PROKIDNEY

Redefining What's Possible in the Treatment of Chronic Kidney Disease

Preserving Kidney Function in Patients at High Risk of Kidney Failure

Corporate Presentation

November 2026



NASDAQ
PROK

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These forward-looking statements include, without limitation, the achievement and timing of the topline data readout of the Company’s PROACT 1 trial and other milestones provided, the Company’s beliefs that its Phase 3 REGEN-006 (PROACT 1) trial could be sufficient to support a potential BLA submission and full regulatory approval, eGFR slope can be used as a surrogate endpoint on an accelerated approval pathway for rilparencel, expectations with respect to financial results and expected cash runway, including the Company’s expectation that current cash will support operating plans into mid-2027, future performance, development, manufacturing, and commercialization of products, if approved, the potential benefits and impact of the Company’s products, if approved, potential regulatory approvals, the size and potential growth of current or future markets for the Company’s products, if approved, the advancement of the Company’s development programs into and through the clinic and the expected timing for reporting data, the making of regulatory filings or achieving other milestones related to the Company’s product candidates, and the advancement and funding of the Company’s developmental programs, generally. 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Patients with Advanced CKD Want More...

- Time before dialysis
- Time for life's moments
- Time and flexibility with the people who matter most
- **Time for Hope**



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Rilparencel: Potential to Offer Meaningful Time

- **NOVEL** autologous cell therapy made from a patient's own kidney cells
- **CLINICAL DATA** shows kidney function stabilization in multiple Phase 2 studies
- **WELL-TOLERATED** outpatient procedure; no preconditioning or immunosuppression
- **PHASE 3 STUDY** is ongoing with pivotal topline results expected in Q2 2027

For Patients

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Transforming CKD Care Through Innovation and Execution



Rilparencel

Potential first-in-class autologous cell therapy designed to preserve kidney function in patients with advanced CKD



Pivotal Phase 3 Study Ongoing

Phase 3 PROACT 1 trial in patients with Stage 3b/4 CKD and type 2 diabetes — ONGOING (Q2 2027 readout)

Three Phase 2 trials in advanced CKD — ✓ COMPLETED



Large Untapped Market Opportunity

Over 1 million U.S. patients with Stage 3b/4 CKD and diabetes at high risk of progressing to kidney failure



Key Value Drivers

- ✓ Robust Clinical Data
- ✓ In-House Manufacturing
- ✓ RMAT Designation
- ✓ Cash Through Pivotal Data

Building a future where advanced CKD treatment means more options, time, and hope

RMAT = Regenerative Medicine Advanced Therapy

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Advancing Kidney Care: Rilparencel Clinical Development at a Glance

	PRECLINICAL	IND	PHASE 1	PHASE 2	PHASE 3	STATUS
Phase 3 Program						
Diabetes Type II – Prevent/Delay ESKD in Stage 3b/4 CKD (20-35 mL/min/1.73m^2, n>500)				REGEN-006 (PROACT 1)		Ongoing
Long term follow-up study for patients previously treated with rilparencel				REGEN-008		Ongoing
Supportive Trials						
Diabetes Type II – Prevent/Delay ESKD in Stage 3/4 CKD (20-50 mL/min/1.73m^2, n=83)				RMCL-002		Trial Completed
Diabetes Type I & II – Prevent/Delay ESKD in Stage 3/4 CKD (20-50 mL/min/1.73m^2, n=53)				REGEN-007		Trial Completed
Other Completed Trials						
Diabetes Type II – Delay ESKD in Stage 4/5 CKD (14-20 mL/min/1.73m^2, n=10)				REGEN-003		Trial Completed
Congenital Anomalies – Prevent/Delay ESKD (14-50 mL/min/1.73m^2, n=5)				REGEN-004		Trial Completed

Frozen product | Unilateral injections | Bilateral injections | ESKD = End-Stage Kidney Disease

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Anticipated Upcoming Milestones

Timing	Milestones
Q1 2027	Complete full enrollment for the Phase 3 PROACT 1 study. Anticipate enrolling **over 500 patients** (up from 470) driven by an acceleration in patient recruitment in mid-2026.
Q2 2027	**Topline readout** for the Phase 3 PROACT 1 surrogate endpoint (eGFR slope) for accelerated approval. The efficacy analysis set is expected to include ~320 patients.
Q1 2028	BLA submission of rilparencel for accelerated approval.
1H 2029	BLA accelerated approval and commercial launch of rilparencel.
2H 2029	Topline readout for the Phase 3 PROACT 1 confirmatory endpoint (composite time-to-event) to support full approval of rilparencel.

BLA = Biologics License Application eGFR = Estimated Glomerular Filtration Rate



ADVANCED CHRONIC KIDNEY DISEASE

Unmet Need and Limitations with Standard of Care

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UNMET NEED

CKD Treatment Has Evolved In Recent Years: Four Pillars of Proven Therapeutic Options



ACE = angiotensin converting enzyme; ARB = angiotensin II receptor blockers; SGLT2i = sodium-glucose cotransporter-2 protein inhibitor; GLP-1 RA = glucagon-like peptide-1 receptor agonist
NsMRA = non-steroidal mineralocorticoid receptor antagonist; RAAS = renin-angiotensin-aldosterone system

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UNMET NEED

Recent Landmark Trials Primarily Focused on Patients with Moderate CKD

Study	Active Product	Subjects with Stage 4 CKD
Canagliflozin and Renal Outcomes in Type 2 Diabetes and Nephropathy[1]	Canagliflozin (SGLT2 inhibitor)	0%
Dapagliflozin in Patients with CKD[2]	Dapagliflozin (SGLT2 inhibitor)	14%
Empagliflozin in Patients with CKD[3]	Empagliflozin (SGLT2 inhibitor)	34%
Effect of Finerenone on Cardiovascular and Kidney Outcomes in Patients with Type 2 Diabetes and CKD[4,5]	Finerenone (Selective MRA)	7%
Effects of Semaglutide on Chronic Kidney Disease in Patients with Type 2 Diabetes[6]	Semaglutide (GLP-1RA)	11%

1. Perkovic V et al. N Engl J Med 2019. 2. Heerspink H et al. N Engl J Med 2020. 3. Herrington et al. N Engl J Med 2023. 4. Agarwal R et al. Eur Heart J 2022. 5. Sarafidis. P et al. Clin J Am Soc Nephrol 2023. 6. Perkovic V et al. N Engl J Medicine 2024.

