

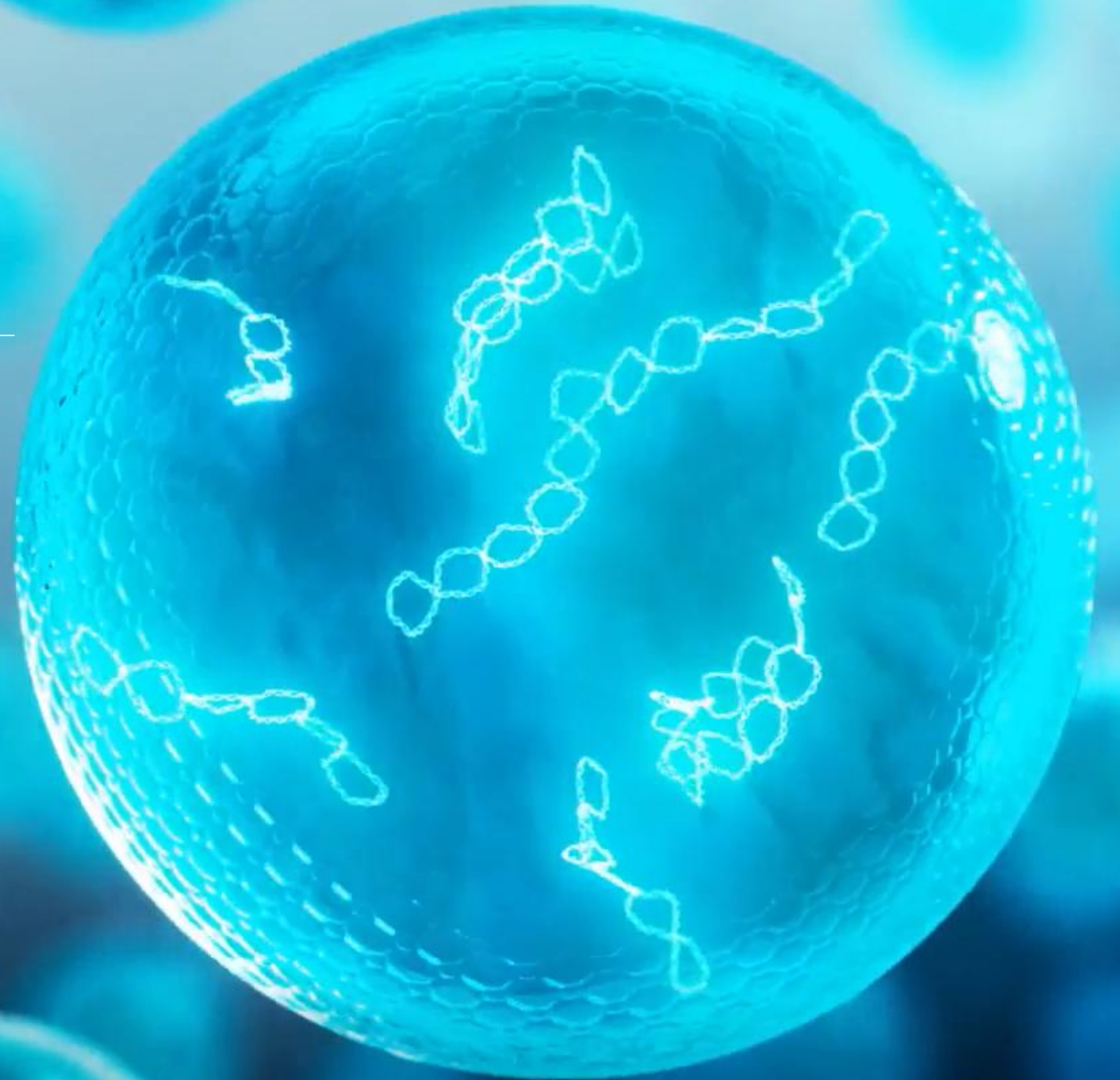


Non-Viral Genetic Medicine

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# Virtual KOL Event: Emerging NMIBC Market Insights

August 11, 2026



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This Presentation contains certain forward-looking statements within the meaning of the federal securities laws and "forward-looking information" within the meaning of Canadian securities laws (collectively, "forward-looking statements"). Forward-looking statements may be identified by the use of the words such as "forecast", "intend", "develop", "expect", "anticipate", "become", "believe", "continue", "could", "estimate", "goal", "intends", "may", "might", "plan", "possible", "project", "should", "strategy", "future", "potential", "opportunity", "target", "term", "will", "would", "will be" or similar expressions that predict or indicate future events or trends or that are not statements of historical matters. These forward-looking statements include, but are not limited to, statements regarding detalimogene's potential efficacy, durability, safety, tolerability and ease of use profile, our current views and market research on the non-muscle invasive bladder cancer market, the depth, breadth and quality of our market research, our conclusions, implications or take-aways from the results of our market research, estimates, projections or forecasts of payer coverage of therapies, projected revenues for detalimogene at pricing parity with new therapies, the size of the addressable BCG unresponsive population, our expectations regarding the frequency or manner in which healthcare providers may use detalimogene, potential growth of the potential patient population, sequencing of products the development of detalimogene, the potential benefits of detalimogene, plans regarding regulatory interactions and potential biologics license application ("BLA") submission for detalimogene, plans regarding updates on the LEGEND study, including clinical data and engagement with the FDA, the development of detalimogene, projections of market opportunity and market share, and the anticipated market acceptance of detalimogene, if approved, the potential benefits of combining a surfactant bladder wash with detalimogene, including the potential for increased efficacy and durability, estimates and forecasts of financial and performance metrics, projections of market opportunity and market share, the anticipated market acceptance of detalimogene, expectations and timing related to regulatory submissions and commercial product launches and the prospects for regulatory approval of detalimogene. These forward-looking statements are based on various estimates and assumptions, whether or not identified in this presentation, and on the current expectations of the management of enGene Therapeutics Inc. ("enGene"), are not predictions of actual performance, and are subject to risks and uncertainties. Such statements are subject to numerous important factors, risks and uncertainties, many of which are beyond enGene's control, that may cause actual events or results to differ materially from enGene's current expectations. For example, there can be no guarantee that detalimogene will successfully complete necessary clinical development phases, including achieving positive results in the pivotal cohort of the LEGEND study, or that those results or any feedback from regulatory authorities will ultimately lead to a BLA submission for, and the approval of, detalimogene.

