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Creating Possible

Kite Cell Therapy

Analyst & Investor Event

14 March 2024

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“Having an incurable cancer, you think about it every day.”
Laurie, diagnosed with non-Hodgkin lymphoma

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Welcome to Kite

Cindy Perettie

EVP & Head of Kite

Kite Analyst Event: Global Leader in Cell Therapy

Leading Commercial Execution

- Building best-in-class commercial capabilities and extending leadership
- Driving differentiation vs in-class and out-of-class competitors
- Building class share with ATC growth & innovative model of community expansion
- Expand access globally and further demonstrate the value of CAR T

Setting the Industry Manufacturing Standard

- 96% manufacturing success allows more patients to receive cells the first time
- Rapid 14-day turnaround time in U.S. with opportunities for further improvements
- Moving towards full automation to enable greater capacity and cost efficiencies
- Executing plans for anito-cel manufacturing to support commercial launch

Investing Today to Maintain Leadership Tomorrow

- Winning in multiple myeloma with potentially best-in-class anito-cel
- Potentially expanding Yescarta into the front-line setting for high-risk LBCL
- Advancing next-generation constructs across auto, allo and *in vivo*
- Leveraging cell therapy expertise to identify the right autoimmune approach

Initial Impressions – Fall 2023

Commercial Execution

Manufacturing Excellence

Broad Pipeline

Key Opportunities

1

Cell Therapy Class Share

Reinforce Robust, Long-Term Data, Manufacturing Excellence & Global Footprint

2

Academic & Community Setting

Deepen & Expand ATC Reach

3

Multiple Myeloma

Develop & Launch Potentially Best-in-Class Anito-cel

4

Cell Therapy Beyond Oncology

Expand Curative Potential of Cell Therapy

5

Research & Translational Science

Leverage Internal Expertise to Advance Next Gen Kite CAR T Technology

Drive, Innovation and Collaboration

Setting the Standard for Cell Therapy

Market Presence

Investment

ATC network and commercial model to provide patients, physicians, and institutions end-to-end support

Result

Unrivaled patient reach across 420+ ATCs in 25+ countries

Manufacturing and Supply Chain Excellence

Investment

Four commercial manufacturing facilities, including a commercial viral vector facility

Result

Industry-leading 14-day turnaround time[1] and 96% manufacturing success rate

Specialized Clinical Development

Investment

Strategically designed studies and focus on long-term data generation

Result

Kite's ZUMA studies are the benchmark in lymphoma, and we are working towards the same in myeloma

Internal T-Cell Expertise

Investment

The largest clinical and real-world experience database in the industry, with 19,500+ treated patients to date

Result

Allows Kite to successfully build a next-gen pipeline in lymphoma and beyond

1. Median for Yescarta in the U.S.

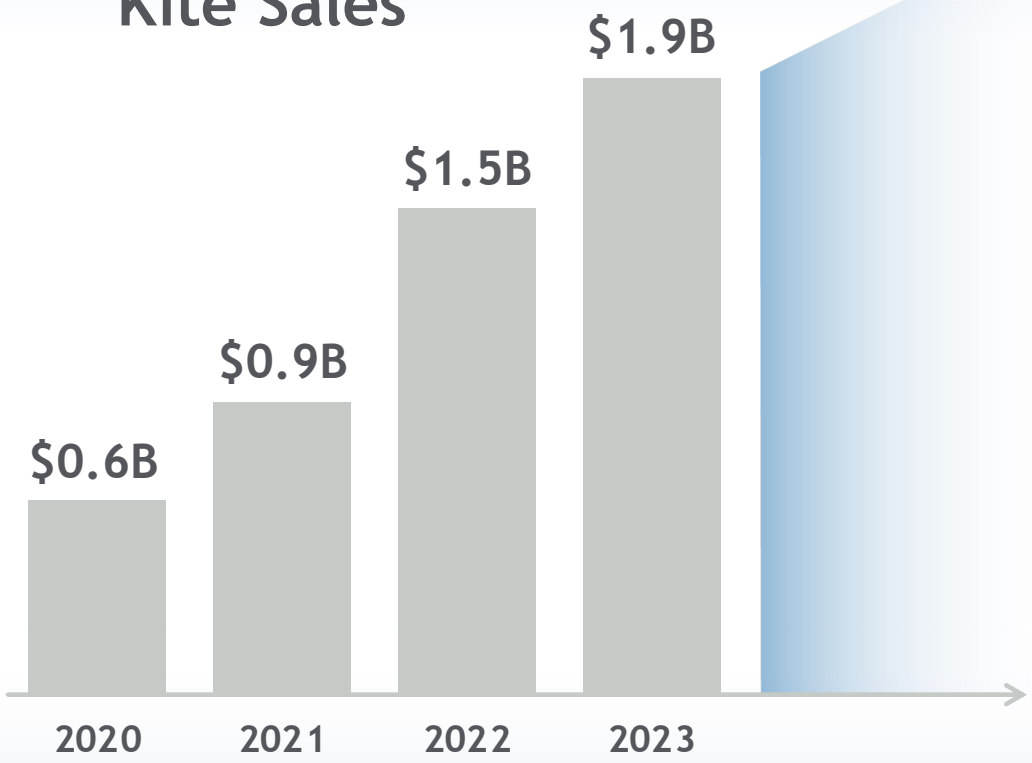
Kite's leadership reflects early investment and commitment to establishing key capabilities

Continued Cell Therapy Leadership Ambitions

1. Of hematologic cancers 2. Of eligible population using CAR T-cell therapy.

Increase curative potential to reach more eligible patients

Advancing Portfolio into $40B+ Markets



Future Cell Therapy Market Potential[1]

Lymphoma & Leukemia $10B - $12B	Multiple Myeloma $15B - $20B
Autoimmune $15B - $20B	Solid Tumors *Under assessment*

1. 2034 estimate.

Significant market opportunities across existing & future indications

Strategic Priorities to Deliver on Ambitions

Kite

Grow Kite's Best-in-Class Autologous Platform

Increase Healthcare System Capacity, Reduce COGS and Grow Class

Capitalize on Kite's CAR T Leadership in Clinically Ready Areas

Next Gen Lymphoma, Multiple Myeloma, and Autoimmune

Position Kite for Next Gen Auto and Potential Pivots

Examples Include: Solid Tumors, Allogenic and *in vivo*

Deploy a Fit-for-Purpose Organization

Focus on People, Culture and Financial Discipline

Agenda

Morning Session – 10:00 am – 12:45 pm

- Welcome
- Commercial Execution
- Manufacturing Excellence
- Site Tour

Lunch – 12:45 pm

Afternoon Session – 1:15 – 3:15 pm

- Multiple Myeloma
- Clinical Pipeline
- Research
- Q&A

Speakers

Cindy Perettie
EVP & Head of Kite

Warner Biddle
SVP Global Head of Commercial

Chris McDonald
SVP Global Head of Technical Operations

Frank Neumann, MD, PhD
SVP Global Head of Clinical Development

Priti Hegde, PhD
SVP Global Head of Research

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Leading Commercial Execution

Warner Biddle

SVP, Global Head of Commercial

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Kite Analyst Event: Global Leader in Cell Therapy

Leading Commercial Execution

- Building best-in-class commercial capabilities and extending leadership
- Driving differentiation vs in-class and out-of-class competitors
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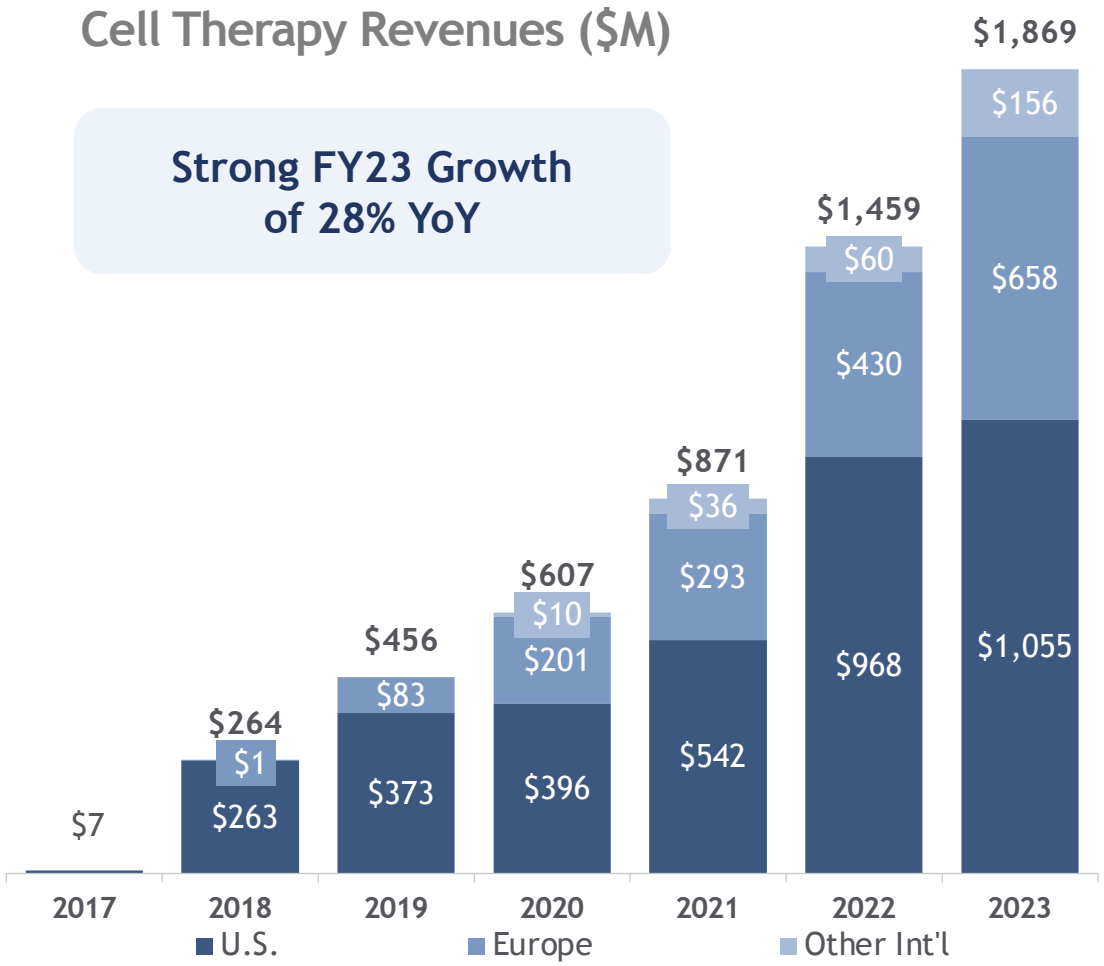
Strong Track Record of CAR T Leadership



- 19,500+ Patients
- 5 Indications
- Global Presence in 25+ Countries
- Leading Brand Share
- Broad Global ATC Footprint
- Leading Market Access

Core Kite Strengths Supporting Growth

Strength of our Data

- OS benefit seen across 2L & 3L+ LBCL
- Depth of data from 19.5K patients treated to date

Comprehensive Network

- Highly rated field teams for customer experience
- Kite Konnect portal with seamless end-to-end patient logistical support
- 420+ ATCs
- Market Access in 25+ countries

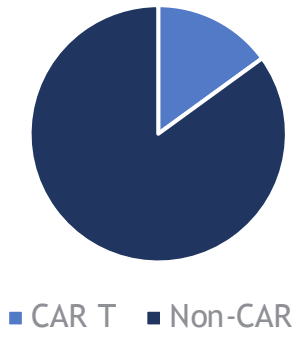
Manufacturing Excellence

- 96% manufacturing success rate
- 14-day U.S. turnaround time (TAT) for Yescarta

Significant Untapped Potential in Key Markets

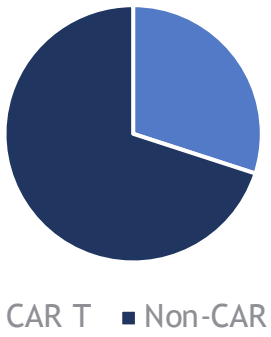
2L+ LBCL[1]

U.S.



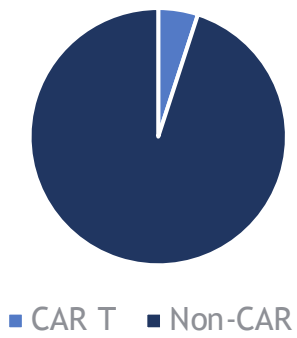
3L+ LBCL[1]

Europe[2, 3]

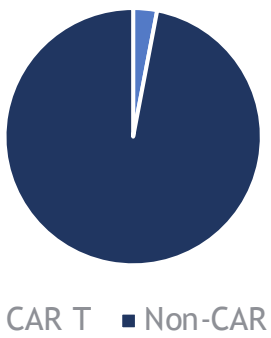


2L+ MM[1]

U.S.



Europe[3]



Opportunities to Drive Market Growth

- Expand ATC capacity
- Drive community referrals
- Differentiate from out-of-class entrants, including those without OS data (e.g. bispecifics)
- Improve reimbursement timelines & understanding of CAR T value proposition
- Simplify patient logistics
- Maintain manufacturing excellence

1. Percent of patients that reach 2L that will get CAR T during their treatment journey based on Q423 exit shares. 2. 2L launch in progress, 2L+ class share is ~20%.
3. Europe comprised of EU5 (France, Germany, Italy, Spain, and UK).