UNMET NEED

Despite Therapeutic Advances, the Decline of Kidney Function Persists

>130K[1]

Americans newly diagnosed with kidney failure annually

~45K[2]

Americans added to the kidney transplant waiting list annually

1

Therapies have advanced

CKD treatment options have improved: four pillars of established therapeutic options

2

Progression continues

Risk of disease progression remains despite today's therapies, compounded by tolerability and adherence challenges

3

Residual risk remains

While new therapies are a step forward, patients still lose kidney function and experience clinically significant events

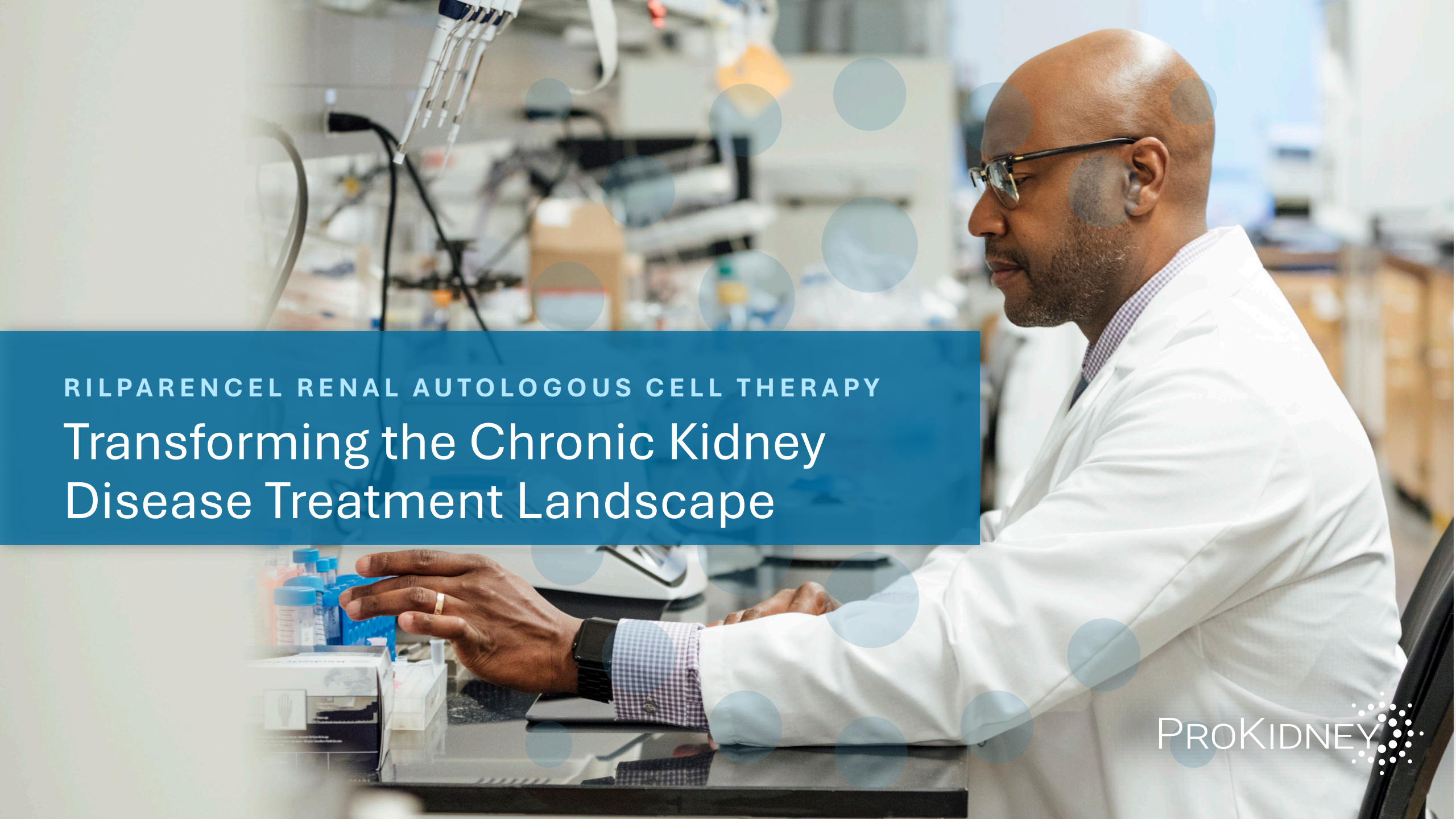
4

Kidney failure occurs

Annually, over 130K Americans are newly diagnosed with kidney failure and ~45K are added to the kidney transplant waiting list[1,2]

Rilparencel aims to stabilize kidney function and delay or prevent dialysis in patients with advanced CKD and T2D

1. United States Renal Data System (USRDS), 2025 Annual Data Report, CKD, Ch. 1: CKD in the General Population
2. Cron D et al. JAMA Network Open 2025



RILPARENCEL RENAL AUTOLOGOUS CELL THERAPY

Transforming the Chronic Kidney Disease Treatment Landscape

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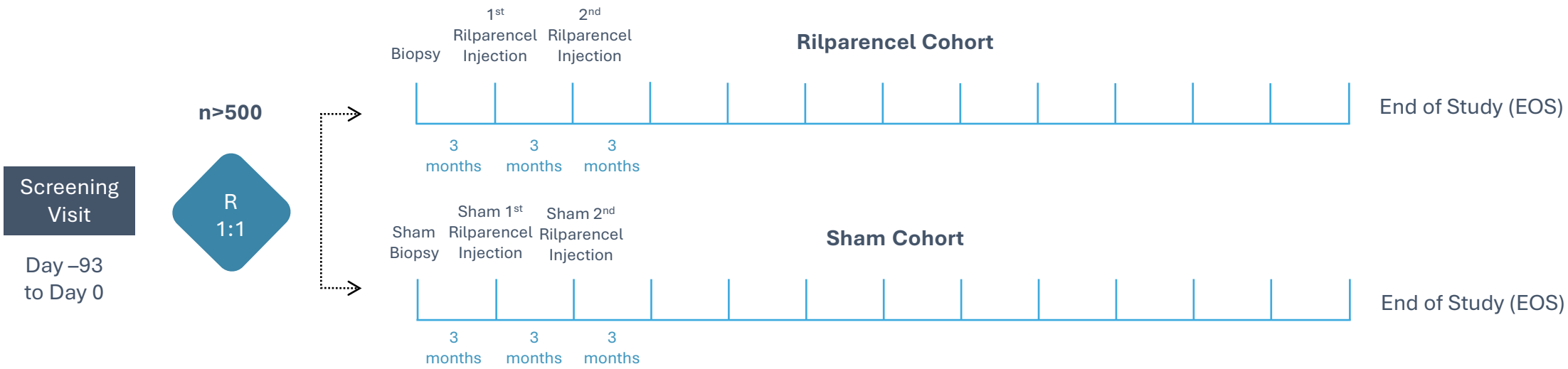
PHASE 3 REGEN-006 (PROACT 1)