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## Lead Program (detalimogene voraplasmid)

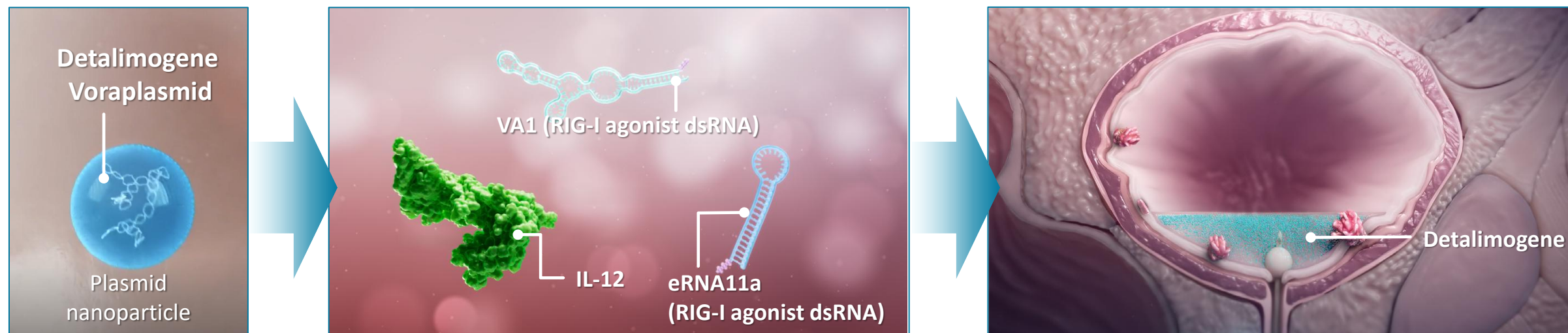
The lead program described herein is an investigational drug therapy that has not been subject to testing designed to demonstrate that the therapy is effective in humans or to provide a basis to predict in advance whether an adequate level of efficacy in humans will be demonstrated in further testing. Although the FDA has indicated that the Phase 2 portion of the current LEGEND study may potentially support BLA approval, that outcome will depend entirely on the final results of Phase 2 clinical testing.

# Agenda

| Subject                        | Presenter                                                    |
|--------------------------------|--------------------------------------------------------------|
| <b>Welcome</b>                 | Ron Cooper, Chief Executive Officer                          |
| <b>NMIBC Market Insights</b>   | Amy Pott, Chief Global Commercialization Officer             |
| <b>Community Urologist KOL</b> | Dr. Neal Shore<br>Medical Director, START-Carolinas Research |
| <b>Q&amp;A</b>                 | Ron Cooper, Chief Executive Officer                          |

# Detalimogene: Non-Viral Gene Therapy with Local Immune Activation

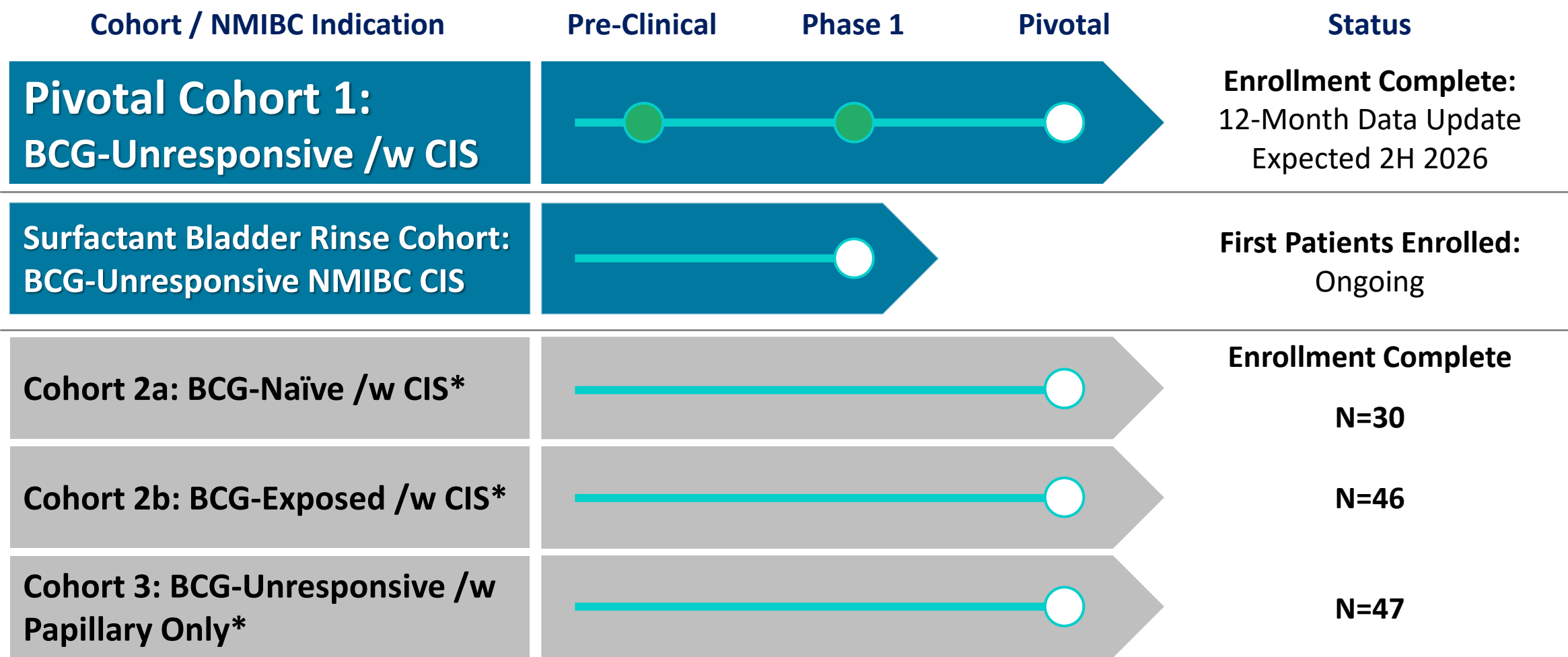
## Synergistic Stimulation of Specific Innate and Adaptive Immune Responses



- Detalimogene **delivers plasmid DNA** encoding 3 genes that activate the RIG-I pathway and drive expression of IL-12
- RIG-I activation **triggers innate immune signaling** and recruitment of antitumor NK and T cells
- Localized IL-12 expression drives Th1 polarization of tumor-infiltrating –cells, antitumor cytokine production, and **immune memory formation**

1. Gao J, et al, inventors; enGene, Inc., assignee. US patent WO 2013/138930 A1. September 26, 2013. 2. Joshi S, et al. Presented at: 2025 ASCO GU Cancers Symposium; February 13-15, 2025; San Francisco, CA. Abstract TPS886. 3. Narayan VM, et al. Poster presented at: 2025 ASCO GU Cancers Symposium; February 13-15, 2025; San Francisco, CA. Abstract 826. 4. Taylor J, et al. Presented at: 2025 ASCO GU Cancers Symposium; February 13-15, 2025; San Francisco, CA. Abstract 802. 5. Steinberg JD, et al. Presented at: 2023 SUO; November 28-December 1, 2023; Washington, DC. Abstract 112

# Multiple LEGEND Cohorts Maximize Detalimogene’s Potential



\*These additional non-pivotal Phase 2 cohorts of the LEGEND study provide further opportunity to demonstrate the potential use of detalimogene in clinical settings with unmet need. Progress as of October 24, 2025. All cohorts are currently in Phase 2 clinical trials. All NMIBC cohorts refer to high-risk NMIBC unless otherwise specified. Expected data update, timelines, enrollment targets, and anticipated milestones reflect enGene management's current estimate and are subject to change. Corporate Presentation July 2026

# Detalimogene: Investigational Next-Generation Therapy for NMIBC

## NMIBC Market is Growing

- **More treatment options** are expected to increase sequencing
- **Sequencing expands the treatable patient population** over time
- Market growth creates opportunity for multiple therapies

## Unique Non-Viral Offering

- **Simplified storage and handling** designed to support broad community adoption
- **Readily available low-cost components** supporting scalable manufacturing
- **CDRP supports BLA readiness**

## Compelling Clinical Profile\*

- **54% CR at any time** (primary endpoint) within the range observed from approved products
- **Potential best-in-class tolerability** with low rates of TRAEs leading to treatment interruptions or discontinuations

## Enhancement with Surfactant

- **Potential future opportunity to improve CR any time and durability** with surfactant bladder rinse
- **Potential to decrease dwell of detalimogene** from 60-minutes to 30-minutes with surfactant

**\$285M in Cash; Pivotal Cohort 12-month Data and Filing of BLA Expected in 2H 2026**

\* Reflective of interim data presented as of as of 21 April 2026

TRAEs = treatment-related adverse events, CR = complete response, NMIBC = non-muscle-invasive bladder cancer, BLA = biologics license applications, PI = product information.