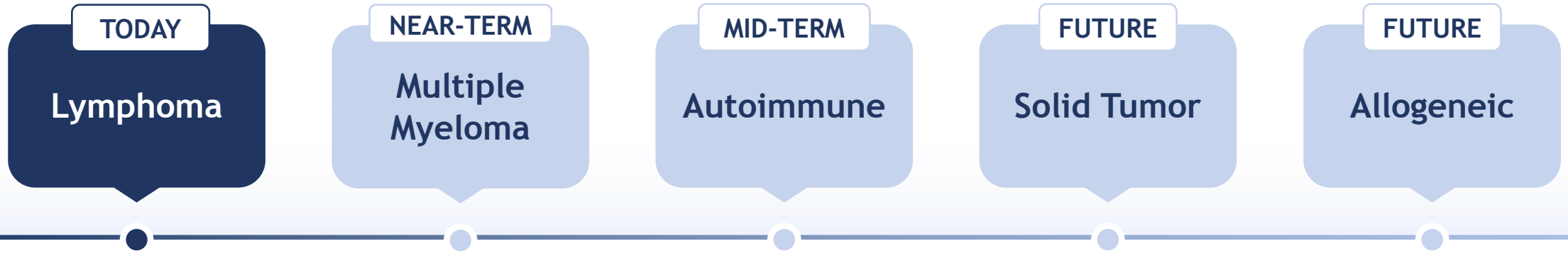
Global Commercial Strategy To Extend Kite's Leadership

Drive differentiation based on the only in-class CAR T with OS data and manufacturing capabilities

Grow class globally by getting treatment closer to the patient and breaking down referral barriers

Expand access and demonstrate value of CAR T across health system spectrum (payers, providers, patients)

Create scalable capabilities for future Kite CAR T indications: multiple myeloma, autoimmune, solid tumors



Scalable to enable growth into other disease areas

Compelling Yescarta Differentiation

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

- Only Yescarta demonstrates statistically significant OS vs. Salvage ± HDCT + ASCT in 2L LBCL
- 43% patients alive at 5 years in 3L+ LBCL
- Only Yescarta delivers manufacturing with 96% success rate and 14-day U.S. TAT

Positioning vs. In-class CAR T

Yescarta has unmatched survival, combined with excellence in CAR T-cell therapy manufacturing & delivery

Positioning vs. Out-of-class

Yescarta delivers unique clinical benefit and value, significant OS as a ‘one-time’, potentially definitive therapy

ASCT – autologous stem cell transplant, HDCT – high dose chemotherapy.

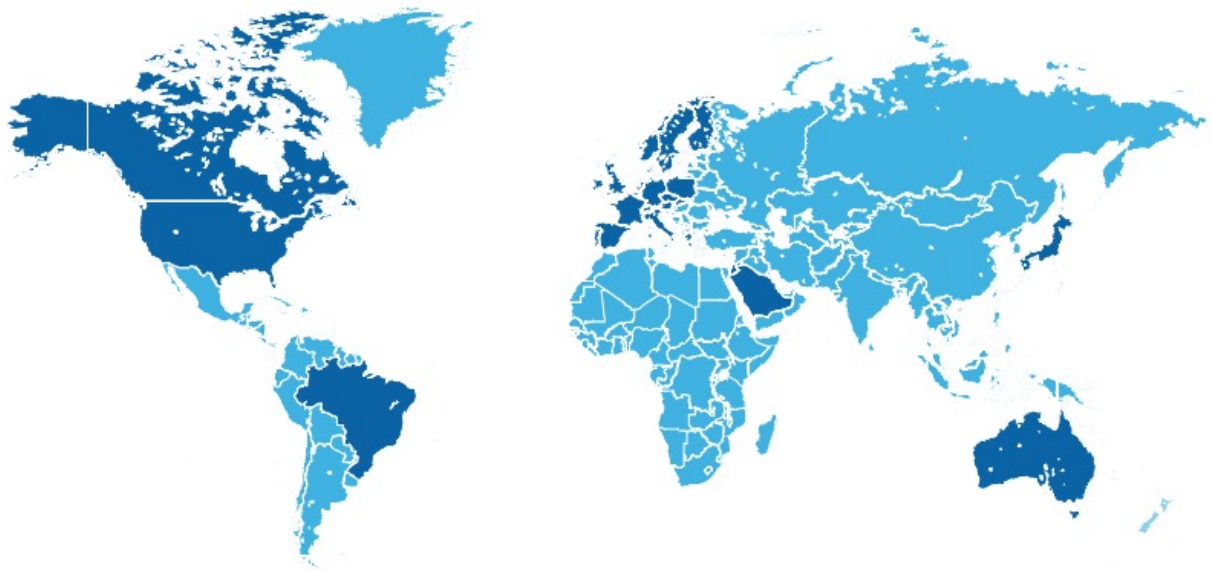
Best-in-class CAR T delivers overall survival benefit in LBCL

Complex Treatment Pathway Impacts Patient Access

1. LBCL Diagnosis & 1L treatment
2. Recommendation for Consult
3. Eligibility Determination - Clinical
4. Eligibility Determination - Financial
5. Treatment Selection
6. Apheresis & Cell Manufacturing
7. Infusion
8. Follow-up Check-ins with Patient/Caregiver Every 6 Months

Treatment Closer to Patients Enables Broader Adoption

Current



25+
Countries

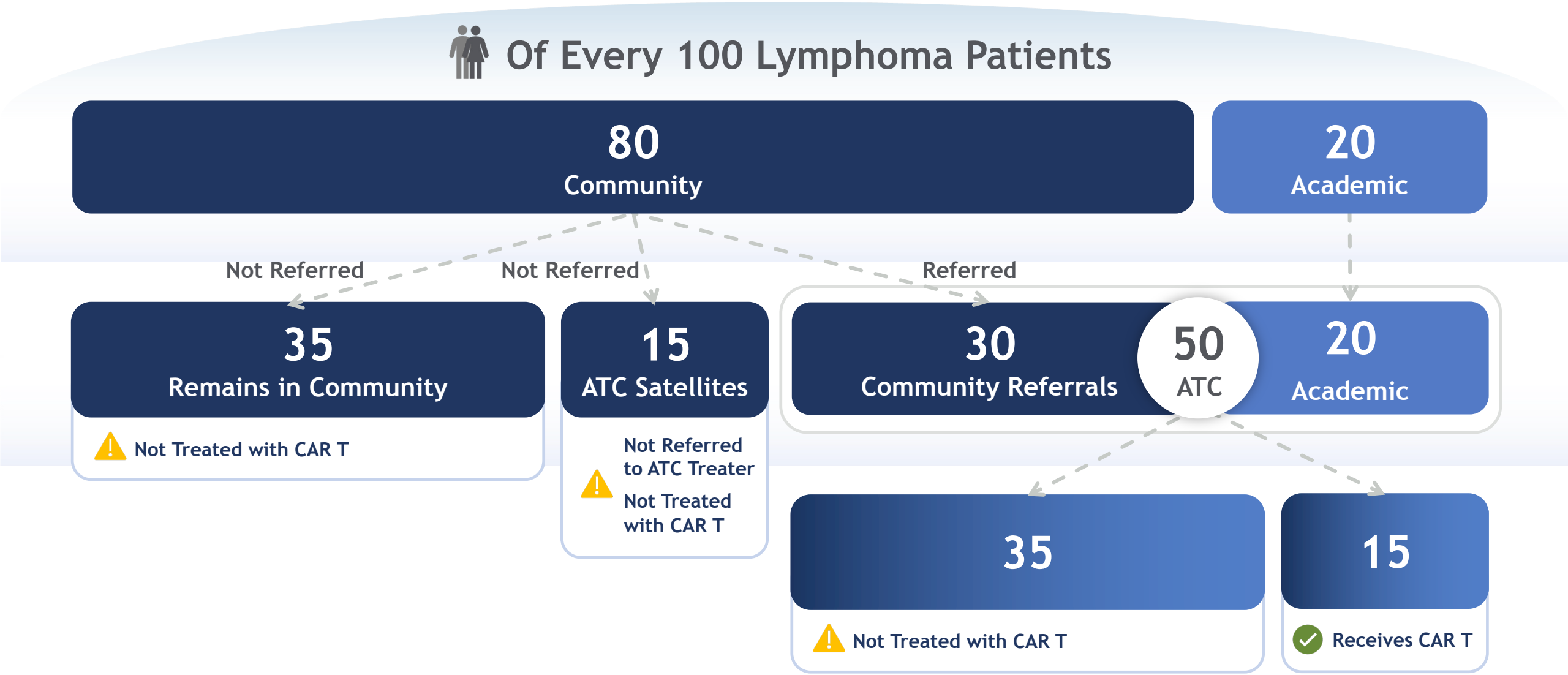
135+
Sites in the U.S.

285+
Sites ex-U.S.

Future

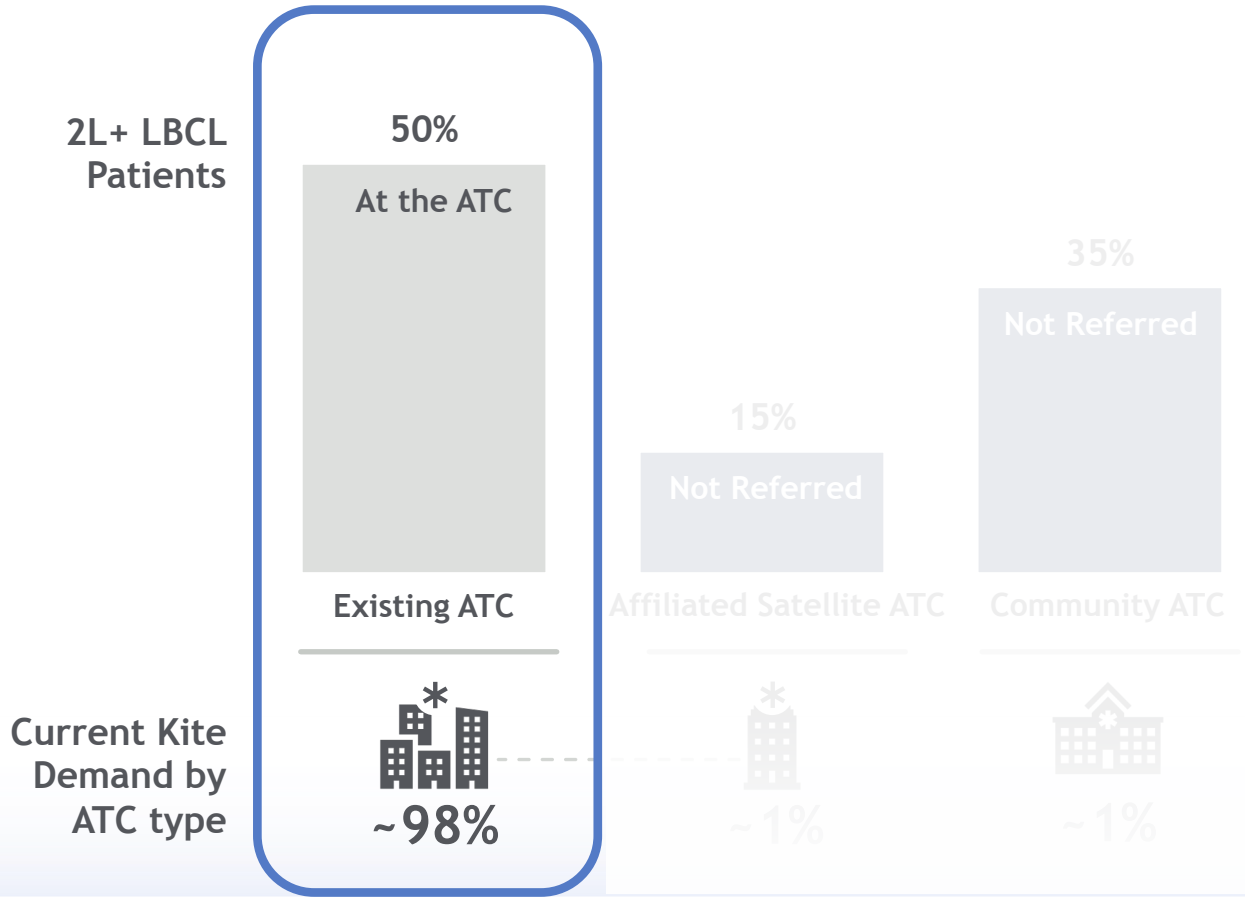
- Pursue individual ATC expansion
- Connect ATC satellite networks
- Individual Community treaters and connection to local hospitals

Significant Potential to Reach Many More Patients



Note: Estimates are based on Kite data on file.

Expanding Across the U.S. Treatment Network



Existing ATCs (Academic & Large Hospitals)

- Winning treatment decision for 20% of patients who are with an active CAR T treater
- Expanding capacity in existing ATCs
- Educating Lymphoma & transplant specialists about CAR T for 30% of patients not with CAR T treater
- Limited number of new FACT accredited sites

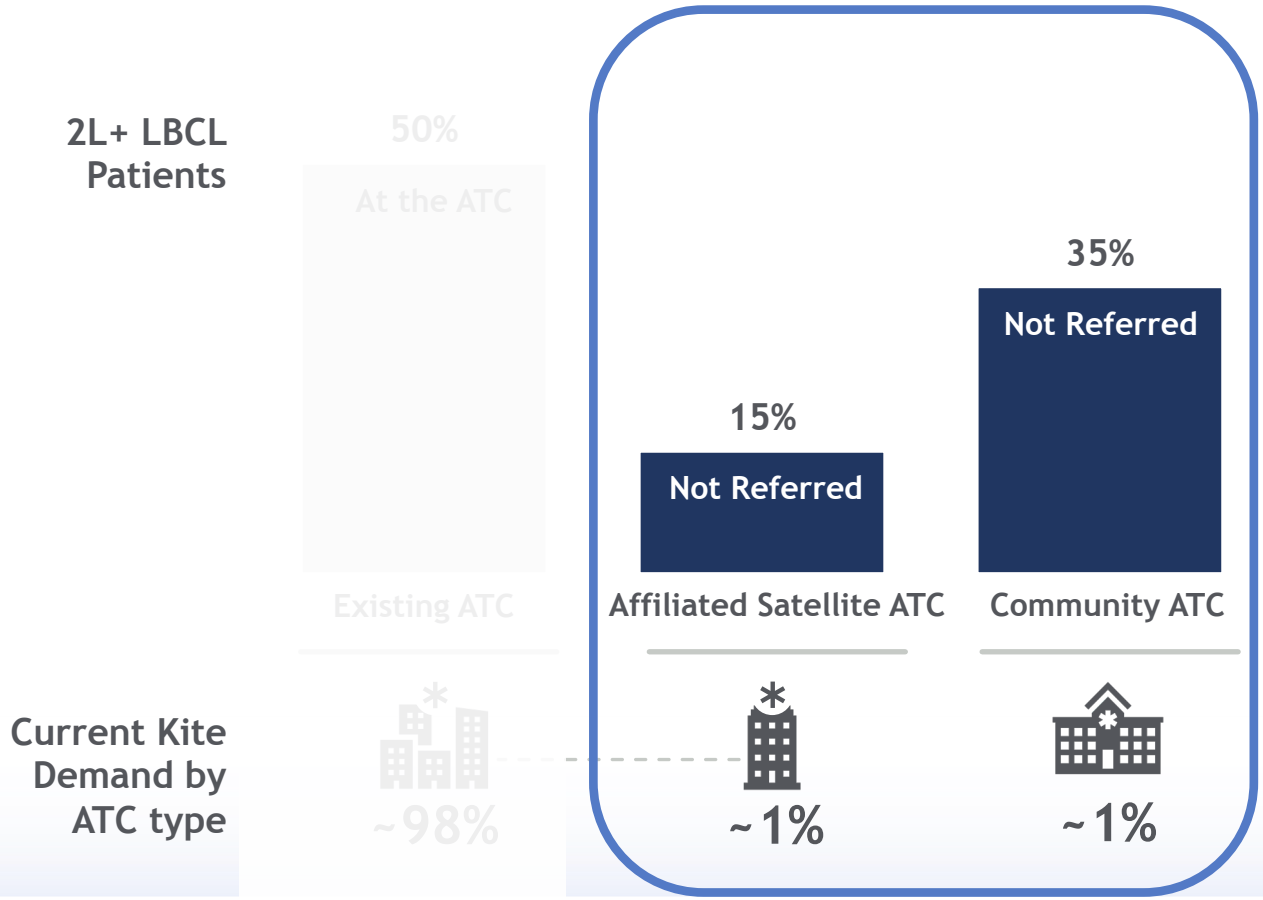
Affiliated Satellites & Community Networks

- Majority of future growth expected from establishing new ATCs in community & satellites
- Continue to drive referrals while building community and satellite ATC infrastructure

Our U.S. strategy is designed to enable faster and more efficient treatment options

FACT - Foundation for the Accreditation of Cellular Therapy.