Rilparencel Phase 3 Registrational Study Design

Topline results for the eGFR slope surrogate endpoint anticipated in Q2 2027



Key Entry Criteria

- Type 2 diabetes and CKD
- 30-80 years of age
- eGFR ≥20 and ≤35 mL/min/1.73m^2
- UACR 300-5,000 mg/g for eGFR 30-35
- HbA1c <9.5%

Surrogate Endpoint (Accelerated Approval Pathway)

- Annualized eGFR slope is the surrogate endpoint
- Efficacy analysis set is expected to contain approximately 320 patients and will include all patients with *at least* 6 months of follow-up after first injection
- Expected to have 80% power to detect an effect size in annualized eGFR slope of 1.5 mL/min/1.73m^2

Confirmatory Composite Time-to-Event Endpoint

- At least 40% reduction in eGFR;
- eGFR <15mL/min/1.73m^2 sustained for 30 days and/or chronic dialysis, and/or renal transplant; or
- Death from renal or cardiovascular causes

(The confirmatory analysis will be triggered when 122 participants have at least one event)

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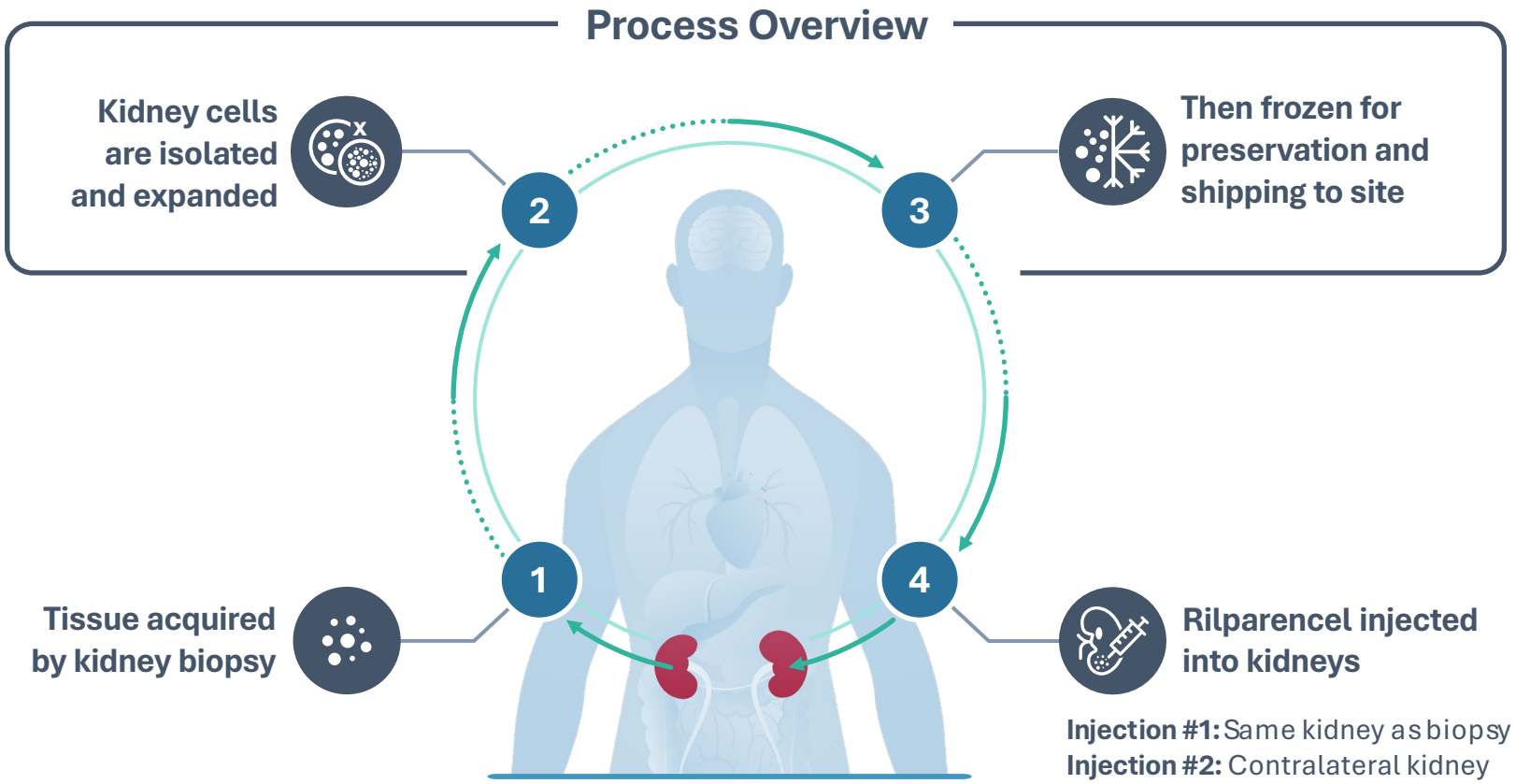
Rilparencel Is Manufactured from a Patient's Own Kidney Cells Obtained Through a Standard Kidney Biopsy



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Rilparencel Offers a Differentiated Approach to Cell Therapy with Practical Advantages



No viral vector or genetic modification

Rilparencel is manufactured through cell selection and expansion without viral vectors or genetic modification, avoiding the associated cost, constraints, and complexity.



No preconditioning or immunosuppression

Rilparencel does not require preconditioning or immunosuppression, reducing treatment burden for patients.