NMIBC Market Insights Event August 2026



# Emerging NMIBC Market Insights

# Market Research: Stakeholder Interviews, Surveys, and Claims Data



**>65 Urologist &  
Uro-Oncologist  
Interviews**



**>2,000 NMIBC  
Patient Claims**



**>15 Payer  
Interviews**



**2 x 100 Urologist  
& Uro-Oncologist  
Surveys**

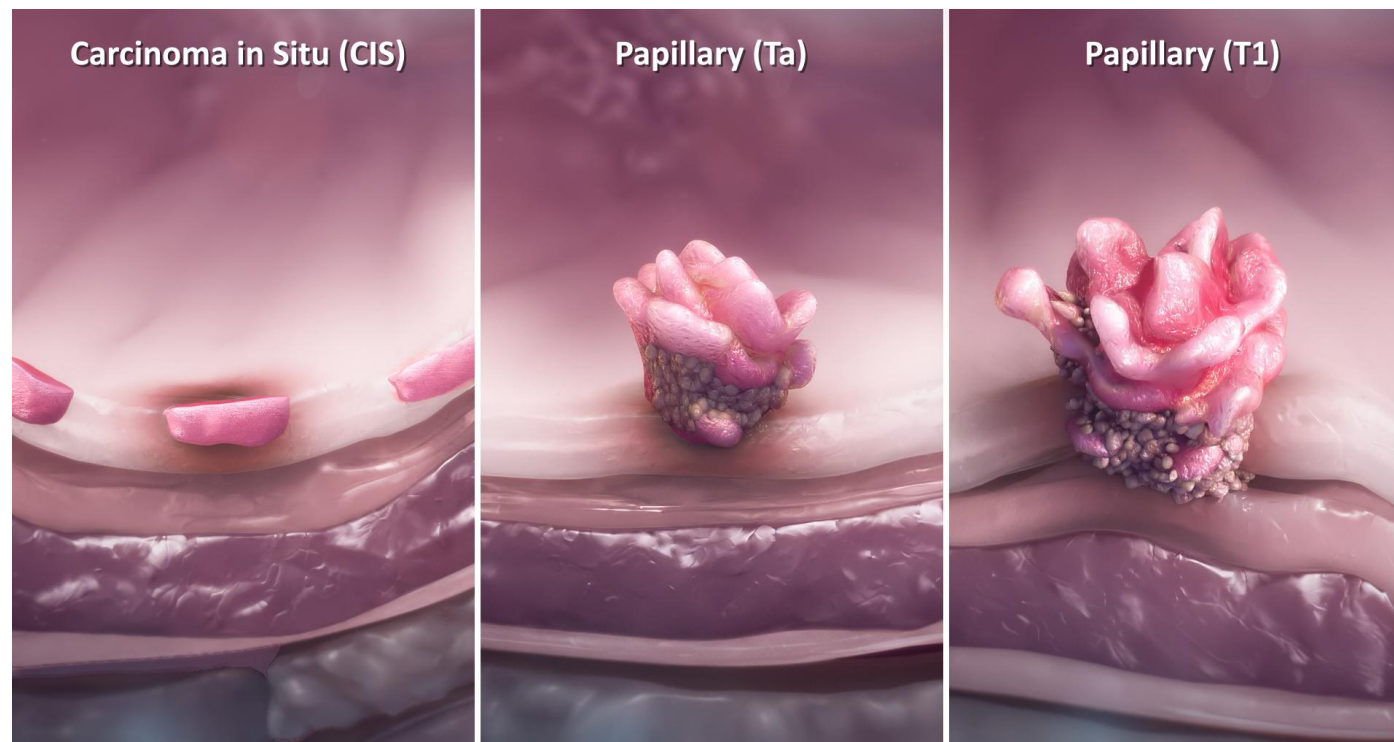
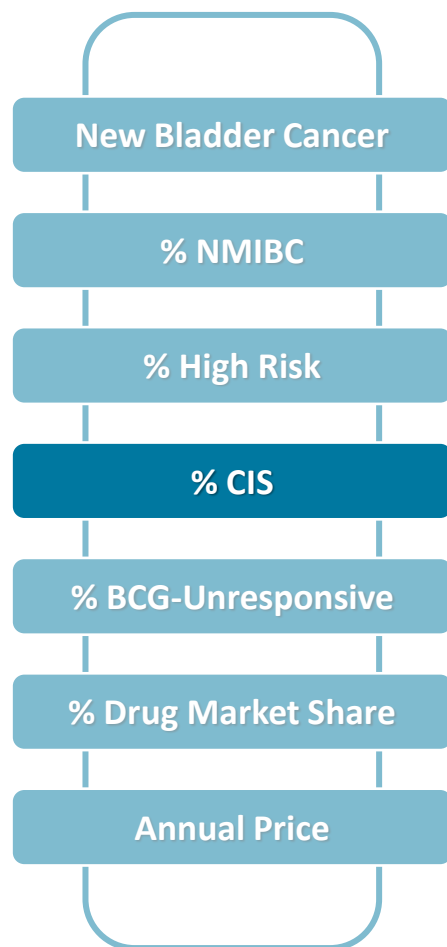
20+ clinical literature articles

# Framing the US NMIBC BCG-Unresponsive Commercial Opportunity

| Inputs              | Estimates | Source                      |
|---------------------|-----------|-----------------------------|
| New Bladder Cancer  | 90,000    | Literature, Claims          |
| % NMIBC             | 80%       | Literature                  |
| % High Risk         | 30%       | Literature, Market Insights |
| % CIS               | Evolving  | Market Insights             |
| % BCG-Unresponsive  | Evolving  | Market Insights             |
| % Drug Market Share | Evolving  | Market Insights             |
| Annual Price        | Evolving  | Market Insights             |