Expanding Across the U.S. Treatment Network



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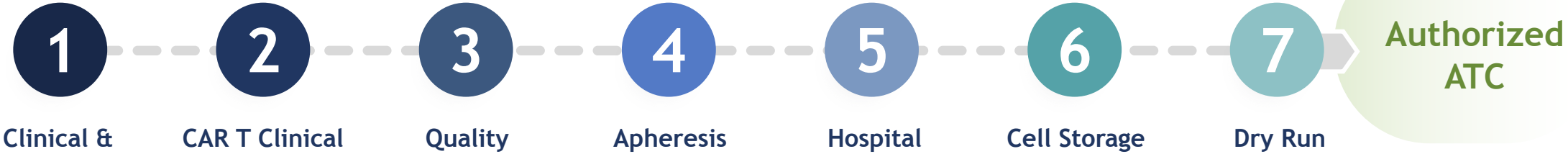
Multi-Step Process to Establish Community ATCs

Steps to Authorization



1 Clinical & Admin Champion
CAR T treater & operational staff

2 CAR T Clinical Program Development
CAR T treater & operational staff

3 Quality Audit
Kite review of quality management system

4 Apheresis Partner
Cell collection capability

5 Hospital Partner
Hospital partner to manage adverse events

6 Cell Storage Capability
-150 (LNG) freezer storage

7 Dry Run
Mock patient enrollment/ product delivery

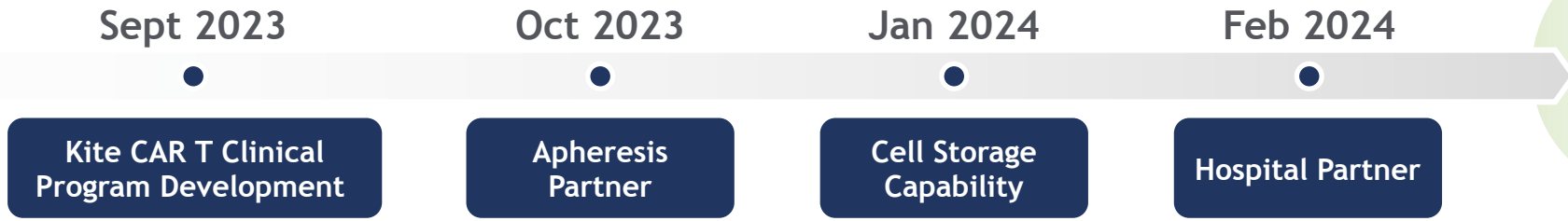
	1	2	3	4	5	6	7
Existing ATC	✓		✓				✓
Community ATC	✓	✓	✓	✓	✓	✓	✓

AE - adverse event, LNG - liquid nitrogen gas.

Developing new CAR T clinical programs as well as establishing partnerships for cell collection and AE management are necessary steps for community networks

Onboarding a Flagship Community Practice: Learnings

TENNESSEE ONCOLOGY
a partner of OneOncology



Observations & Expectations	What Kite is Doing
Motivation in the community to deliver CAR T is high	• Dedicated team of National Account Directors focused on ATC expansion
Community expertise expanding	• Partnering with community accounts to share best practices & resources
Networks will accelerate adoption	• Engaged to support development of CAR T playbook
CAR T demand in the community will increase access	• Working with large payers to educate on the need to deliver CAR T in the community • Educating community practices on CAR T reimbursement dynamics
Community practices require plug and play solutions	• Development of solutions to meet unique challenges i.e. mitigating need for long term cell storage

Initial journey with Tennessee Oncology provides blueprint for seamless and faster onboarding of future community networks

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Diverse U.S. Treatment Settings Create Complexity

FACT Accredited ATC

Place of Care	ATC			
Payment model	Commercial Payers: Single Case Agreement			
	Govt: CAR T Inpatient DRG			
		Govt: CAR T Outpatient ASP+6%	Inpatient DRG for CAR T AE Management	Inpatient DRG for CAR T AE Management or FFS

Non-FACT Community Practice

Place of Care Community Practice	Apheresis Center	Community Practice	Hospital or Community Practice	Community Practice

- Private payers currently limiting reimbursement to non-FACT centers
- Single case agreement payment construct assumes single point of care and payment to single entity
- Fragmented continuum of care requires community practice to ensure payment in place to multiple providers across the patient journey

DRG - diagnostic related group, FFS - fee for service.

Kite Products Now Reimbursed in >25 Countries

North America

- Canada
- United States

South America

- Brazil[1]

Europe

- Austria
- Belgium
- Czech Republic
- Denmark
- England & Wales
- Finland
- France
- Germany
- Greece
- Italy
- Ireland
- Luxembourg
- Netherlands
- Norway
- Poland
- Portugal
- Scotland
- Slovakia
- Spain
- Sweden
- Switzerland

Asia

- Israel
- Japan
- Saudi Arabia

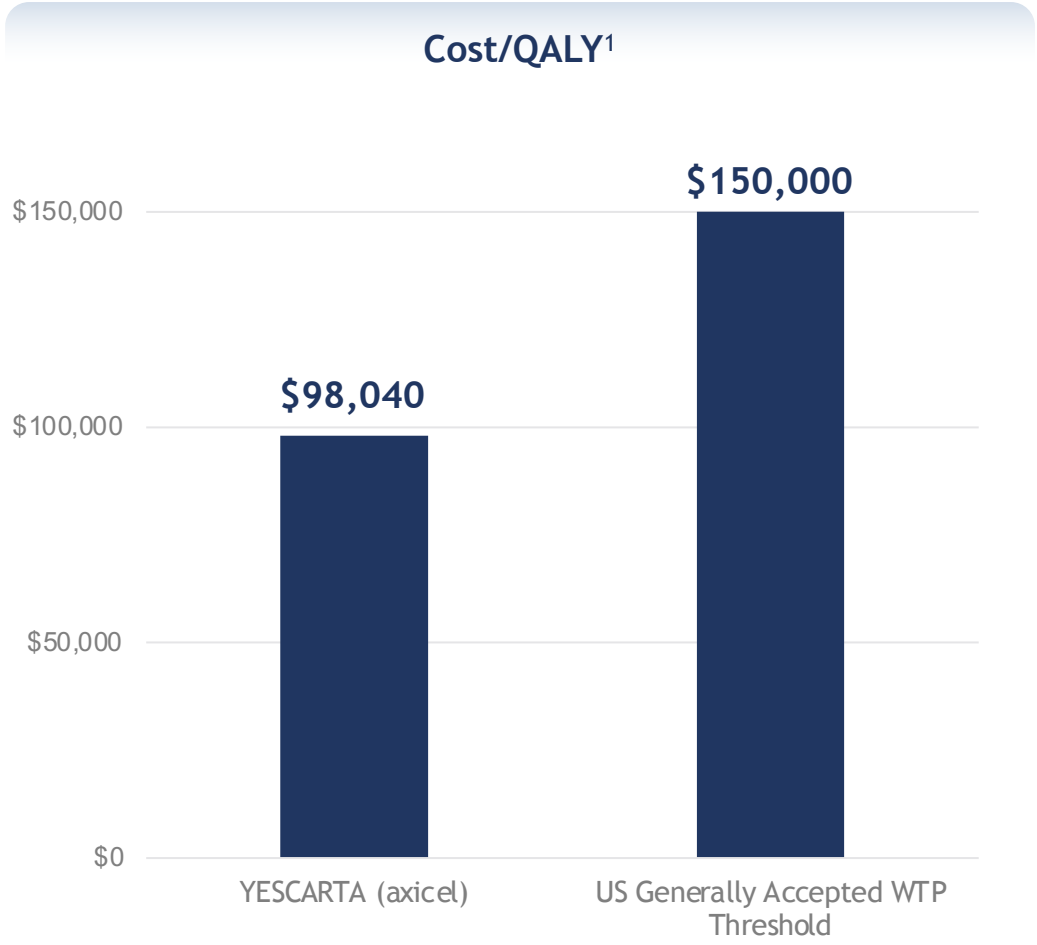
Australia

- Australia

1. Currently covered by private insurance only.

Compelling Cost Effectiveness & Value

- Growing recognition by HTAs and other payer decision makers (e.g., NICE, ICER) that **Yescarta is cost-effective** in 2L LBCL
- From a U.S. commercial payer perspective, Yescarta demonstrated cost-effectiveness vs. SOC in 3L+ R/R LBCL patients[1]
- Yescarta has been 'Recommended for Use' by NICE in 2L R/R LBCL, meeting the criteria of a life extending treatment at end of life



1. Oluwole, O. O., *et al*, (2024). Journal of Medical Economics, 27(1), 77-83. HTA – health technology assessment, QALY – quality-adjusted life year, WTP – willingness to pay.

Industry Leading Patient Access & Support Programs

Kite Konnect®

Find a Treatment Center

Provide patients and healthcare professionals with information on CAR T Authorized / Qualified Treatment Centers

Patient Enrollment

Register a patient for therapy if you are a healthcare professional

Reimbursement Support

Help with benefits investigations, claims appeals information, and sources of support for eligible uninsured and underinsured patients

Logistics Support

Patients can learn about potential resources for transportation and housing assistance

Ongoing Commitment

Kite Konnect® Case Managers available to support healthcare professionals throughout the CAR T treatment journey

Ongoing Improvements to Further Differentiate & Simplify Patient Logistics

Fostering A Strong External Ecosystem

AACI

ACCC
Association of Community Cancer Centers

ASTCT®
American Society for
Transplantation and Cellular Therapy

LEUKEMIA & LYMPHOMA SOCIETY®

LYMPHOMA COALITION

LYMPHOMA RESEARCH • FOUNDATION

sitc
Society for Immunotherapy of Cancer

Help Educate, Engage, and Empower Patients and HCPs

Commercial Strategy to Extend Kite's Leadership

1 Differentiate & win the treatment decision

- Convert remaining eligible SCT and other modalities
- Unlock eligible patients at existing ATCs and actively referring community centers

2 Grow class & bring CAR T closer to patients

- Onboard Community ATCs to reach more patients

3 Expand access & demonstrate value of CAR T across the health system spectrum

- Ensure global access to 2L LBCL indication
- Streamline U.S. reimbursement process for community oncology

4 Focus & align external stakeholders

- Advocate investment in the capacity, infrastructure and pathways to unlock patient access to CAR T

Kite

SCT – stem cell transplant.

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Setting the Industry Manufacturing Standard

Chris McDonald

SVP, Global Head of Technical Operations

Kite Analyst Event: Global Leader in Cell Therapy

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1. Yescarta median turnaround time in the U.S.

Global Leader in Cell Therapy Manufacturing

19,500+

patients treated (clinical trials and with commercial products)

96%

success in manufacturing CAR T Cells

14-day

median turnaround time in the U.S. for Yescarta

>24K

manufacturing capacity by 2026

7 days a week

apheresis and delivery dates offered in the U.S.