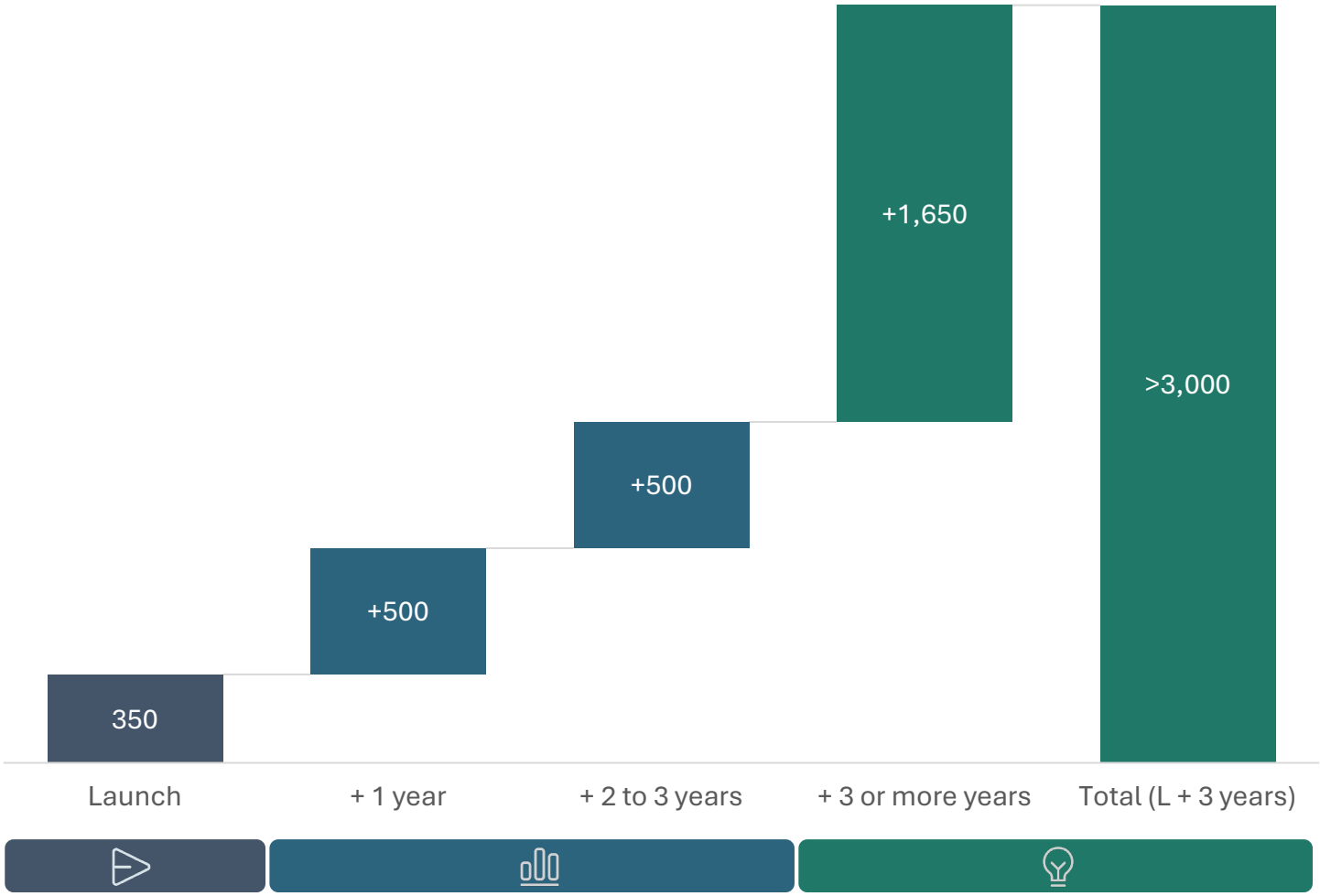


Outpatient, minimally invasive procedure

Kidney biopsy and rilparencel injections are performed using minimally invasive outpatient procedures. Rilparencel was generally well tolerated across multiple Phase 2 studies.

Phased In-House Manufacturing Buildout Supports Commercial Launch

Annualized Planned Manufacturing Capacity *(# of patients)*



Scaling Capacity to Support Growth

Commercial Launch

- Capacity comes from existing NC facility used to supply the Phase 3 PROACT 1 study

NC Facility Expansion

- First phase of existing facility expansion was substantially completed in 2H 2026; technology transfer is required
- Second phase of facility expansion construction is planned for 2027

Strategic Scale-Up Optionality

+ Further buildout of existing NC facilities
+ Geographic manufacturing expansion
+ CDMO supplier
+ Operational efficiency

NC = North Carolina CDMO = Contract Development and Manufacturing Organization



ADVANCED CHRONIC KIDNEY DISEASE

Commercial Opportunity and Planning

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Phased Commercial Rollout to Optimize Patient and Provider Experience

Launch Phase

10-20 treatment centers concentrated in high-density CKD markets

- Prioritize leading centers with rilparencel clinical experience
- Partner with community and hospital-based nephrologists to establish care pathways, referral networks, and reimbursement processes

Prove the model

Establish treatment center workflows and validate the commercial model

Build Momentum Phase

Expand treatment centers, building on momentum from early adopters

- Expand accessibility for patients in concert with manufacturing capacity by adding additional geographies
- Experienced centers support physician training and best-practice sharing

Replicate the model

Expand a proven treatment center and referral model

Scale-Up Phase

Scale treatment centers

- Expand beyond early adopters as physician familiarity increases
- Broaden patient access as payer coverage expands
- Extend into additional outpatient settings such as ASCs and OBLs
- Leverage increased rilparencel manufacturing capacity to address a broader patient population