Source: enGene market research, SEER database; Knowles et al., Nat Rev Cancer 15, 25–41 (2015); Isharwal and Konety, Indian Journal of Urology, 2015; TNM Classification, 8th Edition; Tan et al., Eur Urol Oncol (2022): <https://doi.org/10.1016/j.euo.2022.05.005>, Nielson et al. Cancer. 2013 Oct 10;120(1):86–95. doi: 10.1002/cncr.28397, Aldousari and Kassouf, Can Urol Assoc J. 2010 Feb;4(1):56-64. doi:10.5489/cuaj.777, Minato et al., Cancer Diagn Progn. 2026 Jan;6(1):135-143. doi:10.21873/cdp.10514, Hjort et al., BJU Int. (2026). doi:10.1111/bju.70267, Boorjian, Mayo Clinic (2021). High-risk nonmuscle invasive bladder cancer, Bedke et al., Urol Oncol. 2023 Dec;41(12):461-475. doi:10.1016/j.urolonc.2023.10.004, Anastasiadis and de Reijke, Ther Adv Urol. 2012 Feb;4(1):13-32. doi:10.1177/1756287211431976, MyBladderCancerTeam. High-Risk Non-Muscle-Invasive Bladder Cancer: 5 Facts. Updated Dec 29, 2025, Lee C. SCS AUA 2024: High Risk NMIBC Treatment: The Case for Bladder Sparing Therapy. UroToday (2024), Zlotta, Fleshner, and Jewett, Can Urol Assoc J. 2009 Dec;3(6 Suppl 4):S199-S205. doi:10.5489/cuaj.1196

# High-Risk NMIBC Splits into Two Segments: CIS ± Papillary & Papillary Only

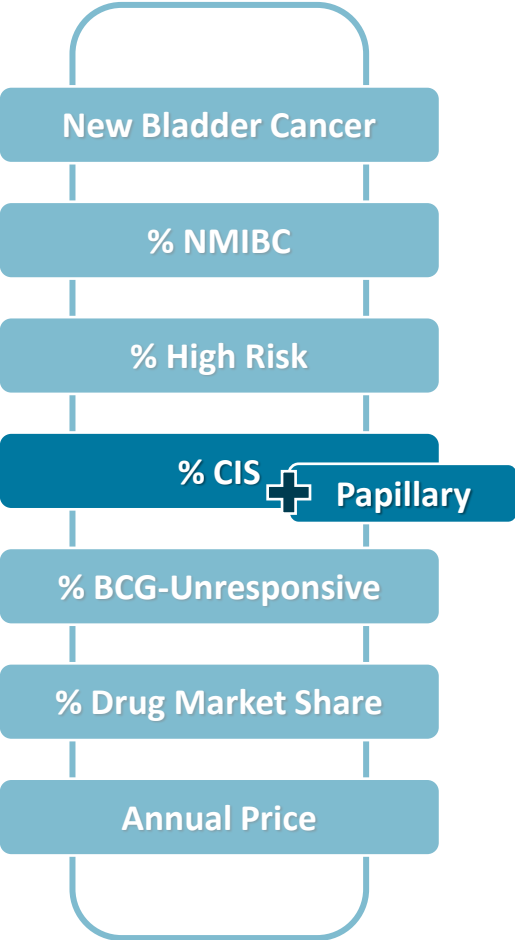


- **CIS:** flat lesion confined to bladder lining, often multifocal and hard to fully resect
- **Papillary (Ta/T1):** exophytic tumors projecting into bladder cavity, more visible/resectable

*Both CIS and papillary are non-muscle-invasive and the two can coexist in the same patient*

Source: American Cancer Society "What Is Bladder Cancer?" May 2024, Bladder Cancer Advocacy Network "Bladder Cancer Carcinoma In-Situ (CIS): What Does A Diagnosis Mean?" Oct 2025.

# Papillary-Only Patients Are Managed and Reimbursed like CIS Patients



All interviewed payers indicated they will cover NMIBC BCG-Unresponsive therapies broadly with 2A+ NCCN recommendation

The **National Comprehensive Cancer Network (NCCN)** — an alliance of leading U.S. cancer centers — sets consensus treatment standards that clinicians follow to guide care and payers use to determine coverage

**Category 2A** reflects uniform NCCN consensus that the treatment is appropriate based on the available evidence — the highest recommendation level short of Category 1

| Therapies with 2A Recommendation for Papillary Only |                                                                                                   |                                                                                                |                                                                                                |               |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------|
| 2A Drugs                                            |  ADSTILADRIN® |  Anktiva® |  inlexzo™ | Multi-Chemo   |
| Size of Study                                       | 48                                                                                                | 72                                                                                             | 52                                                                                             | Retrospective |

Note: Interviewed n=13 payers. All NCCN recommendations are category 2A unless otherwise indicated. While papillary only population is included in NCCN guidelines it is not a promotable population. Keytruda®, Adstiladrin®, Anktiva®, Inlexzo® are trademarks of their respective owners  
Source: NCCN Guidelines Bladder Cancer V 01.2026, enGene market research.

# Eligible Patient Pool Exceeds the Annual BCG-Unresponsive Incidence

Patients will Sequence Therapies Creating a Compounding Effect on the Eligible Pool

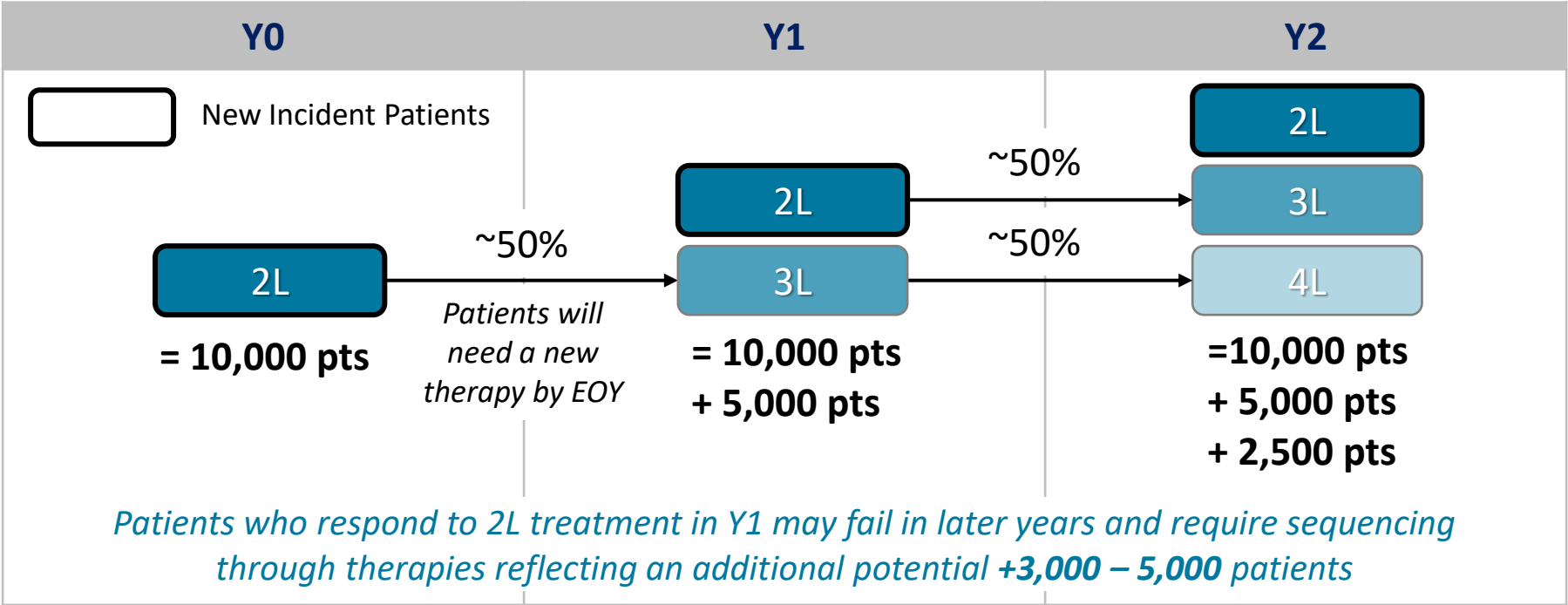


All interviewed urologists will **sequence patients** through 3-4L of therapy before radical cystectomy