>1M

square feet of manufacturing and R&D space

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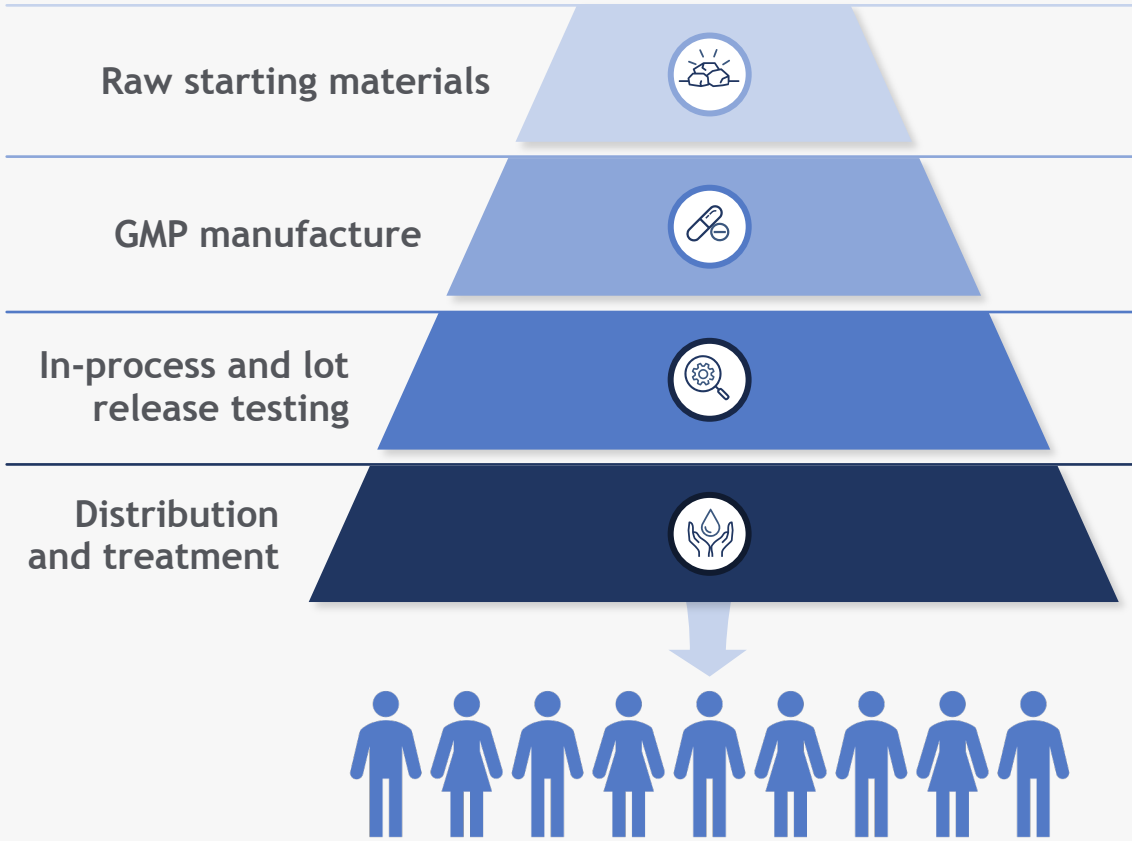
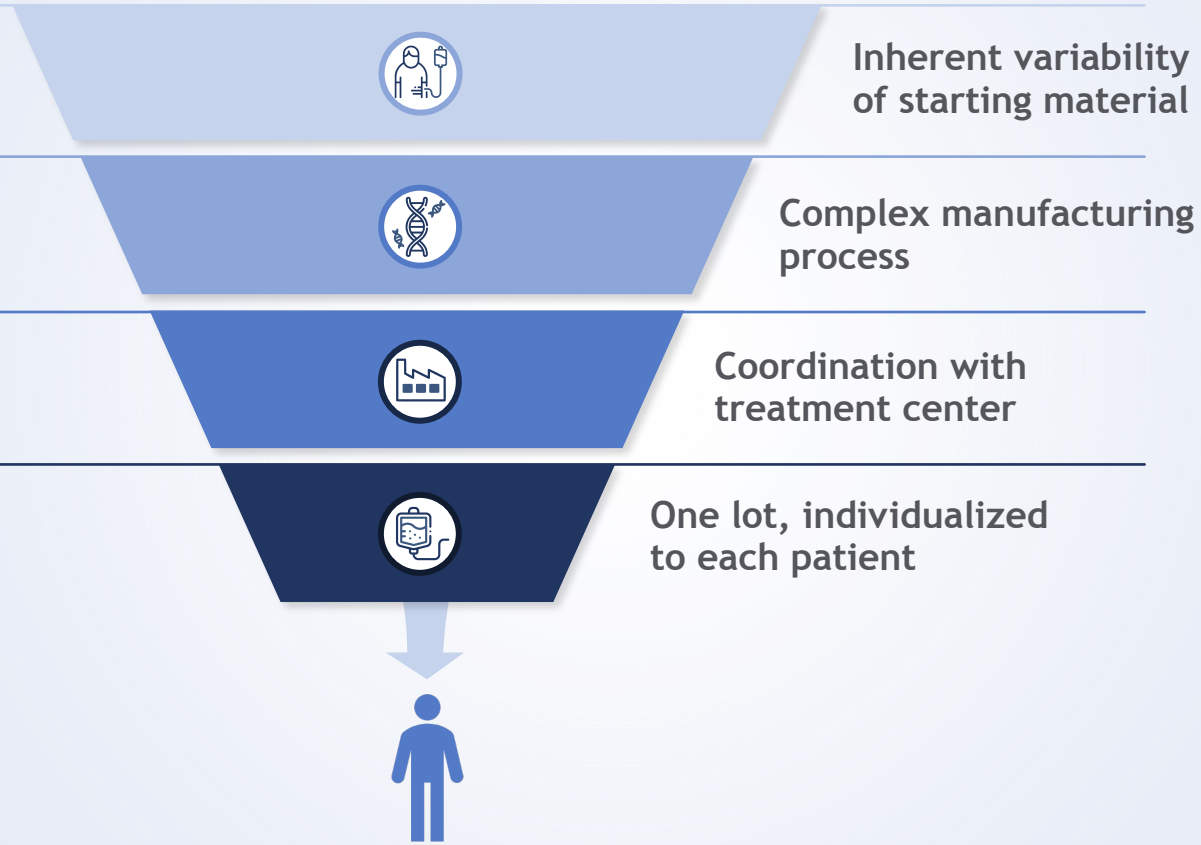
CAR T Manufacturing is Fundamentally Different

Traditional Manufacturing



CAR T-cell Therapies Manufacturing



GMP – good manufacturing practice.

Excellence in Technical Operations Core Capabilities

1

CMC Product Development

Advancing a product through pre-clinical, clinical & commercial licensure

2

Product Launch & CMC Lifecycle

Supporting global commercial launches and expansions routinely with an exceptional rate of regulatory approvals

3

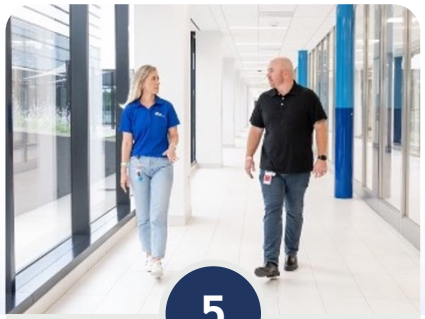
Facility Design & Build

Design, build, commission & start-up state of the art manufacturing facilities through licensure

4

Product Supply

Globally supply autologous cell therapy at a high success rate; in-house viral vector manufacturing



5

Exceptional People

Mission focused, team-oriented employees working for the patient

Kite's Industry Leading Turnaround

14-day median turnaround in the U.S.

Start → 1 day → 5 days → 8 days → End

Hospital

- Patient Selection & Booking
- Apheresis Kit Delivered

Collection & Transportation

- Apheresis Collection
- Transportation to Kite Manufacturing

Kite Manufacturing

- Cell Enrichment, Activation & Incubation
- Transduction & Cell Expansion
- Final Formulation, Inspection/ labeling, Cryopreservation

Kite Testing & Release

- QC Testing
- Quality Release

Transportation

- Awaiting Hospital Readiness
- Final Product Shipment

Hospital

- Patient Pre-Conditioning
- Infusion & Monitoring

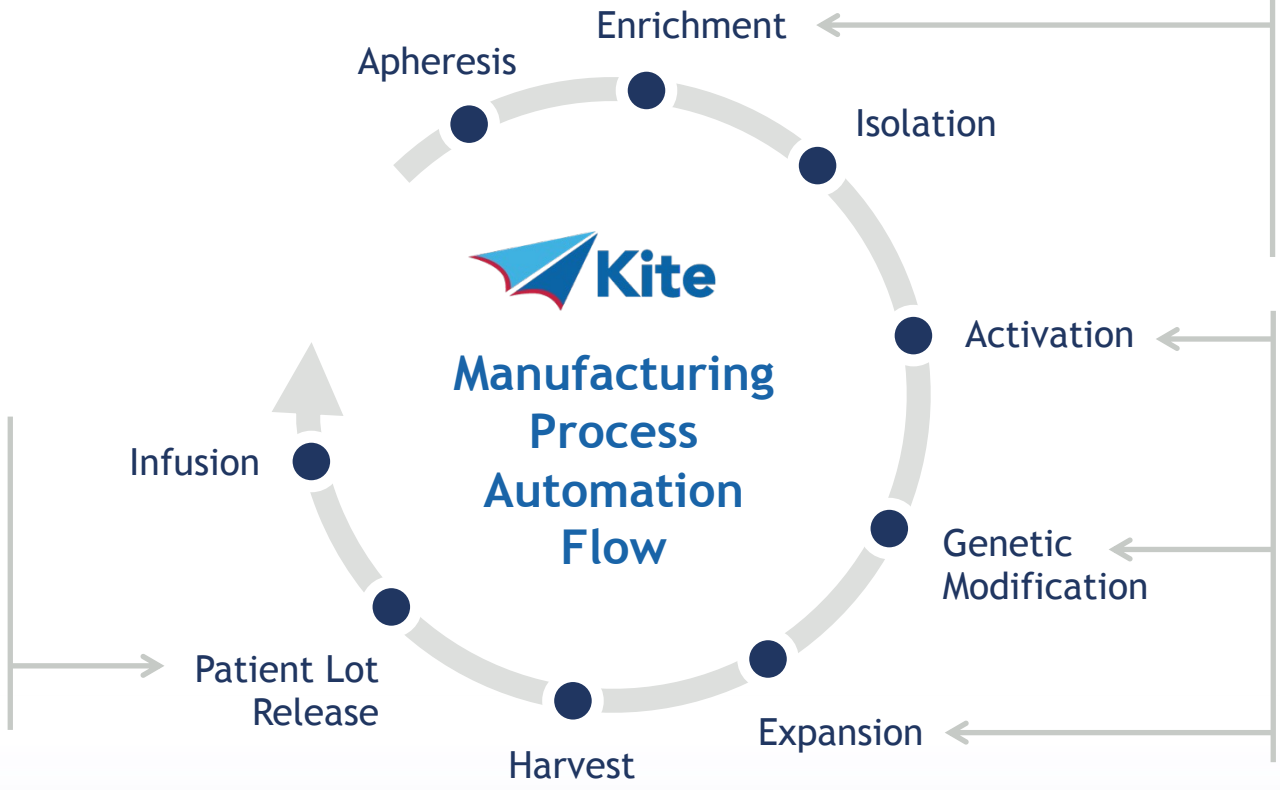
Note: Some process steps are conducted on the same day. All values above are median values, cumulative based on selected time period.

Opportunities to Deliver Therapies More Efficiently

	Example
1 TAT Reduction	Approval of 5-day manufacturing reduces overall TAT by 2 days in the U.S. for Yescarta
2 Automation	Manufacturing automation expected in 2025; quality control (QC) automation in development
3 Innovation	Rapid manufacturing assets are in the pipeline and are expected to further reduce manufacturing time

- Deliver quality, speed & reliability
- Time to treatment is a critical factor for patients
- Gives certainty to treating physician
- Eases logistics for all stakeholders

Advancing Towards Full Automation



Example: PBMC enrichment and PBMC seed prep & excess formulation in one machine, replacing a manual step

Available in

- Semi-Automated Process
- Fully-Automated Process

Example: One machine to process cells from activation to expansion, replacing the need for two machines and a 7-day, 5-step manual process

Available in

- Fully-Automated Process

Example: Machine to conduct formulation and fill

Available in

- Semi-Automated Process
- Fully-Automated Process

PBMC - peripheral blood mononuclear cells.

Process automation is expected to improve success rates, reduce labor costs and densify the capacity of our commercial manufacturing facilities

Capacity Expansion to Support Broader CAR T Adoption

Maryland

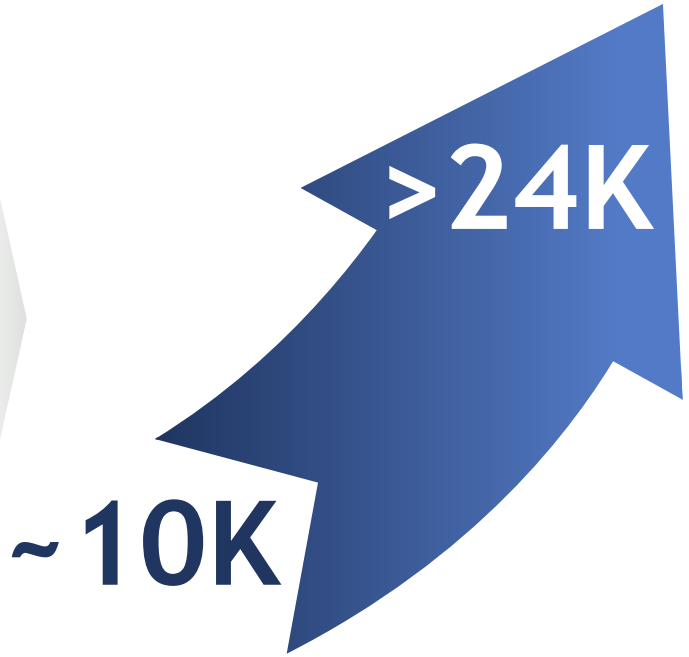
Semi-automated process –
FDA approved site April 2022

Amsterdam

Manual process – moving to
semi-automated process

California

Capacity increased through
process improvement

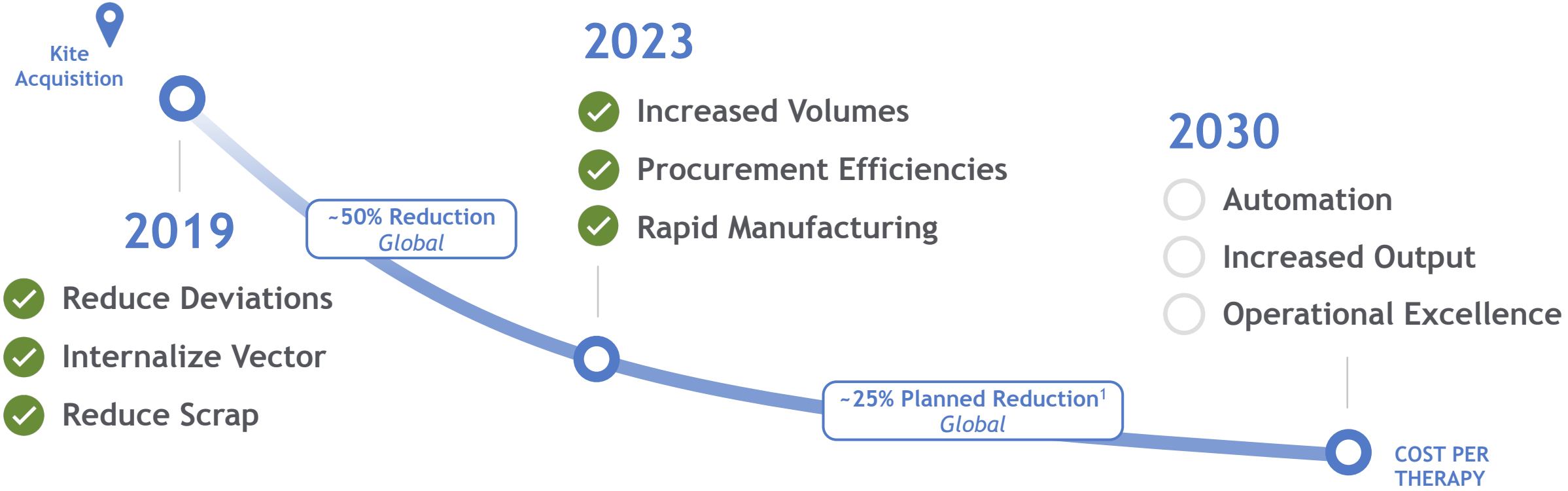


Installed Manufacturing Capacity by 2026

- Pre-built clean rooms allow rapid fit out
- Automation increases capacity within each clean room
- Pre-built shell space allows construction of new clean rooms without impacting existing operations

Prepared for increase in future CAR T demand

Delivering Consistent Cost Improvements



1. As compared to 2023; projected estimates and subject to change. 2. Excluding accounting treatment of Arcellx profit share. Target subject to revision as portfolio expands.