Scale the model

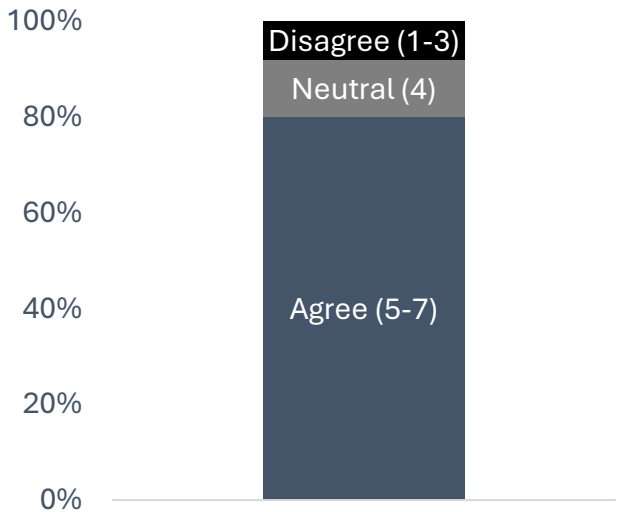
Scale broad reimbursement, clinical adoption, manufacturing capacity

ASC = Ambulatory Surgery Center OBL = Office-Based Lab

Nephrologists View Rilparencel as a Transformative Option Once Today's Therapies Are Exhausted

Clinically suitable patients are easy to identify

Nephrologist Feedback (N=25)



■ Agree (5-7) ■ Neutral (4) ■ Disagree (1-3)

(Based on a 1-to-7 rating scale)

1. Once standard of care is exhausted and patients continue to decline, **nephrologists have no further options to slow progression**.
2. Delaying dialysis would be meaningful to nephrologists, not just an incremental gain. They see a potential therapy that delays kidney failure as **transformative and are excited and hopeful about it**.
3. Clinically suitable patients are **well defined, and the need is large**. Nephrologists consistently point to late-stage diabetic CKD as a major unmet need.
4. **Nephrologists see rilparencel as a new kind of option, not more of the same**. It offers something different from today's therapies.

"If you can show a 2- to 3-year delay in dialysis, to me as a nephrologist, **that's huge. That changes everything. It's a game-changer"**

ACADEMIC NEPHROLOGIST

"We give them the SGLT2, the RASi, Kerendia… and **they're still dropping**. At that point**, you're out of bullets. That's where something like this fits."**

PRIVATE PRACTICE NEPHROLOGIST

"If something like this were to come out… **it's like a game breaking type of treatment."**

ACADEMIC NEPHROLOGIST

"It **sounds like the future**. It's certainly exciting. I hope for it. This would be great because… **one of the greatest unmet needs is the 3b/4 diabetic CKD patient."**

PRIVATE PRACTICE NEPHROLOGIST

Source: Company data on file from nephrologist primary market research conducted in 2026

Advanced CKD Patients Have Strong Desire to Delay Dialysis; Procedures Not a Deterrent

ADVANCED CKD PATIENT INTERVIEWS (N=25)[1]



PATIENT QUOTES

"Anything that would help me put off conventional treatment for a **couple of years…I would be open to it.**"

"Just watching that machine… pull the blood and stuff out…That scared me. **I was really scared**. And I saw how he was afterwards. That part right there. Really… broke my heart."

"I think [a biopsy] is **a small investment of time and effort to really make a difference.**"

"I'd probably ask my doctor about it the next time I saw him. I'd call him in advance and say I want to talk about this product."

"I would definitely bring it up. That's a given, because I would want to know if he had heard about this, and what he knows about it. If I'm a good candidate. I would definitely bring it up."

1. Source: Company data on file. Among 25 participants, 9 had Stage 3b CKD and 16 had Stage 4 CKD. Mean age was 62 years, 60% were female, and 72% had type 2 diabetes.

Significant U.S. Revenue Opportunity and Long-Term Value Creation

Large advanced CKD population seeking options to delay or prevent dialysis creates compelling market opportunity

ADVANCED CKD POPULATION

>1M

U.S. patients with Stage 3b/4 CKD and T2D who are at high risk of kidney failure

VALUE DRIVERS

Potential to preserve kidney function, delay dialysis, and reduce clinical events

- PRESERVE **Kidney function**
- DELAY OR PREVENT **Dialysis**
- REDUCE **Renal and CV events**

Dialysis costs can exceed $100K/year for Medicare and over $200K/year for commercial insurers[1]

REVENUE OPPORTUNITY

Illustrative annual revenue scenarios at scale[2]

0.25% penetration	2 to 3k patients	$1bn+ revenue
0.5% penetration	5k+ patients	$2bn+ revenue
1% penetration	10k+ patients	$4bn+ revenue

Key Takeaway: **Sub-1% market penetration supports a potential significant U.S. revenue opportunity**

1. Stewart et al., Journal of Medical Economics 2024
2. Based on total addressable population and illustrative pricing assumptions. Rilparencel price has not been determined and revenue opportunity scenarios are not company guidance.

T2D = type 2 diabetes | CV = cardiovascular



RILPARENCEL NONCLINICAL RESULTS

Mechanism of Action

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NONCLINICAL

Translational Studies Suggest Multifactorial MoA for Rilparencel

Rilparencel

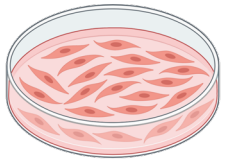


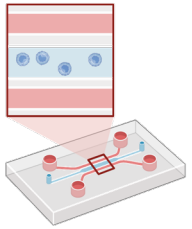
Transcriptomic analyses of REGEN-007 pre-formulation cell retains & patient biopsies, referencing the KPMP database (ASN poster SA-PO0014):

- **Cells of proximal & distal tubule origin with partial retention of native lineage identity**
- **Features of scattered tubular cells, a reparative epithelial cell state induced during normal recovery conditions after kidney injury**

In vitro

Primary kidney cells





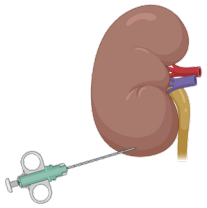
Kidney-on-chip

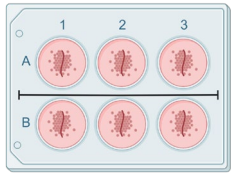
Human proximal tubule epithelial cell & glomerular vascular endothelial cell models of metabolic & inflammatory stress cultured with rilparencel showed (ASN poster TH-PO1128):

- **Lowered oxidative damage**
- **Improved redox balance & mitochondrial fitness**
- **Reduced pro-inflammatory signaling**
- **Improved barrier integrity**

Ex vivo

Kidney biopsy explant culture





Human CKD biopsy & rilparencel co-culture studies revealed (ASN poster TH-PO1129):

- **Treatment-based transcriptional changes in ferroptosis pathway** (also validated *in vitro*, see *ASN poster SA-PO0013*)