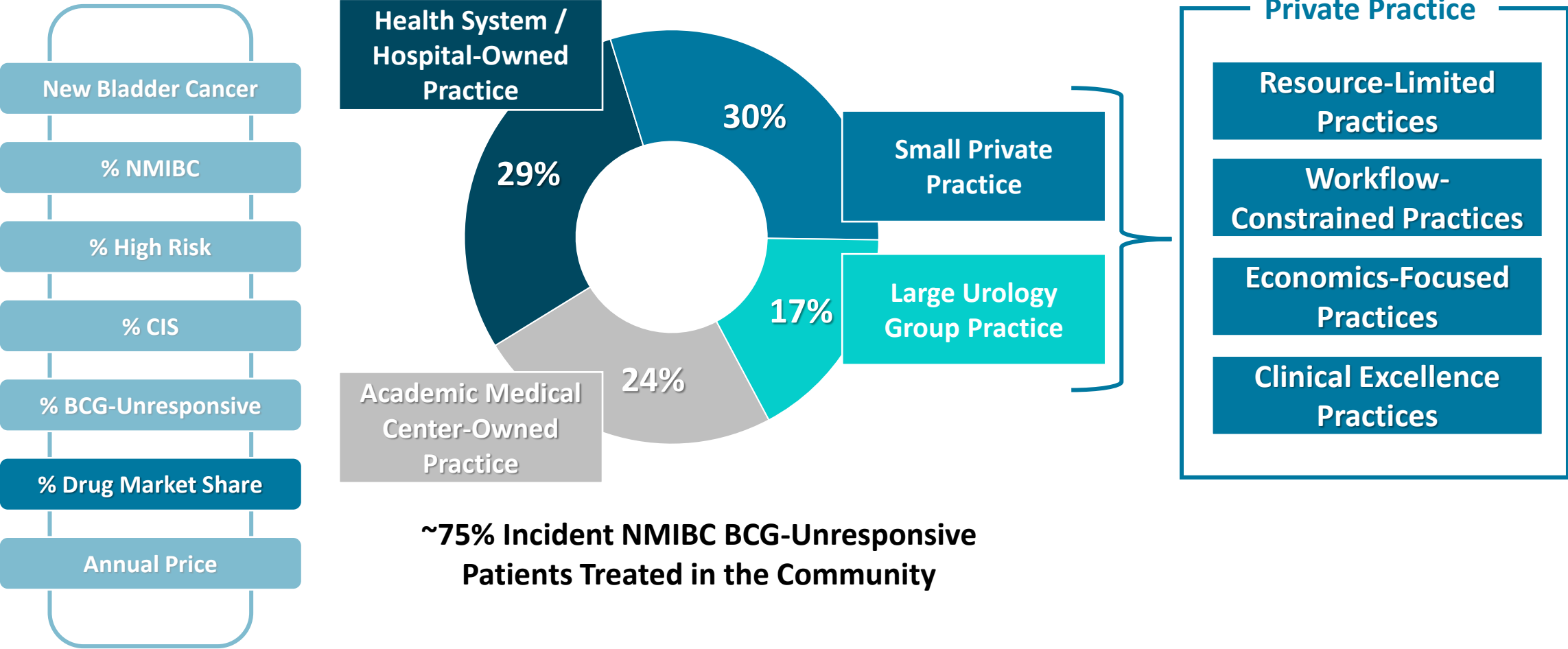
**89% (n=200)** patients would try anything to **avoid radical cystectomy**

Illustration of Patient Sequencing



Note: Interviews n=22 urologists. The rate of patients requiring a 3L/4L therapy could be anywhere from 75% - 35% depending on which therapy they receive and rate of radical cystectomy.  
Source: enGene market research (interviews, surveys, and claims data), other NMIBC company estimates, Harris Poll NMIBC Patient Preference Survey (November 2025, n=200).

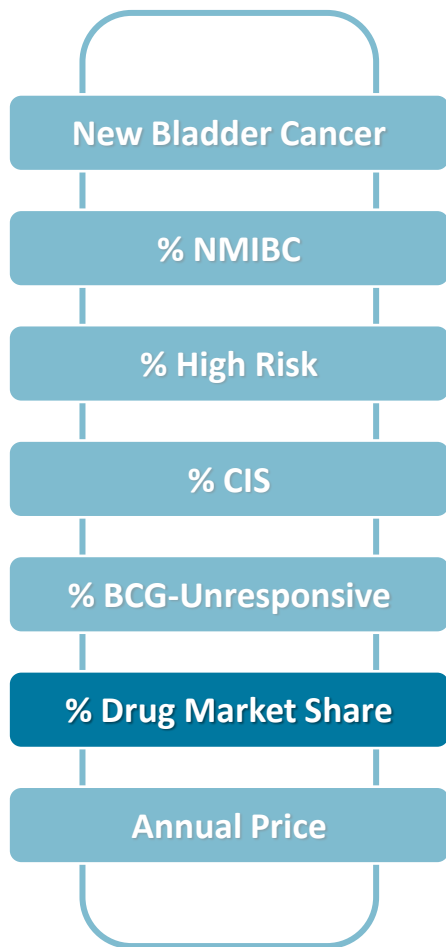
# Private Practice: Segmented by Resources & Economic Philosophy



Note: Resource-Limited, Workflow-Constrained, Economics-Focused, and Clinical-Excellence all represent urology private practice.  
Source: enGene market research (third party claims analysis of real-world data of >2,000 patient claims).