Targeting biologics product gross margin of ~80% in the U.S. by 2030[2]

Rapidly Advancing Plans for Anito-cel Manufacturing

- Rapidly completing technology transfer
- Initiated capital project to install additional manufacturing capacity
- Generated comparability data
- Initiated process improvements based on learnings from existing products

What's Next

- Establish a fully-automated manufacturing process
- Develop internal LVV manufacturing process
- Scale-up for commercial launch
- Achieve similar median turnaround time and success rate to Yescarta

Anito-cel is an investigational product; it has not been approved for any use globally and the safety and efficacy have not been established. LVV – lentiviral vector.

Anito-cel to leverage Kite's industry-leading manufacturing capabilities

Maryland: One of Three T-cell Manufacturing Facilities

Facility Design

- Modular Cleanrooms – Ballroom Design
- Redundant Utilities – N+1
- Dual Power Feeds
- LEED Silver

LEED - Leadership in Energy and Environmental Design

Facility Features

- Automation Projects & Equipment
- MSAT Lab

Capabilities for the Future

- 75,000 SF Shell Space
- Additional ~10m investment to support new products such as anito-cel

$225M investment

279,000 square-feet

20(+11) acre site

~500 employees

3 airports

Our facilities are purpose-built for cell therapy today and tomorrow

Cell Manufacturing

Manufacturing Tour – Key Information

Tour Details

- Staggered tour times, running a new group every few minutes
- Name badge has your group number
- Tour guides are standing to the left

Please Remember

- No photography
- No food or drink
- Please keep your broader questions for the Q&A panel at the end

Agenda

Morning Session – 10:00 am – 12:45 pm

- Welcome
- Commercial
- Manufacturing
- Site Tour

Lunch – 12:45 pm

Afternoon Session – 1:15 – 3:15 pm

- Multiple Myeloma
- Clinical Pipeline
- Research
- Q&A

Speakers

Cindy Perettie
EVP & Head of Kite

Warner Biddle
SVP Global Head of Commercial

Chris McDonald
SVP Global Head of Technical Operations

Frank Neumann, MD, PhD
SVP Global Head of Clinical Development

Priti Hegde, PhD
SVP Global Head of Research

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Investing Today to Maintain Leadership Tomorrow

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Multiple Myeloma

Frank Neumann, MD, PhD

SVP, Global Head of Clinical Development

Warner Biddle

SVP, Global Head of Commercial

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Kite Analyst Event: Global Leader in Cell Therapy

Leading Commercial Execution

- Building best-in-class commercial capabilities and extending leadership
- Driving differentiation vs in-class and out-of-class competitors
- Building class share with ATC growth & innovative model of community expansion
- Expand access globally and further demonstrate the value of CAR T

Setting the Industry Manufacturing Standard

- 96% manufacturing success allows more patients to receive cells the first time
- Rapid 14-day turnaround time in U.S. with opportunities for further improvements
- Moving towards full automation to enable greater capacity and cost efficiencies
- Executing plans for anito-cel manufacturing to support commercial launch

Investing Today to Maintain Leadership Tomorrow

- Winning in multiple myeloma with potentially best-in-class anito-cel
- Potentially expanding Yescarta into the front-line setting for high-risk LBCL
- Advancing next-generation constructs across auto, allo and *in vivo*
- Leveraging cell therapy expertise to identify the right autoimmune approach

Arcellx Partnership Value Drivers and Structure

Kite
A GILEAD Company

- Global leadership and only vertically integrated company in cell therapy
- Global manufacturing footprint and capacity
- Commercial excellence: extensive ATC and patient support network

+

ARCELLX

- Potential best-in-class, autologous myeloma asset in anito-cel
- Novel binder architecture available for next-gen and allogeneic products

Kite and Arcellx co-develop and co-commercialize anito-cel in the U.S.

Kite to develop and commercialize anito-cel ex-U.S.

Note: Anito-cel (anitocabtagene autoleucel) is an investigational product and has not been approved by any regulatory agency globally. Its safety and efficacy have not been established.

Anito-cel Advantages Present Substantial Opportunity

Differentiated D-Domain + **Compelling Phase 1 Data** + **Potential Best-in-Class Profile** + **Strong Manufacturing and Commercial Expertise**

Market

1

3rd Largest Blood Cancer

Unmet need in 2L is increasing due to approval and adoption of several drug regimens (quadruplets) in 1L

2

Impacts >100,000 Patients Annually[1]

Incurable disease with life expectancy of just over 5 years

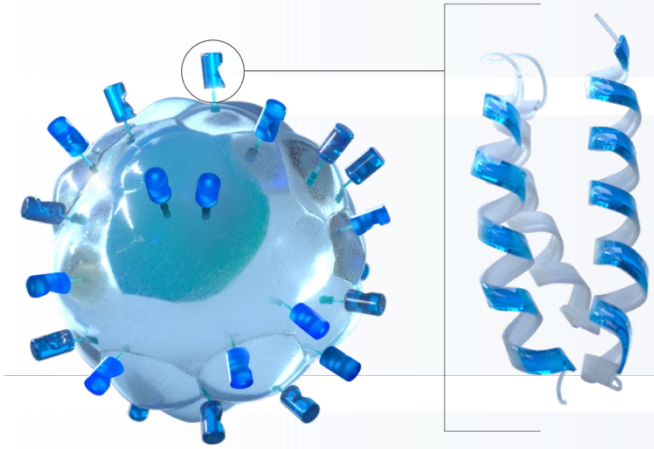
3

Potential ~$12B CAR T Market

Total Addressable Market in 2L+ Multiple Myeloma in CAR T

Note: Anito-cel (anitocabtagene autoleucel) is an investigational product and has not been approved by any regulatory agency globally. Its safety and efficacy have not been established. 1. Estimated in 2023.

D-Domain: Optimized Design for Myeloma Cell Killing



Expression	Small construct facilitates 70% transduction efficiency, higher CAR positivity and density on T-cell surface	**Enables more CAR+ cells within lower overall dose**
Stability	Rapid D-Domain folding, lack of disulfide bonds, and a hydrophobic core	**Enables stability at and beyond physiologic conditions**
Structure	Small size and compact D-Domain CARs are designed to have low risk of tonic signaling and potentially more efficient MM cell killing	**Designed to minimize CAR tonic signaling which can cause rapid T-cell exhaustion, impairing anti-tumor function**

Small, stable, fully synthetic binding agent with a hydrophobic core

Note: Anito-cel (anitocabtagene autoleucel) is an investigational product and has not been approved by any regulatory agency globally. Its safety and efficacy have not been established.

Anito-cel Phase 1 Data is Compelling

Durable Responses

100%

ORR

mPFS, mDOR, and mOS not reached (NR) at 26.5 months follow-up

Despite High-Risk Factors

34%

Patients with EMD

Demonstrated deep and durable responses in patients with high-risk factors (63% of patients), including extramedullary disease

With Manageable Safety

0

Delayed Neurotoxicity

0% ≥ Gr3 CRS; 1 case Gr 3 ICANS; No delayed neurotoxicity (including parkinsonism) seen to date

- Phase 1 results in 4L+ R/R multiple myeloma showed competitive efficacy at 26.5 mos follow-up, with a manageable safety profile.
- sCR/CR was 76% for all patients (n=38), with higher CR rates seen for patients with high-risk factors.

With 26.5 months follow-up, mPFS was not reached & no delayed neurotoxicity seen to date

Note: Anito-cel (anitocabtagene autoleucel) is an investigational product and has not been approved by any regulatory agency globally. Its safety and efficacy have not been established. Source: ASH 2023 (ARC-101). 1. High risk defined as a patient with EMD, ISS Stage III (B2M≥5.5), or BMPC ≥60%. CRS – Cytokine release syndrome, EMD - Extramedullary disease, ICANS – Immune effector cell-associated neurotoxicity syndrome, (s)CR - (Stringent) complete response, mDOR - Median duration of response, mPFS - Median progression-free survival, mOS - Median overall survival, ORR - Overall response rate.

Pivotal iMMagine-1 Study Underway

1 PRIMARY ENDPOINT

Overall Response Rate (ORR) per IMWG criteria by Independent Review Committee (IRC)

- The primary analysis is planned when all subjects have a minimum of 13 months follow up after infusion of anito-cel

2 SECONDARY ENDPOINT

Stringent complete response (sCR) or complete response (CR) rate per IMWG criteria

- The primary analysis is planned when all subjects have a minimum of 13 months follow up after infusion of anito-cel

A multicenter, open-label study of anito-cel in patients with R/R MM

Eligibility Criteria

- At least three prior lines of therapy, including PI, ImiD, and anti-CD38 antibody, and refractory to last line
- Measurable disease
- ECOG 0-1

Enrollment and Dose

- N = ~110
- Dose + 115 (+/-10) million CAR+ cells

Preliminary data expected in 2H24 with commercial launch targeted in 2026

Note: Anito-cel (anitocabtagene autoleucel) is an investigational product and has not been approved by any regulatory agency globally. Its safety and efficacy have not been established.
ImiD – Immunomodulatory agent, ORR – Overall response rate, PI – Proteasome inhibitor, R/R – Relapsed and/or refractory.

Potential Best-in-Class CAR T in Multiple Myeloma

Today: Leveraging Kite's CAR T expertise to position anito-cel for a successful launch

DIFFERENTIATED PRODUCT

Establish anito-cel as the preferred MM therapy due to the potential advantages conferred by the D-domain

INDUSTRY-LEADING MANUFACTURING

Apply Kite's capabilities to deliver ample supply with competitive turnaround times and full range of slot availabilities

SIGNIFICANT UNMET NEED

Maximize reach across the earlier- and late-line MM settings through manufacturing excellence and established infrastructure

PATIENT ACCESS

Drive optimal coverage and reimbursement for anito-cel across key geographies and leverage robust ATC network

Note: Anito-cel (anitocabtagene autoleucel) is an investigational product and has not been approved by any regulatory agency globally. Its safety and efficacy have not been established.

Key Clinical Updates in 2024

- Preliminary readout of pivotal iMMagine-1 study in 2H24
- Earlier-line study FPI in 2H24

Well-Positioned for Potential 2026 Launch

- Leveraging Kite's world-class manufacturing capabilities
- Established global commercial footprint

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Clinical Pipeline

Frank Neumann, MD, PhD

SVP, Global Head of
Clinical Development

Advancing Towards Next Gen Kite CAR Technology

K-Gen 1

Mono-CAR

- Transformative in heme malignancies
- Single antigen and costimulatory domain

Examples: Yescarta, Tecartus, anito-cel

K-Gen 2

Bicistronic-CAR

- Multiple antigens and 2 costimulatory domains
- Potential for deeper and more sustained responses
- Potential to address certain resistance mechanisms

Example: KITE-363

K-Gen 3

Fit-CAR

- Mono or bicistronic enriched for juvenile T-cells
- Optimized manufacturing
- Can have multiple modifications (e.g., IL-18, mbIL-15)
- Improves product potency

Examples: KITE-753, KITE-197

K-Gen 4

Allogeneic-CAR

- Readily available product
- Favorable COGS

Examples: CAR-NKs for autoimmune diseases

K-Gen 5

in vivo-CAR

- Capable of generating CARs in system

Examples: novel delivery technology

Durable Responses in Challenging Treatment Paradigms

YESCARTA®

ZUMA-1: 3L+ LBCL

Approved

43%

5-Year OS

92% of study patients alive at 5 years needed no additional cancer treatment after their one-time infusion of Yescarta

ZUMA-7: 2L LBCL

Approved

55%

4-Year OS

First and only therapy of any kind to show a statistically significant overall survival benefit versus standard of care in almost 30 years

ZUMA-12: 1L HR LBCL[1]

Investigational

81%

3-Year OS

First ever 1L LBCL CAR T-cell therapy trial, with three-year follow-up data of axi-cel demonstrating high and durable response rates

1. Yescarta (axicabtagene ciloleucel) has not been approved by any regulatory agency for 1L HR LBCL; this use is investigational and the safety and efficacy of this use have not been established.
Source: NEJM 2021 (ZUMA-1), NEJM 2023 (ZUMA-7), ASH 2023 (ZUMA-12). HR – High risk. OS – Overall survival.