In vivo (rodent)

Rodent models of CKD



Whole-kidney multi-omics following rilparencel injection show signatures of (ASN talk FR-OR044):

- **Preserved vascular integrity & ECM remodeling**
- **Improved lipid & glucose metabolic programs**
- **Reduced pro-inflammatory signaling**

How rilparencel may be able to preserve kidney function in patients with advanced CKD

MoA Hypothesis

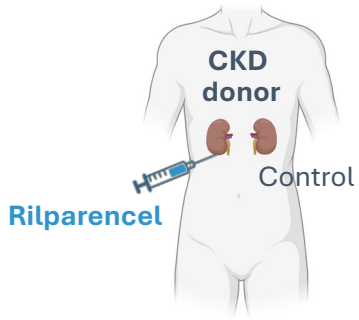
Rilparencel attenuates oxidative damage, metabolic dysregulation, & pro-inflammatory signaling to support cellular resilience, preserved vascular integrity & functional stabilization under chronic kidney disease-relevant conditions

PROKIDNEY Publications

MoA = Mechanism of Action

NONCLINICAL

Human Decedent Study in Preparation to Further Elucidate Rilparencel MoA



Neurologically deceased person with a beating heart

Day 0

Collect Biopsy

Manufacture rilparencel

Day 22

Intraparenchymal injection of rilparencel (3e6 cells/g KW^{est}) into kidney cortex

Post-rilparencel study period

Day 61

Termination

Assays / Histology / Multi-Omics

Donor Inclusion Criteria:
CKD Stage 3/4 Adults

Measurements

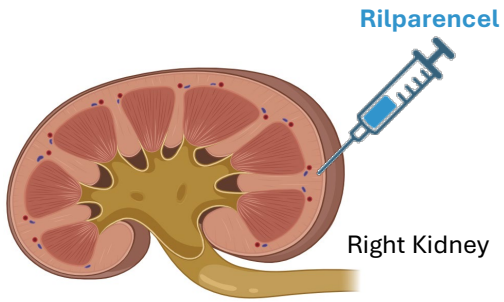
KW^{est}: Estimated kidney weight
ACR: Albumin-to-creatinine ratio
BG: Blood glucose
BW: Body weight
IHC: immunohistochemistry
BP: Blood pressure
MAP: Mean arterial pressure

Days 21, 22, 23, 24, 25 then weekly

+ Biopsy left & right kidneys for spatial transcriptomics, proteomics, metabolomics, snRNA/ATAC-Seq, IHC

Daily

+ Urinalysis (from each kidney ureter)
+ Serology & hematology
+ Clinical observations



Assays

+ Kidney spatial transcriptomics, snRNA/ATAC-Seq
+ Kidney spatial metabolomics & proteomics
+ Urine proteomics & metabolomics
+ Urine scRNA-Seq, cfDNA, cfmtDNA
+ Plasma biochemistry (urea, creatinine, cystatin C, etc.)
+ Plasma proteomics & lipidomics
+ Whole blood hematology assays & scRNA-Seq
+ Kidney histology (glomerulosclerosis, tubular injury, inflammation, fibrosis)

MoA = Mechanism of Action



RILPARENCEL CLINICAL DEVELOPMENT

Preserving eGFR in Patients with Advanced CKD and Diabetes

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Clinical Progression: From Proof to Pivotal

2024

Phase 2 RMCL-002: Full results presented at ERA Stockholm 2024

- ✓ **SIGNAL** Potential to preserve kidney function for 18 months; benefit to kidney function was most notable in subjects who had the highest risk of kidney failure
- ✓ **SAFETY** Comparable to kidney biopsy, no unexpected risks

2025

Phase 2 REGEN-007: ASN Late-Breaker

- Group 1 showed **durable and statistically significant stabilization** (~18 months)
- **SAFETY** No rilparencel-related SAEs
- Supports pivotal Phase 3 design

Phase 3 REGEN-006 (PROACT 1)

- **FDA confirmed eGFR slope as surrogate endpoint** for accelerated approval
- Trial designed to support both **accelerated and confirmatory approval**

2026 and beyond

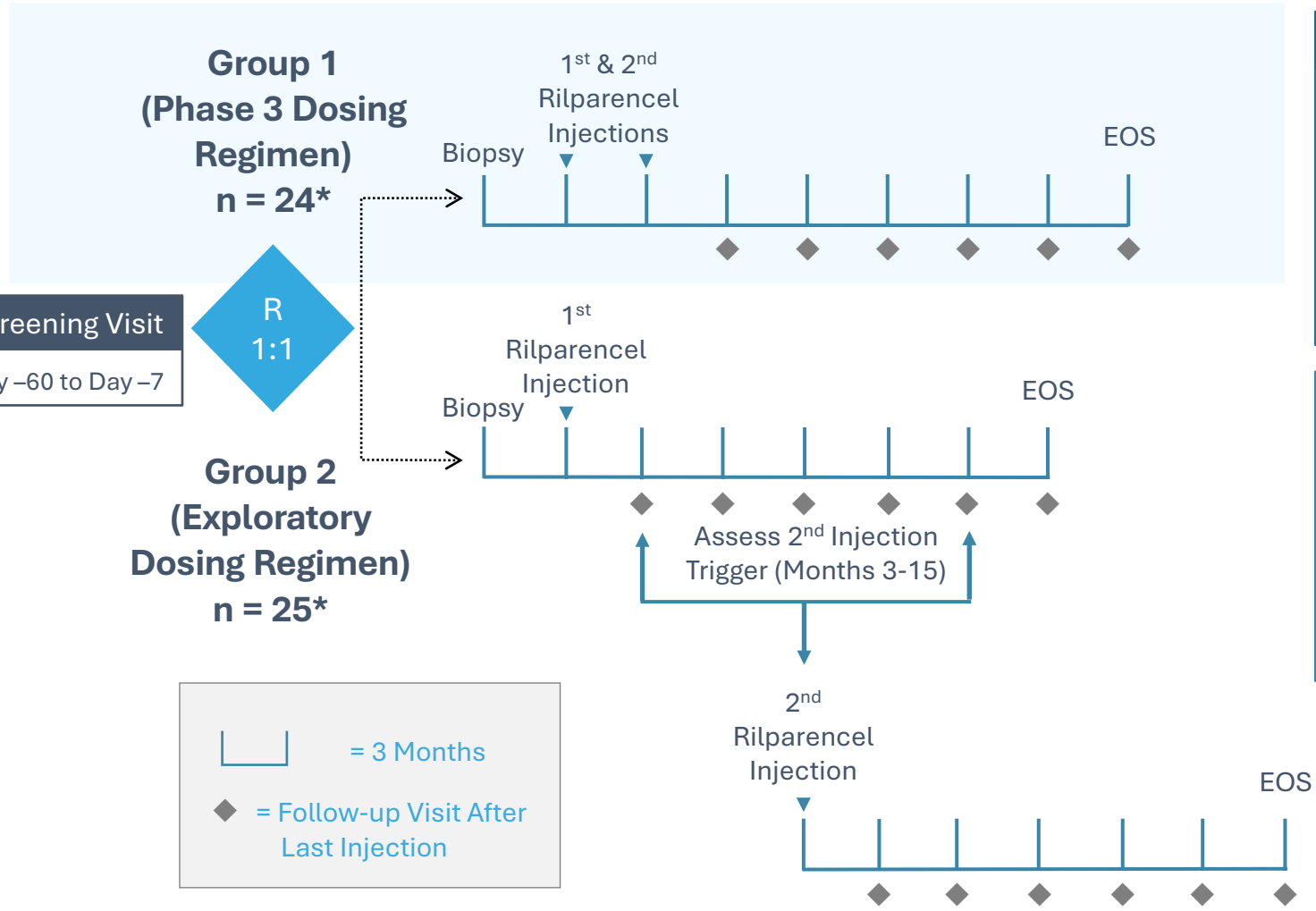
Phase 3 REGEN-006 (PROACT 1)