# ~40% of Patients Are Treated in Practices Balancing a Wide Range of Needs

Practices Balance Resources, Economics, and Efficacy

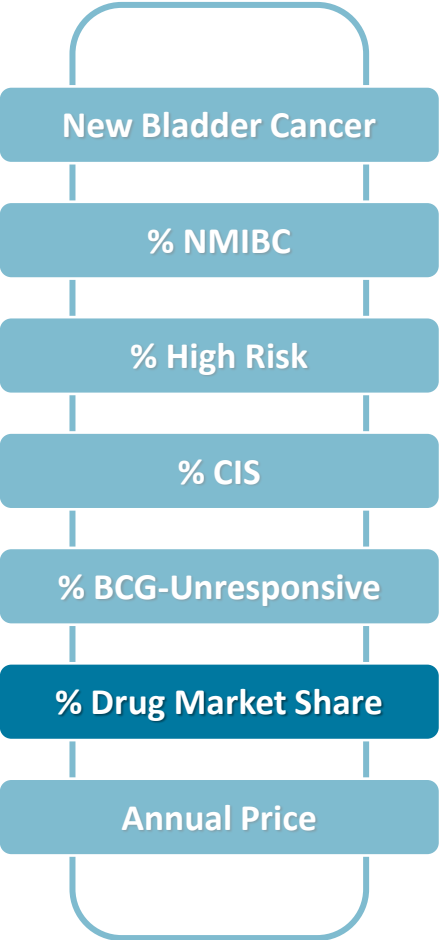


| Urology Segment                | NMIBC Patients  | Considerations                                                                                                                      |
|--------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Resource-Limited Practices     | 19%<br>(~3,800) | Upfront acquisition cost is the gating factor; practices cannot administer viral therapies                                          |
| Workflow-Constrained Practices | 11%<br>(~2,200) | Logistical burden is gating; practices cannot administer viral therapies                                                            |
| Economics-Focused Practices    | 11%<br>(~2,200) | Net-cost-recovery drives treatment selection balanced with efficacy                                                                 |
| Clinical Excellence Practices  | 6%<br>(~1,200)  | Efficacy and safety are prioritized in treatment selection; these settings have the logistical capabilities to handle all therapies |
| Health System / Hospital       | 29%<br>(~5,800) |                                                                                                                                     |
| Academic Medical Center        | 24%<br>(~4,800) |                                                                                                                                     |

Note: Assumes ~20,000 addressable NMIBC BCG-unresponsive patients. Resource-Limited, Workflow-Constrained, Economics-Focused, and Clinical-Excellence all represent urology private practice.

Source: enGene market research (third party claims analysis of real-world data of >2,000 patient claims).

# Detalimogene Profile is Attractive for Private Practice Urologists

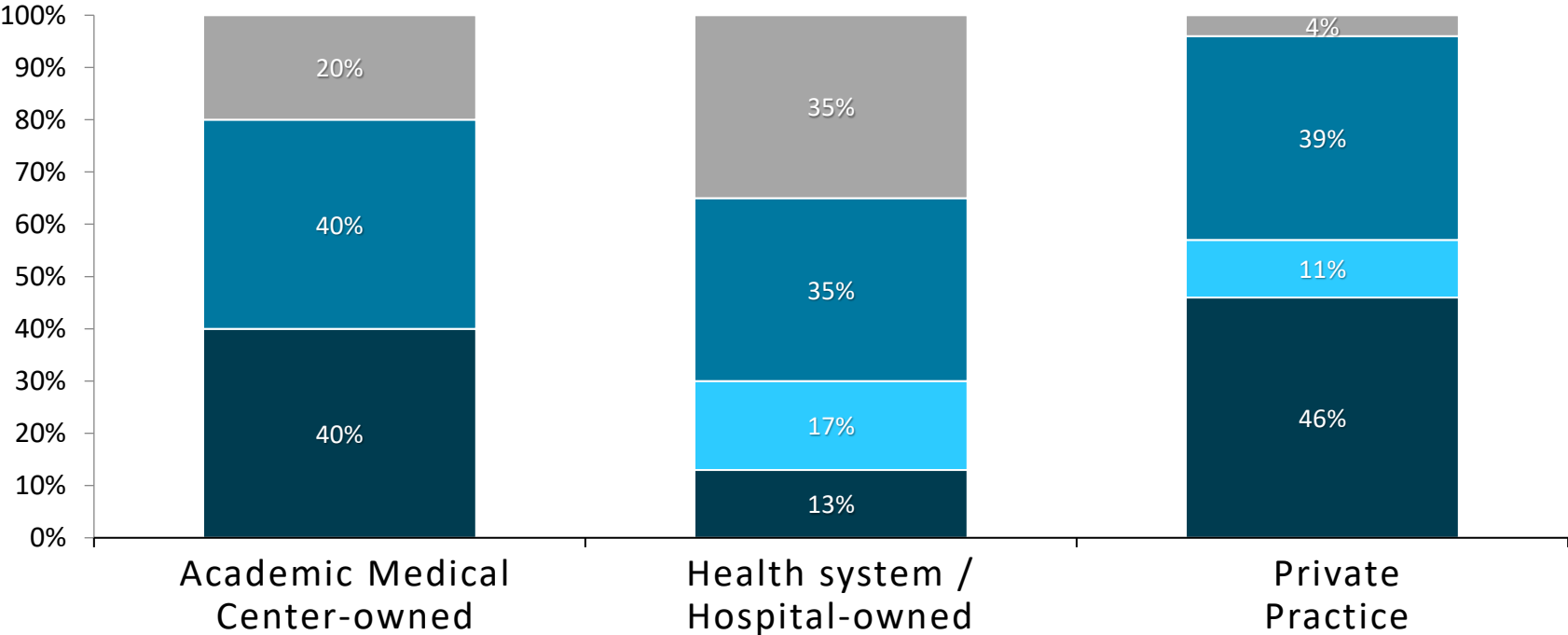


| Urology Segment                | Total NMIBC Patients* | Detalimogene 2L/3L+ Use                                                     |
|--------------------------------|-----------------------|-----------------------------------------------------------------------------|
| Resource-Limited Practices     | 19%<br>(~3,800)       | <div> Meaningful Interest </div> <div> </div> <div> Limited Interest </div> |
| Workflow-Constrained Practices | 11%<br>(~2,200)       |                                                                             |
| Economics-Focused Practices    | 11%<br>(~2,200)       |                                                                             |
| Clinical Excellence Practices  | 6%<br>(~1,200)        |                                                                             |
| Health System / Hospital       | 29%<br>(~5,800)       |                                                                             |
| Academic Medical Center        | 24%<br>(~4,800)       |                                                                             |

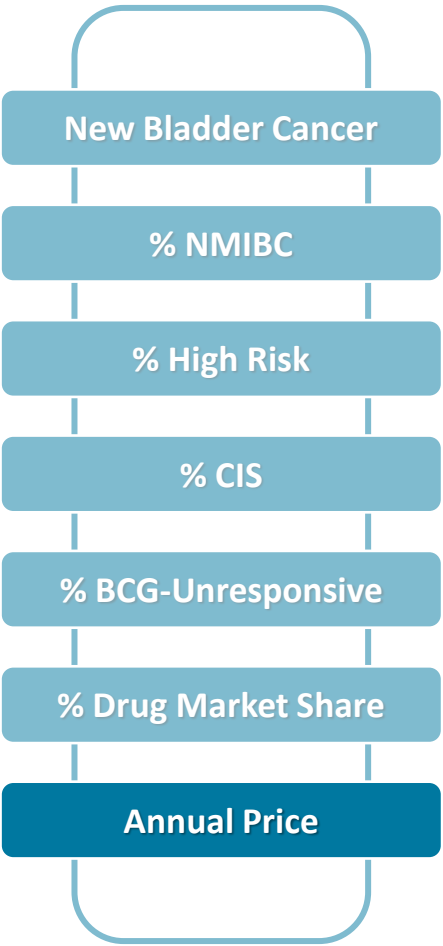
\* Reflects total addressable NMIBC BCG-Unresponsive patients. Assumes ~20,000 total addressable NMIBC BCG-unresponsive patients split between different practice settings.  
 Note: Resource-Limited, Workflow-Constrained, Economics-Focused, and Clinical-Excellence all represent urology private practice.  
 Source: enGene market research (third party claims analysis of real-world data of >2,000 patient claims; urologist interviews).