Durable Survival 5 Years Post-Treatment in 3L+ LBCL

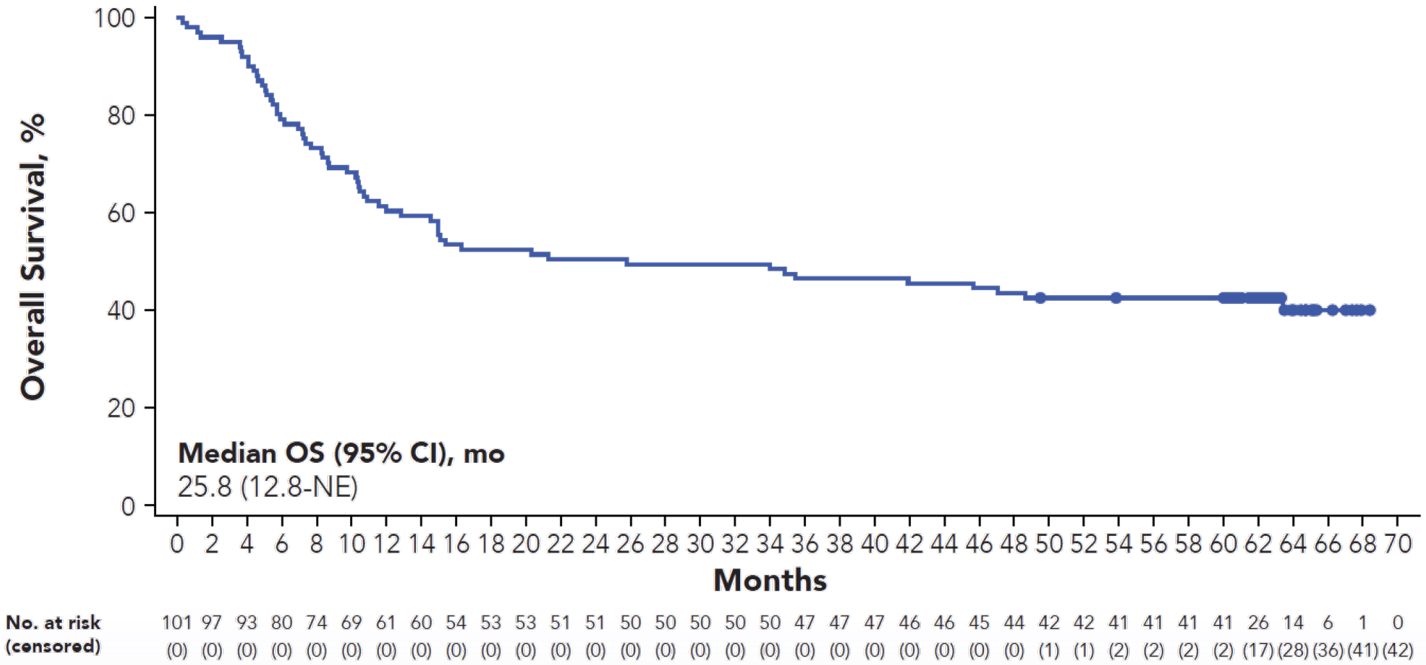
ZUMA-1: 3L+ LBCL *Approved*

43%

5-Year OS

- 92% of ZUMA-1 study patients alive at 5 years needed no additional cancer treatment after their one-time infusion of Yescarta

YESCARTA®



Source: ASH 2021 (ZUMA-1).

Yescarta is the only CAR T with 5-Year Overall Survival Data in LBCL

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Shifting the Paradigm in 2L R/R LBCL

ZUMA-7: 2L LBCL *Approved*

27%
Reduction in Risk of Death
(OS HR 0.726, p=0.0168)

>4x
median EFS

55%
4-year OS rate

2.5x
2-year EFS

- **First** and **largest** Phase 3 CAR T RCT in 2L LBCL (ZUMA-7); the **only primary analysis** with the **longest follow up of 2yrs**
- **Met its primary EFS *AND* OS endpoints**, demonstrating statistically significant and clinically meaningful improvement in efficacy with axi-cel versus second-line SOC in R/R LBCL
- Safety profile **consistent** with prior studies

Source: NEJM 2023 (ZUMA-7).

First treatment to improve upon 2L LBCL standard of care in ~30 years

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Phase 2 Shows Rapid, Durable Responses in 1L HR LBCL

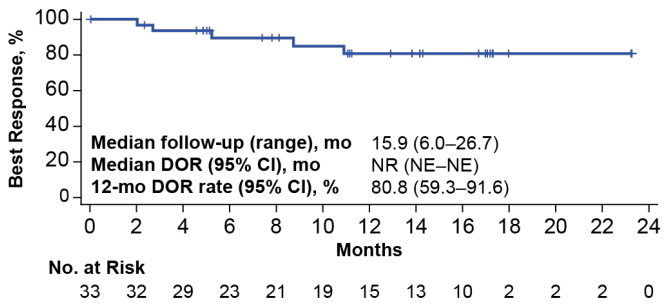
ZUMA-12: 1L HR LBCL

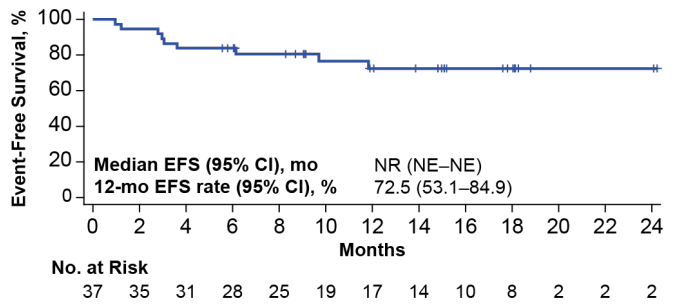
Investigational

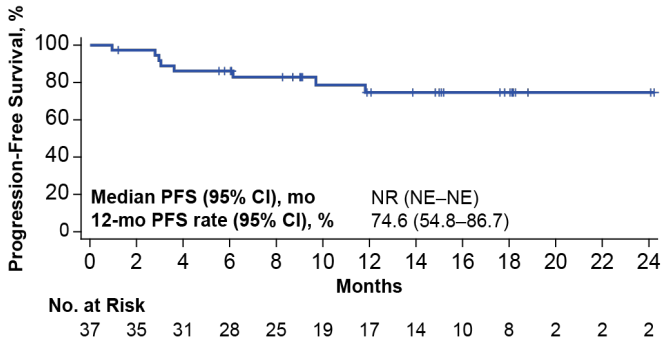
81%

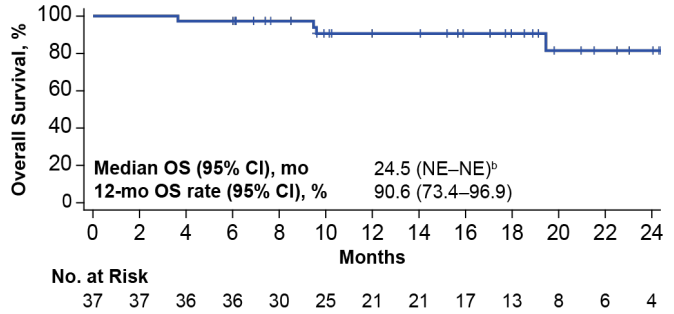
3-yr OS in Ph2 ZUMA-12

- High rate of **rapid and durable responses** with 86% complete response (primary endpoint)
- 73% of patients remained in response
- No new safety signals were observed
- Median follow-up of 40.9 months
- Data suggest improved T-cell fitness









First CAR T study in 1L HR LBCL; Phase 3 ZUMA-23 study ongoing

Note: Yescarta (axicabtagene ciloleucel) has not been approved by any regulatory agency for 1L HR LBCL; this use is investigational and the safety and efficacy of this use have not been established. Analyses done in all treated patients with centrally confirmed disease type (double- or triple-hit lymphomas) or IPI score ≥3 who received ≥1×106 CAR T-cells/kg. One patient died after progression (cause of death was progression). Source: Nature Medicine 2022 (ZUMA-12). HR – High risk, OS – Overall survival.

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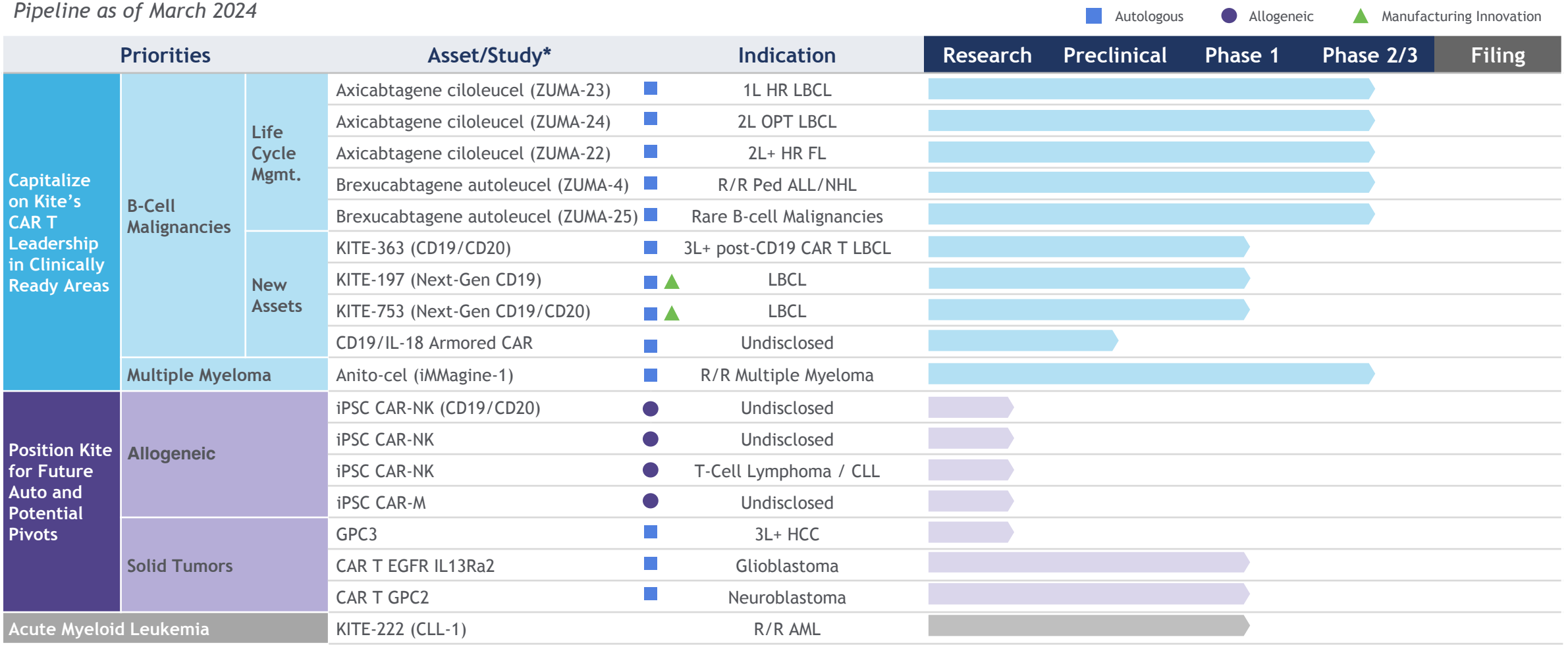
Diversified Pipeline Across Diseases & Constructs

Pipeline as of March 2024



Priorities			Asset/Study*		Indication	Research	Preclinical	Phase 1	Phase 2/3	Filing
Capitalize on Kite's CAR T Leadership in Clinically Ready Areas	B-Cell Malignancies	Life Cycle Mgmt.	Axicabtagene ciloleucel (ZUMA-23)	■	1L HR LBCL					
			Axicabtagene ciloleucel (ZUMA-24)	■	2L OPT LBCL					
			Axicabtagene ciloleucel (ZUMA-22)	■	2L+ HR FL					
			Brexucabtagene autoleucel (ZUMA-4)	■	R/R Ped ALL/NHL					
			Brexucabtagene autoleucel (ZUMA-25)	■	Rare B-cell Malignancies					
		New Assets	KITE-363 (CD19/CD20)	■	3L+ post-CD19 CAR T LBCL					
			KITE-197 (Next-Gen CD19)	■ ▲	LBCL					
			KITE-753 (Next-Gen CD19/CD20)	■ ▲	LBCL					
			CD19/IL-18 Armored CAR	■	Undisclosed					
	Multiple Myeloma		Anito-cel (iMMagine-1)	■	R/R Multiple Myeloma					
Position Kite for Future Auto and Potential Pivots	Allogeneic		iPSC CAR-NK (CD19/CD20)	●	Undisclosed					
			iPSC CAR-NK	●	Undisclosed					
			iPSC CAR-NK	●	T-Cell Lymphoma / CLL					
			iPSC CAR-M	●	Undisclosed					
	Solid Tumors		GPC3	■	3L+ HCC					
			CAR T EGFR IL13Ra2	■	Glioblastoma					
			CAR T GPC2	■	Neuroblastoma					
Acute Myeloid Leukemia			KITE-222 (CLL-1)		R/R AML					

Potential targets/indications in evaluation, subject to additional modification. The safety and efficacy of these investigational agents or investigational uses of marketed products have not been established. These uses have not been approved by the U.S. FDA or other regulatory authorities. There is no guarantee that these therapies or uses will be commercialized. HR - High risk, R/R - Relapsed and/or refractory.