- **Topline readout anticipated in Q2 2027 for accelerated approval**
- Mechanism of action studies ongoing

REGEN-007
Trial Design

ProKidney Publications

Group 1 Dosing Regimen and Use of Cryopreserved Product Mirrors Phase 3 Program



Pre-Injection Period

Includes all historical eGFR values collected up to 24 months before the Screening Visit as well as the on-study central laboratory eGFR results prior to first rilparencel injection.

Screening Visit

Day –60 to Day –7

Key Entry Criteria

Type 1 or type 2 diabetes and CKD

Subjects 30-80 years of age

eGFR ≥20 and ≤50 mL/min/1.73m^2

UACR 30-5000 mg/g

HbA1c <10%

Group 2 Re-Dosing Trigger

Sustained 30-Day:

- Decline in eGFR of ≥20% from baseline, and/or
- Increase of ≥30% and ≥30 mg/g in UACR from baseline

Source: Čižman B et al. Clin J Am Soc Nephrol 2026

*Modified intent-to-treat population (mITT) including all patients who received at least one rilparencel injection
eGFR = estimated glomerular filtration rate; UACR = urine albumin-to-creatinine ratio (a measure of albuminuria); EOS = end of study

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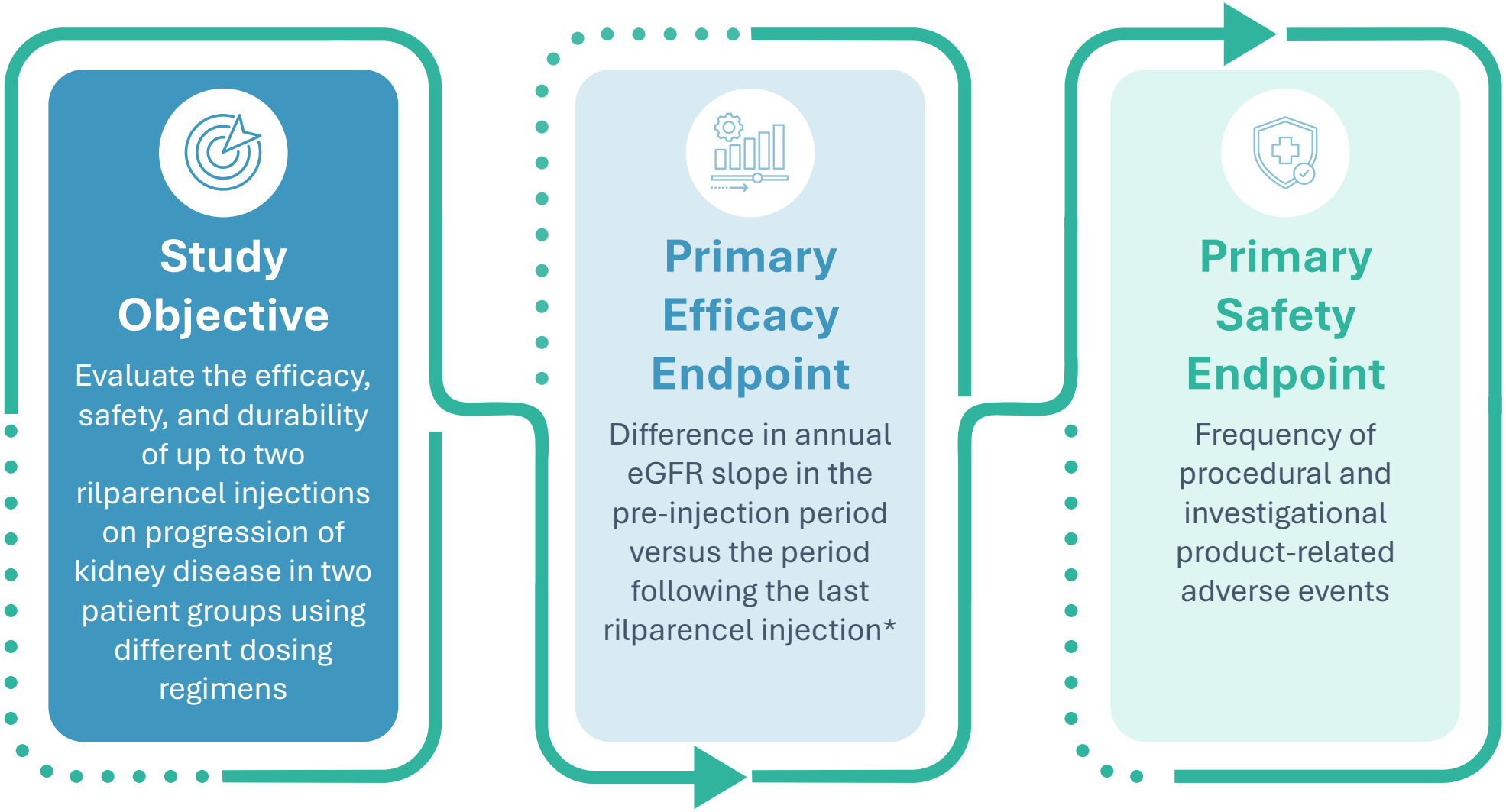
REGEN-007