# Buy-and-Bill is the Predominant Model Used to Acquire NMIBC Therapies

Drug Acquisition Channel Used by HCPs for NMIBC Therapies

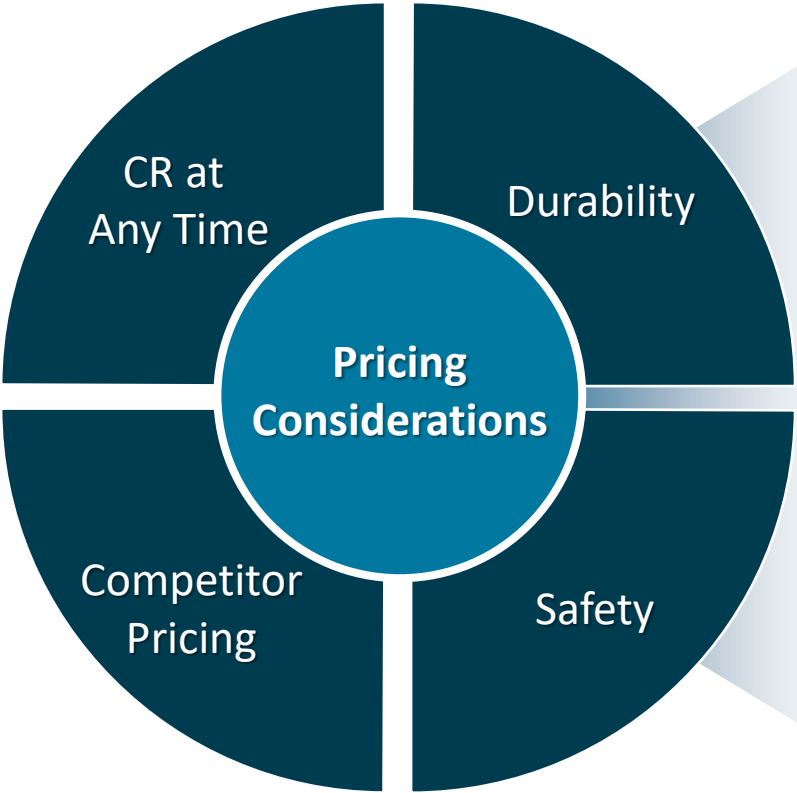
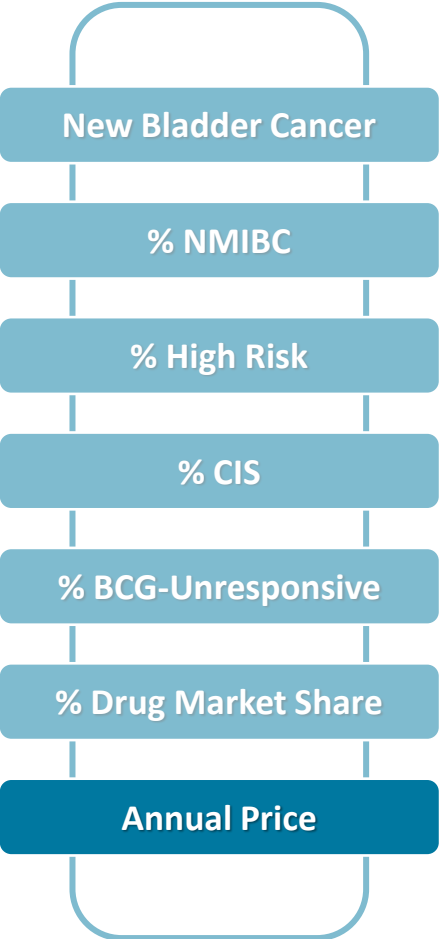


Private practice urologists highlight that net cost recovery is critical for building practice infrastructure



# Efficacy Is One of Several Pricing Inputs, Not the Deciding One

Recent Launches Have Reached Pricing Parity Despite Efficacy Differences



**Inlexzo launched at a higher price despite Inlexzo’s lower durability of response\* compared to Anktiva**

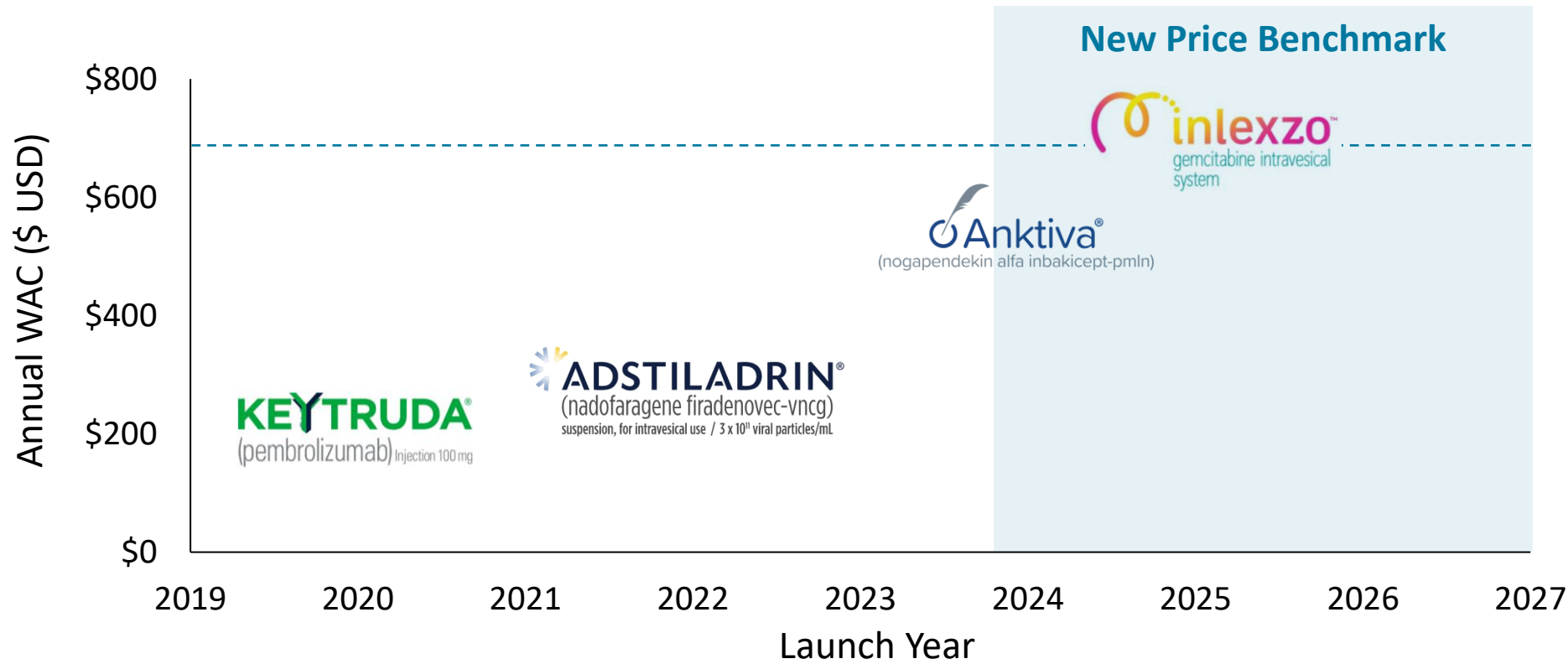
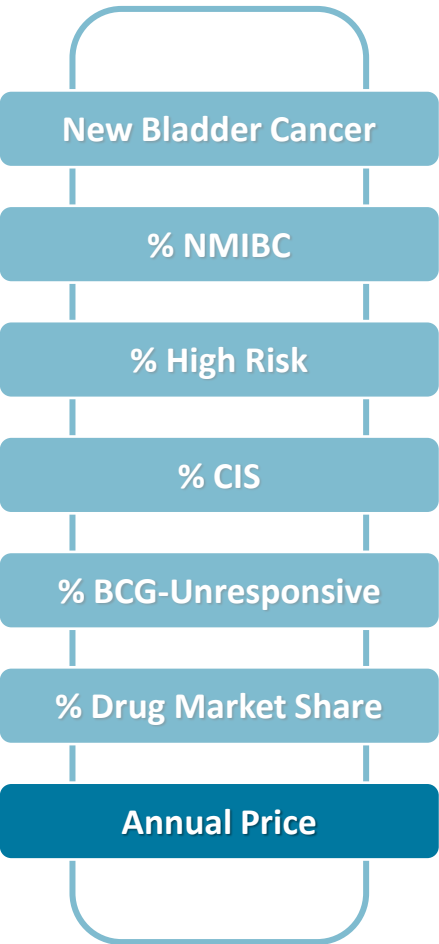
Examples of Pricing Parity Drugs Despite Efficacy Differences