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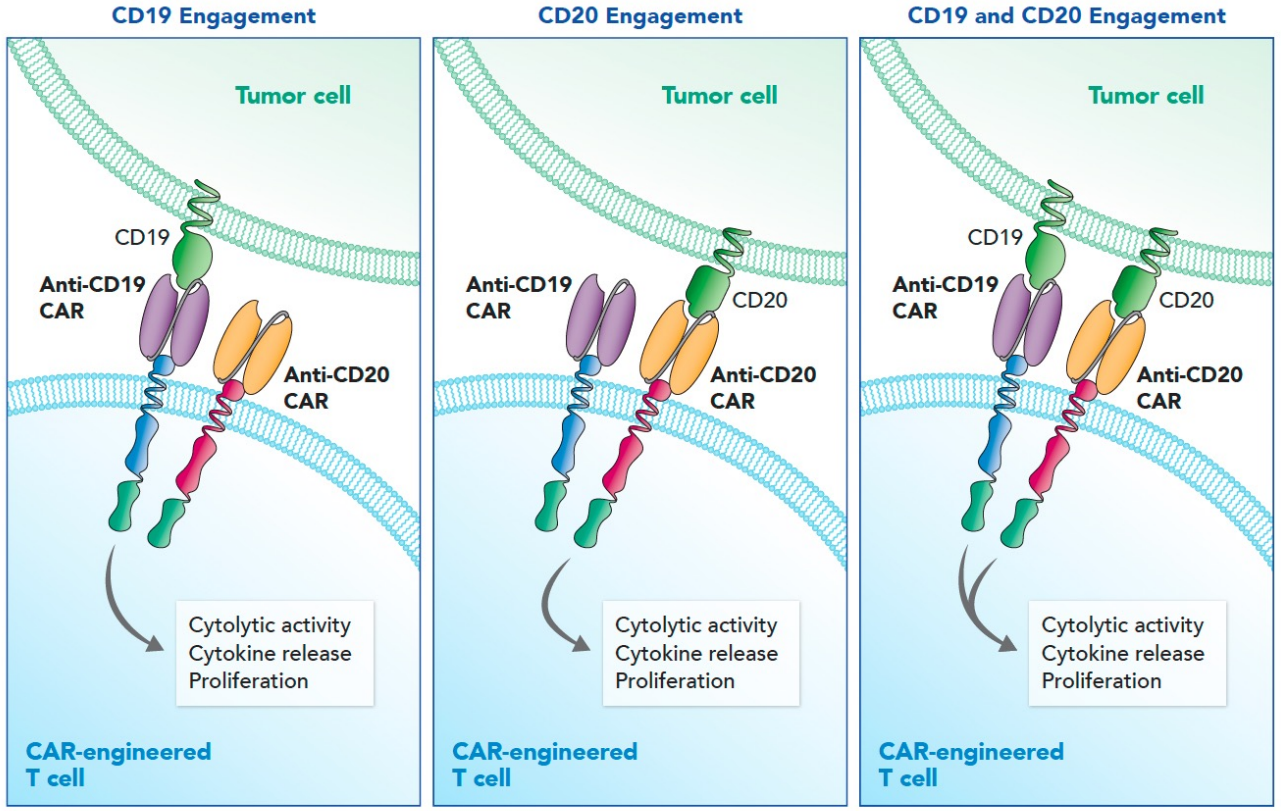
Overcoming Resistance Mechanisms in LBCL

Potential Benefits:

- Bicistronics can target 2 antigens (e.g., CD19 and CD20) simultaneously or individually
- Potentially provides deeper, more sustained responses
- May prevent CD19 antigen escape by minimizing selective pressure through upfront therapeutic dual targeting
- Potential to overcome certain resistance mechanisms as loss of either antigen (CD19 or CD20) on tumor cells can be compensated for by the other CAR
- Construct may allow synergized co-stimulation to resemble more physiologic signaling which may improve the overall efficacy/safety profile

Mechanism of Action – Bicistronic CAR



CAR, chimeric antigen receptor.

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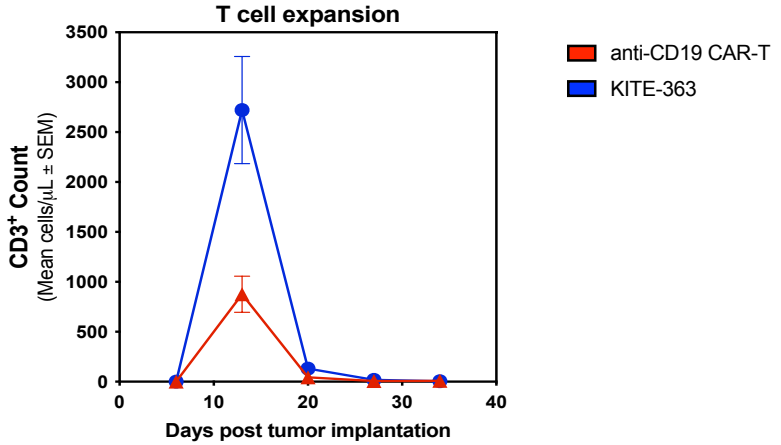
Early KITE-363 Bicistronic Data Encouraging

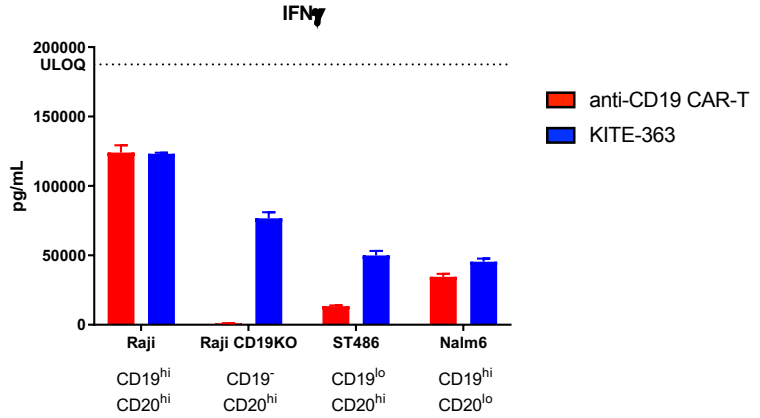
- **KITE-363** is an investigational autologous bicistronic CAR T targeting CD19- and/or CD20-expressing B-cell malignancies
- Preclinical data shows **robust cell expansion without significant increase in cytokines**
- Dose expansion portion of Phase 1 study ongoing at the recommended dose; **encouraging responses and safety profile observed to date**

Phase 1 DLBCL Update in 2H24

Enhanced Cell Expansion in Preclinical Study



No Increase in Cytokines in Preclinical Study



KITE-363 is an investigational product; it has not been approved for any use globally and the safety and efficacy have not been established.

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Advancing Towards Next Gen Kite CAR Technology

K-Gen 1

Mono-CAR

- Transformative in heme malignancies
- Single antigen and costimulatory domain

Examples: Yescarta, Tecartus, anito-cel

K-Gen 2

Bicistronic-CAR

- Multiple antigens and 2 costimulatory domains
- Potential for deeper and more sustained responses
- Potential to address certain resistance mechanisms

Example: KITE-363

K-Gen 3

Fit-CAR

- Mono or bicistronic enriched for juvenile T-cells
- Optimized manufacturing
- Can have multiple modifications (e.g., IL-18, mbIL-15)
- Improves product potency

Examples: KITE-753, KITE-197

K-Gen 4

Allogeneic-CAR

- Readily available product
- Favorable COGS

Examples: CAR-NKs for autoimmune diseases

K-Gen 5

in vivo-CAR

- Capable of generating CARs in system

Examples: novel delivery technology

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Creating Possible

Research

Priti Hegde, PhD

SVP, Global Head of Research

Advancing Towards Next Gen Kite CAR Technology

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K-Gen 5

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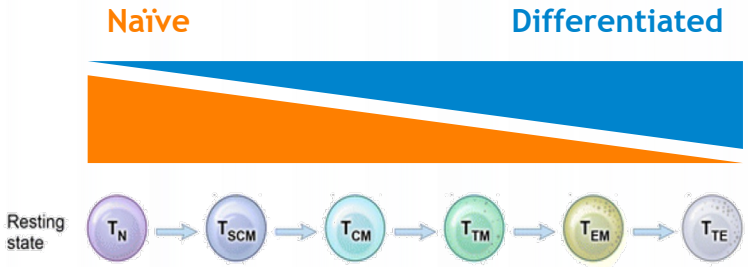
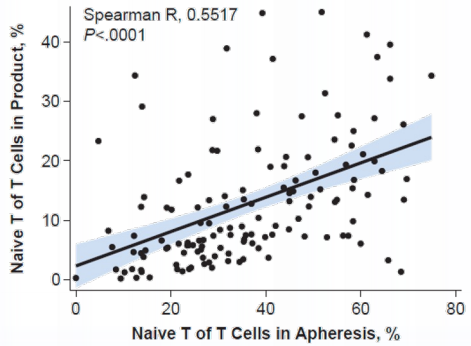
Examples: novel delivery technology

Translational Learning Applied to Next Gen CAR T



Naïve T-cells result in better expansion into memory T-cells

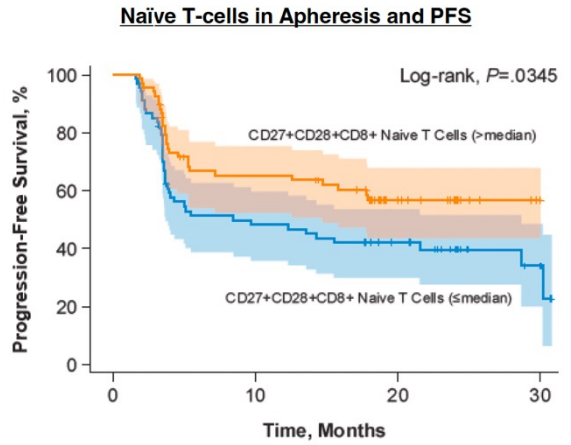


Higher proportion of naïve T-cells in apheresis result in higher proportion of naïve T-cells in product

Similarly, T-cells with poor qualities could impact product

RESULTS FROM ZUMA-7

Higher naïve T-cells in Apheresis result in better clinical outcomes



Fine-tuning T-cell inputs to develop improved CAR T product for select T-cell qualities based on translational research

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Research Strategy Expands Leadership in Cell Therapy

Capitalize on CAR T Leadership in Clinically Ready Areas

GROW & PROTECT

B-Cell Lymphoma & Multiple Myeloma

Key Projects K-Gen 2 K-Gen 3

- Dual Antigen Targeting CAR
- Armoring (IL-18, mbIL-15)
- Optimized Manufacturing

Position Ourselves at Forefront of Next Gen Autologous and Allogeneic Approaches

ENTER

High Unmet Need Solid Tumors

Key Projects K-Gen 3

- GPC-3 armored CAR for HCC
- EGFR dual armored CAR for GBM

EXPLORE

Allogeneic for Heme & Autoimmune Disease

Key Projects K-Gen 4

- T and NK Cell Platform

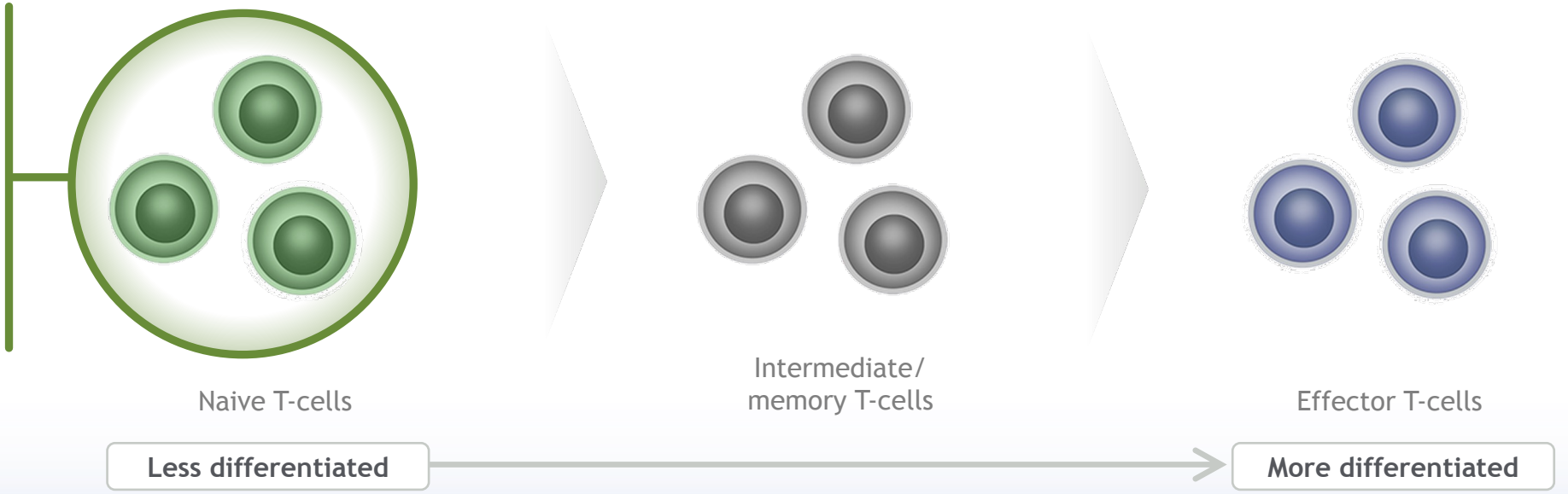
Innovate through technology development & external partnerships

KITE-753:CD19/CD20 Dual-targeting Fast Manufacturing

Key Unmet Need: Speed to treatment especially for those with very aggressive lymphomas

Kite's **rapid and enhanced manufacturing process** harvests the product early to enrich a more naive, less differentiated T-cell population

Rapid Manufacturing Process (3 days) to Preserve T Cell Stemness



Potential Benefits

Improved product potency – demonstrates enhanced efficacy in preclinical studies with the potential for a lower dose in the clinic

Enables increased manufacturing success, reduced turn-around-time and reduced cost of goods – reduced average turnaround time to 3 days

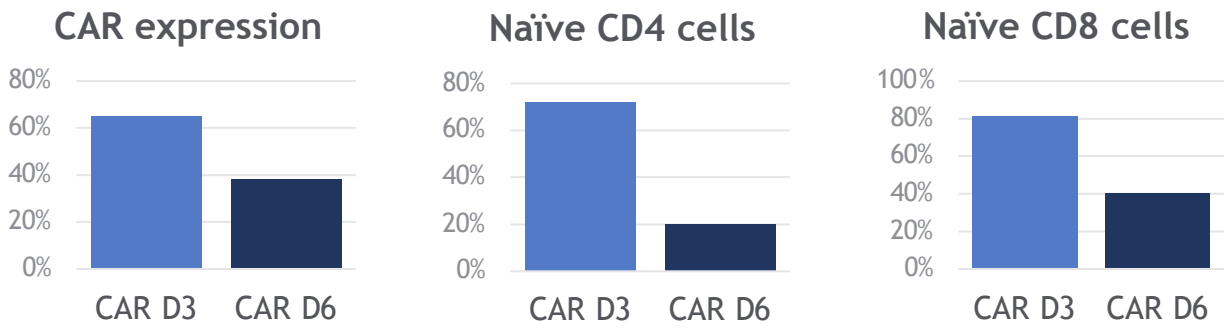
Exploits the benefits of 2 different costim domains and thus the combined functional output - rescue CD19 negative relapsed patients and prevent CD19 antigen escape

KITE-753 is an investigational product; it has not been approved for any use globally and the safety and efficacy have not been established.

