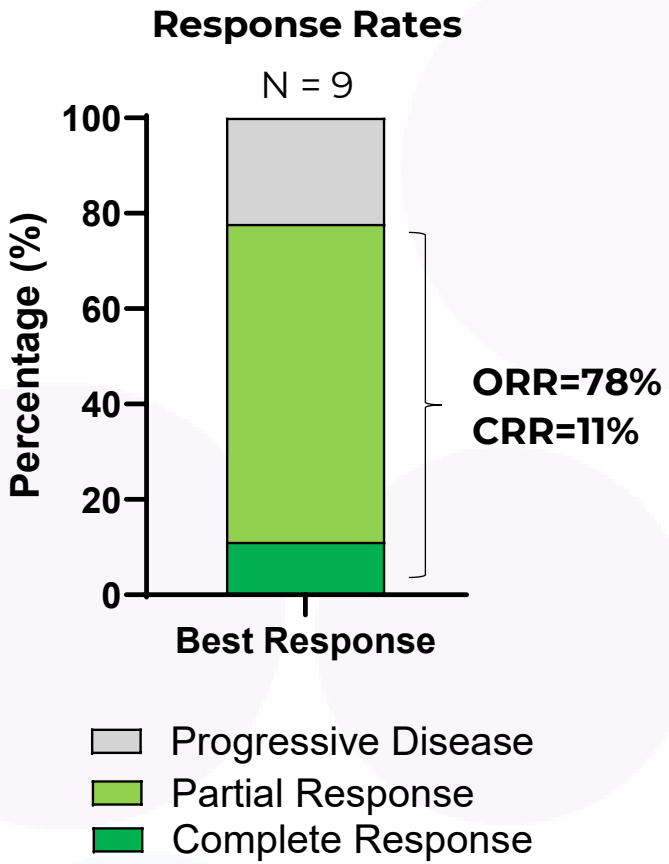
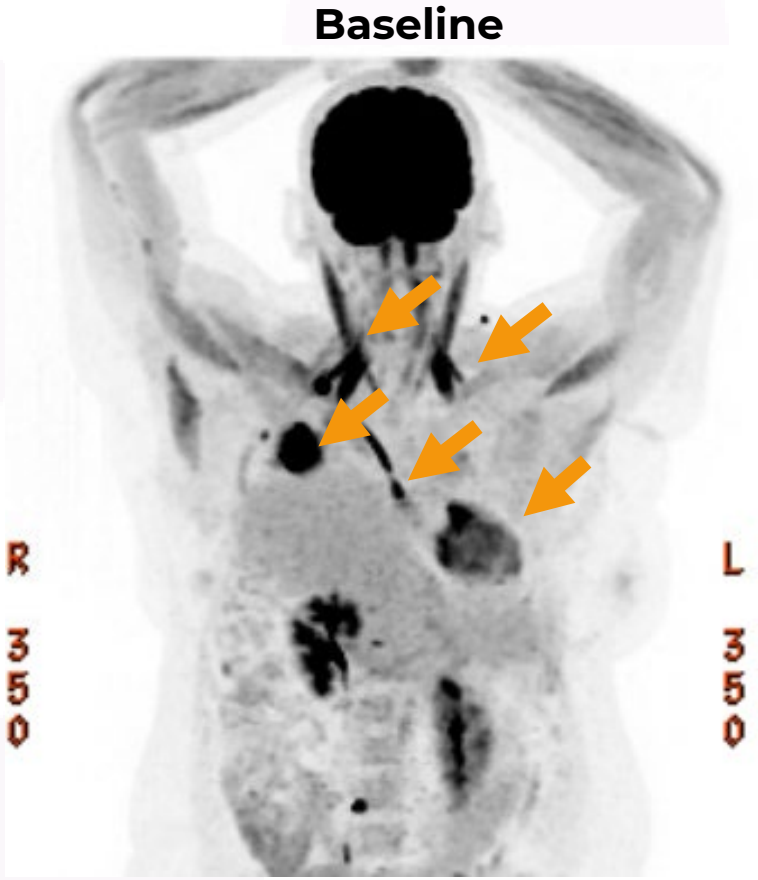
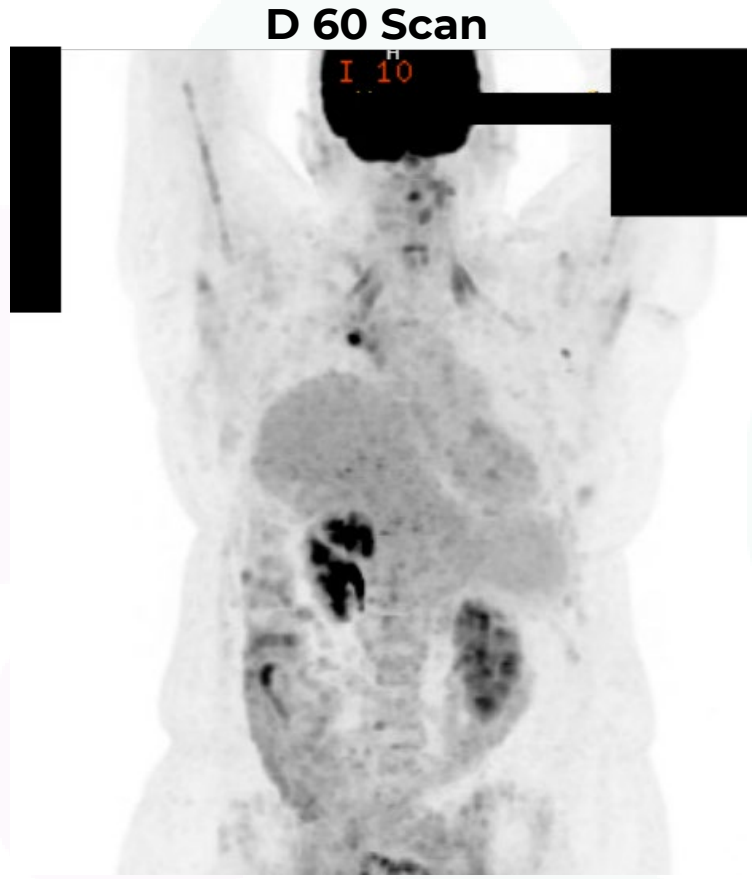
Study Participants with HL show Early Objective Responses