\* Assume durability is defined by duration of response (DOR) of ≥ 12-Months. Inlexzo was 51% and Anktiva was 58%.  
Note: Gilenya®, Aubagio®, Stelara®, Otezla®, Dupixent®, Adbry®, Tepezza®, and Lumova® are trademarks of their respective owners.  
Source: enGene market research, Inlexzo USPI, Anktiva USPI.

# Benchmark Market Price for NMIBC Therapies has Moved Up

Annual WAC has moved from \$220K/year up to \$690K/year



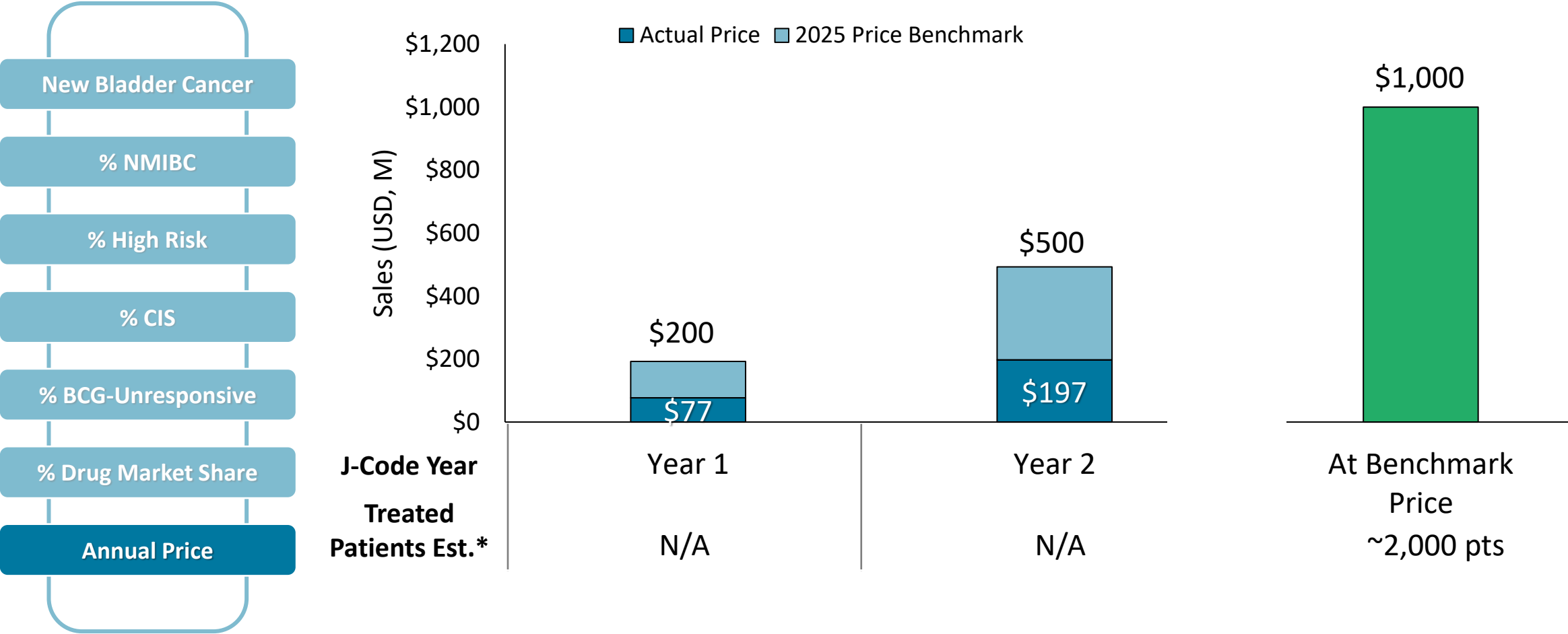
**Interviewed payers will cover therapies at parity**  
assuming NCCN guideline category 2A

\*Y2 for first j-code year. WAC = wholesale acquisition cost.  
Note: Keytruda®, Adstiladrin®, Anktiva®, Inlexzo® are trademarks of their respective owners.  
Source: enGene market research.

# Illustration of an Approved NMIBC Product Net Sales if Pricing Parity

## Pricing Parity of 2025 Benchmark

Approved NMIBC Product US Net Sales, 2024-2025



\*Pricing parity assumes price of ~\$650K-\$700K/per patient per year. Patient count calculations assume gross-to-net discount of 21% and therefore a net price of \$545,000 per year.  
Source: enGene market research, NMIBC company 2025 Annual Report.

# Framing the US NMIBC BCG-Unresponsive Commercial Opportunity

| Inputs              | Estimates                                   |
|---------------------|---------------------------------------------|
| New Bladder Cancer  | 90,000                                      |
| % NMIBC             | 80%                                         |
| % High Risk         | 30%                                         |
| % CIS               | Likely include papillary                    |
| % BCG-Unresponsive  | Compounding effect of sequencing            |
| % Drug Market Share | Differential market share by practice types |
| Annual Price        | New Benchmark \$690K                        |

\* High Risk NMIBC BCG-Unresponsive Papillary only is not a promotional indication. Intended to reflect payer coverage dynamics for therapies included in NCCN guidelines.  
Source: enGene market research.



## Community Urologist Dr. Neal Shore

Dr. Neal Shore is the Medical Director for START-Carolinas Research in Myrtle Beach, SC and the Global Director of Genitourinary Oncology for START Cancer Research. He has conducted over 500 clinical trials and is actively involved with the Society for Immunotherapy of Cancer (SITC) Guidelines Committee for Bladder Cancer and has served on the board of the Bladder Cancer Advocacy Network.



Q&A



Thank You

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