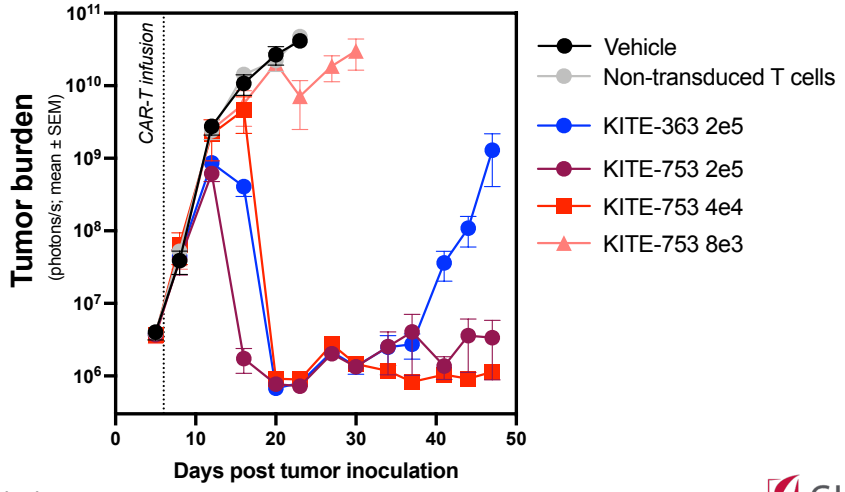
KITE-753 Preclinical Data Encouraging

- KITE-753 final product exhibits high CAR expression and increased naïve T-cells compared to the KITE-363 benchmark
- KITE-753 demonstrates increased efficacy *in vivo* compared to the KITE-363 benchmark

High CAR expression and increased naïve T-cells



Enhanced *in vivo* efficacy of KITE-753



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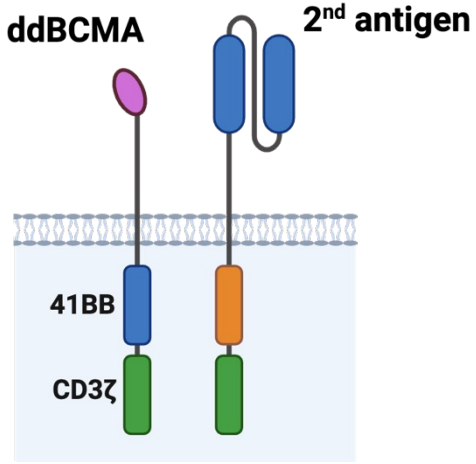
Address Next Generation CAR-T in Multiple Myeloma

Challenges to Solve	Kite Approach
Tumor antigen escape	Dual targeting with 2nd antigen
Poor persistence in blood	Armoring to improve local expansion and persistence
Immunosuppressive microenvironment	
Baseline product characteristics impact response	Optimized manufacturing for naïve cells

Bicistronic



GILEAD | Kite

Research Strategy Expands Leadership in Cell Therapy

Capitalize on CAR T Leadership in Clinically Ready Areas

GROW & PROTECT

B-Cell Lymphoma & Multiple Myeloma

Key Projects K-Gen 2 K-Gen 3

- Dual antigen targeting CAR
- Armoring (IL-18, mbIL-15)
- Optimized manufacturing

Position Ourselves at Forefront of Next Gen Autologous and Allogeneic Approaches

ENTER

High Unmet Need Solid Tumors

Key Projects K-Gen 3

- GPC-3 armored CAR for HCC
- EGFR dual armored CAR for GBM

EXPLORE

Allogeneic for Heme & Autoimmune Disease

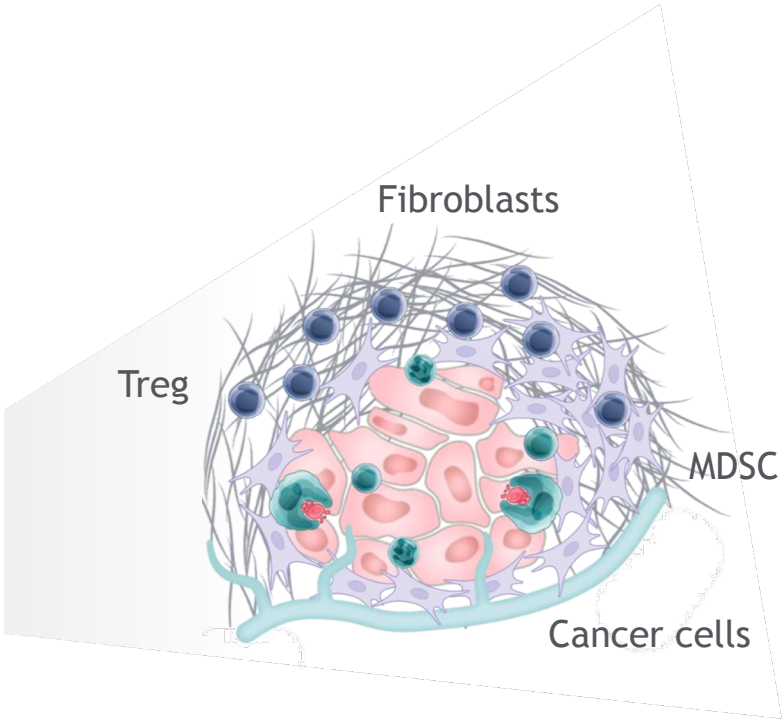
Key Projects K-Gen 4

- T and NK Cell Platform

Innovate through technology development & external partnerships

Solving for the Unique Challenges of Solid Tumors

Challenge	Repercussion	Approach
Poor effector T-cell (CAR T) to tumor cell ratio	Poor proliferation and persistence	**Enhance T-cell proliferation and expansion**
High tumor heterogeneity	CRs or deep and durable ORRs difficult to achieve	**Dual antigen targeting**
Highly immunosuppressive TME	Impedes T-cell fitness	**Arm T-cells to be more metabolically fit, address immunosuppressive mechanisms**

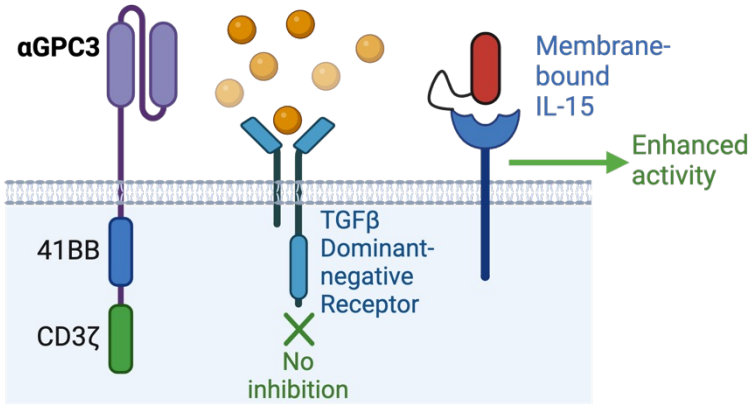


TME – tumor microenvironment

GPC3-Directed CAR T for Hepatocellular Carcinoma

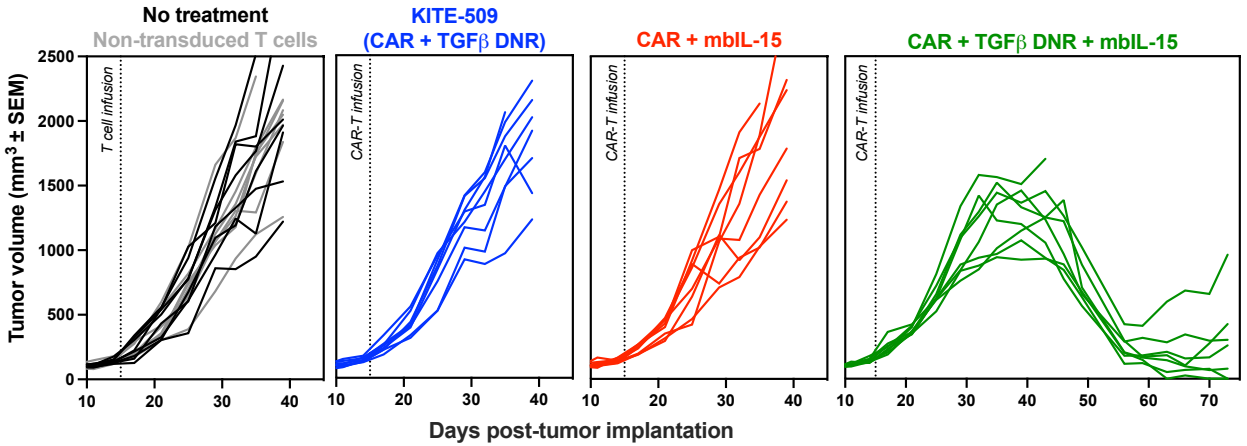
- 2L HCC: PFS of <5 months with <5% ORR
- Glypican-3 (GPC3) is a glycoprotein that is overexpressed in HCC and other solid tumors, but is not expressed in normal tissues
- Most patients with HCC have elevated serum TGFβ and a genetic signature of TGFβ activation in tumors. Higher serum TGFβ correlates with poor disease outcome
- Membrane bound IL-15 promotes T-cell persistence and preserve memory phenotype

Next-Gen GPC3 Asset



Enhancement Rationale

TGFβ DNR + mbIL-15 provides superior efficacy over mbIL-15 alone



GPC3 CAR T is an investigational product; it has not been approved for any use globally and the safety and efficacy have not been established.
HCC – Hepatocellular carcinoma

Exploring Solid Tumors

EGFR IL13Ra2

Penn Medicine

Phase 1
Glioblastoma

GBM is the most common primary malignant brain tumor in adults. Despite aggressive treatment, including resection, radiation, and chemotherapy, GBM has close to 100% recurrence rate, and is nearly uniformly fatal.

Planned combination of Penn's dual-targeting of IL13Ra2 and EGFR with our TME strategies driven by Penn translational data increases confidence in our approach.

Autologous | LVV | Bicistronic

GPC2

Children's Hospital of Philadelphia

Phase 1
Neuroblastoma

Glypican 2 (GPC2) is highly expressed on the plasma membrane of most high-risk neuroblastomas, is further enriched in the tumor stem cell compartment, but is not expressed at significant levels on normal tissues.

Developed as a *de novo* tumor antigen discovery project in partnership with CHOP, our GPC2 CAR (manufactured at Penn) first-in-human test reveals the development path forward for not only children with neuroblastoma, but potentially for other tumor types.

Autologous | LVV

LVV – Lentiviral vector

EGFR IL13Ra2 and GPC2 CAR T are investigational products; they have not been approved for any use globally and the safety and efficacy have not been established.

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Uniquely Positioned to Execute Auto & Allo Autoimmune

Kite
A GILEAD Company

Industry leading manufacturing capable of scaling to meet autoimmune disease patient volume

Large Patient Population

- Systemic lupus erythematosus
- Lupus nephritis
- Systemic scleroderma
- Myasthenia gravis
- Multiple sclerosis

Developing outpatient expertise to manage different stakeholders and payer challenges

Commercial Challenges

- Need for partnership among specialists and between centers
- Outpatient / buy & bill payer landscape

Ability to combine Kite cell therapy clinical expertise with Gilead inflammation to execute on clinical trials

Clinical Challenges

- Limited early stage proof of concept data
- Need safer CAR T technology
- Need for autoimmune disease expertise

Research Goals for Allogeneic Autoimmune Therapies

Goals to Bring CAR T to a Broader Population

1. Requires low or no lymphodepletion
2. Humanized binder to support potential repeat dosing
3. Addresses multiple mechanisms of immune rejection
4. Construct design supports outpatient strategy (safety, ease of access)

Rationale for Allogeneic Therapies

- Reduced antigen burden alleviates need for persistence
- Eliminates apheresis in the patient journey
- Potentially improved safety profile (e.g., CAR-NK)
- Allo-T manufacturing has favorable COGS

Complementing Allogeneic with External Innovation

SHORELINE biosciences

- Induced pluripotent stem cell (iPSC) derived CAR-NK Cells
- Engineering that improves persistence
- Renewable cell source provides product consistency
- Low COGS and supports multiple dosing strategy
- Potential for enhanced safety in the clinic
- Cell type and construct must support outpatient strategy: safety, ease of access

Kite & Shoreline strategic collaboration to develop off-the-shelf, standardized and targeted NK cells and macrophages

Innovation Through Technology & Partnerships

Technology Development

- Improve product fitness
- Address alternatives to apheresis and lymphodepletion
- Non-viral delivery for CAR Ts and increase payload
- *in vivo* CARs

External Partnerships

ORNA™

SHORELINE biosciences

epic bio™

Growing Capabilities Led by 3 Research Centers

Foster City, CA

Research Center, specializing in:

- Armored CAR T
- CAR constructs
- Editing technology
- Allogeneic platforms

celldesignlabs

Acquired December 2017

Kite
A GILEAD Company

Santa Monica, CA

Research Center, specializing in:

- Translational medicine
- T-cell co-stimulation
- Transposons and epigenetic edits
- Payload delivery

Kite
A GILEAD Company *Acquired August 2017*

Philadelphia, PA

Research Center, specializing in:

- Fast CAR Ts
- T-cell backpacks

R&D collaboration with:

Penn Medicine
Children's Hospital of Philadelphia

TMUNITY™ *Acquired February 2023*

GILEAD
Creating Possible

Q&A

Cindy Perettie

EVP & Head of Kite

Warner Biddle

SVP, Global Head of Commercial

Chris McDonald

SVP, Global Head of Technical Operations

Frank Neumann, MD, PhD

SVP, Global Head of Clinical Development

Priti Hegde, PhD

SVP, Global Head of Research

Shelby Geyer

VP, Kite Finance

GILEAD
Creating Possible

Wrap-Up

Kite Analyst Event: Global Leader in Cell Therapy

Leading Commercial Execution

- Building best-in-class commercial capabilities and extending leadership
- Driving differentiation vs in-class and out-of-class competitors
- Building class share with ATC growth & innovative model of community expansion
- Expand access globally and further demonstrate the value of CAR T

Setting the Industry Manufacturing Standard

- 96% manufacturing success allows more patients to receive cells the first time
- Rapid 14-day turnaround time in U.S[1] with opportunities for further improvements
- Moving towards full automation to enable greater capacity and cost efficiencies
- Executing plans for anito-cel manufacturing to support commercial launch

Investing Today to Maintain Leadership Tomorrow

- Winning in multiple myeloma with potentially best-in-class anito-cel
- Potentially expanding Yescarta into the front-line setting for high-risk LBCL
- Advancing next-generation constructs across auto, allo and *in vivo*
- Leveraging cell therapy expertise to identify the right autoimmune approach

GILEAD
Creating Possible

Kite Cell Therapy

Analyst & Investor Event

14 March 2024