Study participant diagnosed with HL had 8 prior lines of treatment. Study participant received 300x10^6 cells and achieved a Partial Response at first response assessment.[1]

Data as of June 2025

HL, Hodgkin's Lymphoma.

[1] Patient scan provided by Dr. Haitham Abdelhakim (University of Kansas).

MT-601 Appears Safe and Well Tolerated

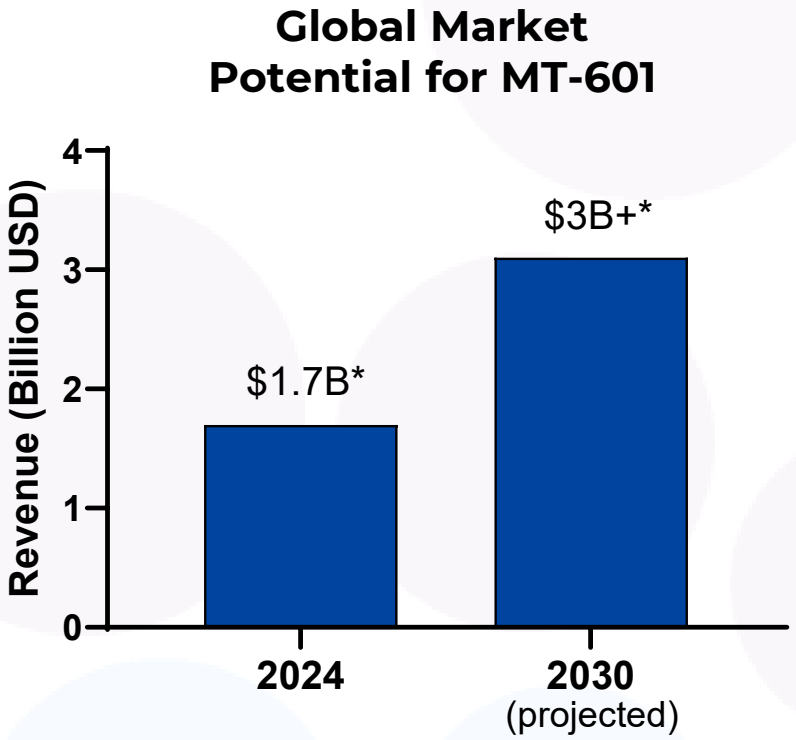
- No Dose Limiting Toxicities (DLTs) reported (doses tested ranged from $100x10^6$ to $400x10^6$ cells)
- Two Grade 1 CRS events reported (fever; no treatment required)
- No ICANS reported
- Long term toxicities currently being assessed

Data as of June 2025

CRS, Cytokine Release Syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome.

Relapsed Lymphoma is a Large, Growing Market Opportunity

Post-CD19 CAR-T Could be a Multi-Billion Dollar Market



- Autologous CD19 CAR-Ts have become a standard of care in R/R NHL, generating global revenues of $3.1B in 2024 (26% y/y growth)
- CAR-Ts are expected to show sustained growth based on label/geographic expansion and continued lowering of access barriers
- Currently, ~8,000 patients are treated annually with CD19 CAR-Ts globally; as CAR-Ts move to first line therapy, we expect the number of patients who are CAR-T-eligible and those who relapse will be much larger

**Based on annual reported sales of CD19 CAR-Ts and internal estimates.*

Future Developments

MT-401-OTS & MT-601 – Advancing Allogeneic and Solid Tumor Programs

MT-401 Off-the-Shelf

- Manufactured from healthy donors; Marker has cellular inventory with plans to expand
- Orphan Drug Designation granted by FDA and the European Medicines Agency (EMA)
- First patient treated in OTS program with encouraging preliminary safety data (Oct 2025)
- Initially investigated in AML or MDS, with the potential to be expanded to other indications
- Non-dilutive funding from FDA, CPRIT and NIH to support clinical investigation of MT-401-OTS in patients with AML

MT-601 in Pancreatic Cancer

- FDA has granted an IND to investigate MT-601 in patients with metastatic pancreatic cancer in combination with front-line chemotherapy
- Marker received $9.5 million from CPRIT and $2 million from NIH SBIR to support the investigation of MT-601 in patients with pancreatic cancer

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

FDA NIH

Key Takeaways

In contrast to single antigen-targeting T cell therapies, MAR-Ts target multiple epitopes within up to 6 tumor-specific antigens, thereby reducing the possibility of tumor escape

MAR-Ts do not require genetic engineering

APOLLO study highlights:

- Favorable safety profile. MT-601 was well-tolerated with no signs of ICANS.
- 8 out of 12 NHL patients (ORR=66%) achieved objective responses, incl. 6 complete responses (CRR=50%).

Cash and cash equivalents of $17.6M and restricted cash of $1.4M; Current cash runway expected to finance Company into Q3 2026 (assuming no additional grant funds are received)*

as of Sep 30, 2025.

THANK YOU

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