Objectives and Endpoints



Source: Čižman B et al. Clin J Am Soc Nephrol 2026

*Pre-injection period included all historical eGFR values collected up to 24 months before the screening visit as well as the on-study central laboratory eGFR results prior to first rilparencel injection. Period following the last injection included visits from the last rilparencel injection to the EOS visit. Annual eGFR slope calculated using a linear mixed effects model.

REGEN-007

Baseline Characteristics

REGEN-007 (n=49)	**Group 1** (n=24)	**Group 2** (n=25)
Age, years *(mean +/- SD)*	62 +/- 11	58 +/- 11
Female : Male, %	33% : 67%	28% : 72%
Hispanic or Latino, %	0%	4%
Race, %		
Black or African American	8%	16%
White	92%	84%
Other	0%	0%
Type 1 Diabetes : Type 2 Diabetes, %	13% : 88%	32% : 68%
Blood pressure, mm HG *(mean)*	137 / 76	132 / 77
eGFR, ml/min/1.73m^2 *(mean +/- SD)*	31 +/- 8	34 +/- 12
UACR mg/g, *(median (IQR))*	792 (71, 1955)	229 (77, 780)
HbA1c, % *(mean (SD))*	7.2% (1.3)	7.8% (1.4)
ACE/ARB Use, %	75%	84%
SGLT2i Use, %	42%	32%
GLP-1 RA Use, %	33%	44%
MRA/NsMRA Use, %	17%	4%

Source: Čižman B et al. Clin J Am Soc Nephrol 2026

HbA1c = hemoglobin A1c; ACE = angiotensin converting enzyme; ARB = angiotensin II receptor blockers; SGLT2i = sodium-glucose cotransporter-2 protein inhibitor; GLP-1 RA = glucagon-like peptide-1 receptor agonist
NsMRA = non-steroidal mineralocorticoid receptor antagonist

REGEN-007

Kidney Function Stabilized in Both Groups After Treatment with Rilparencel

Group 1
(Phase 3 Dosing Regimen; n=24)

Annual decline in eGFR slope[1] improved by 78% from -5.84 in the pre-injection period to -1.27 in the period following the last rilparencel injection.

This 4.57 (1.95, 7.18)* mL/min/1.73m^2 per year difference was statistically significant (p<0.001) and clinically meaningful.

Median follow-up after the last injection was approximately 18 months.

Group 2
(Exploratory Dosing Regimen; n=25)

Annual decline in eGFR slope[1] improved by 50% from -3.40 in the pre-injection period to -1.71 in the period following the last rilparencel injection.

This 1.70 (-0.24, 3.63)* mL/min/1.73m^2 per year difference was not statistically significant (p=0.085) but suggests evidence of a dose response.

Median follow-up after the last injection was approximately 18 months.

SAFETY *(n=49)*

No rilparencel-related serious adverse events were observed across all patients in the study who received at least one rilparencel injection. The safety profile was consistent with previously reported study results and comparable to a kidney biopsy.

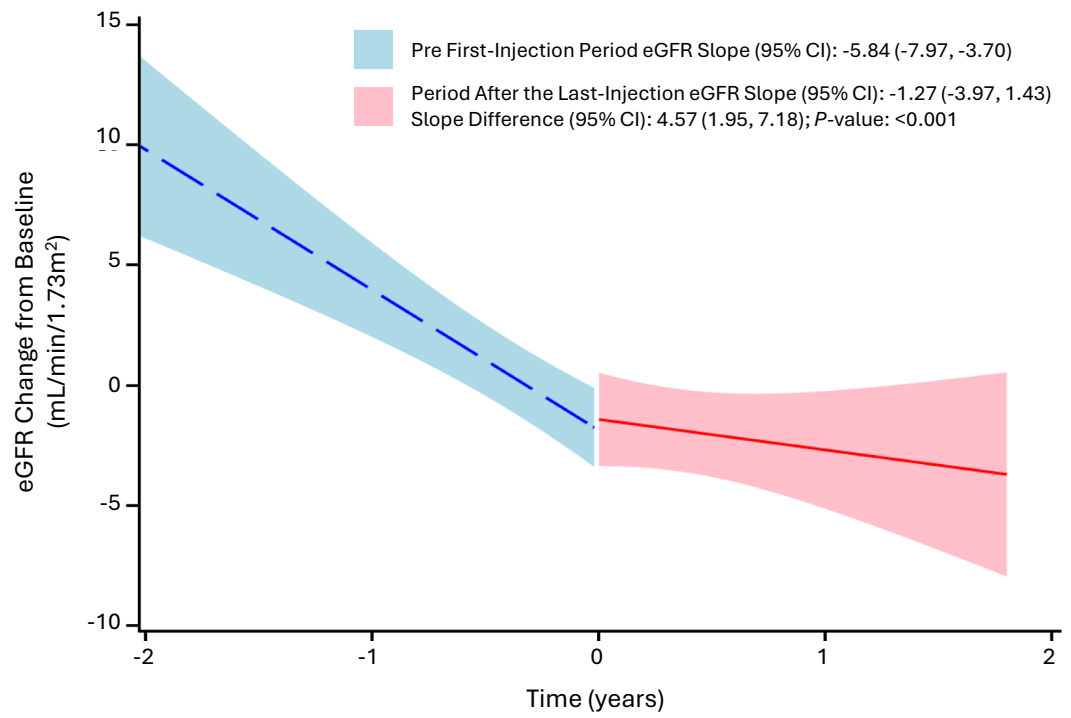
Source: Čižman B et al. Clin J Am Soc Nephrol 2026

1. Annual eGFR slope calculated in mL/min/1.73m^2 using a linear mixed effects model
*(95% CI)

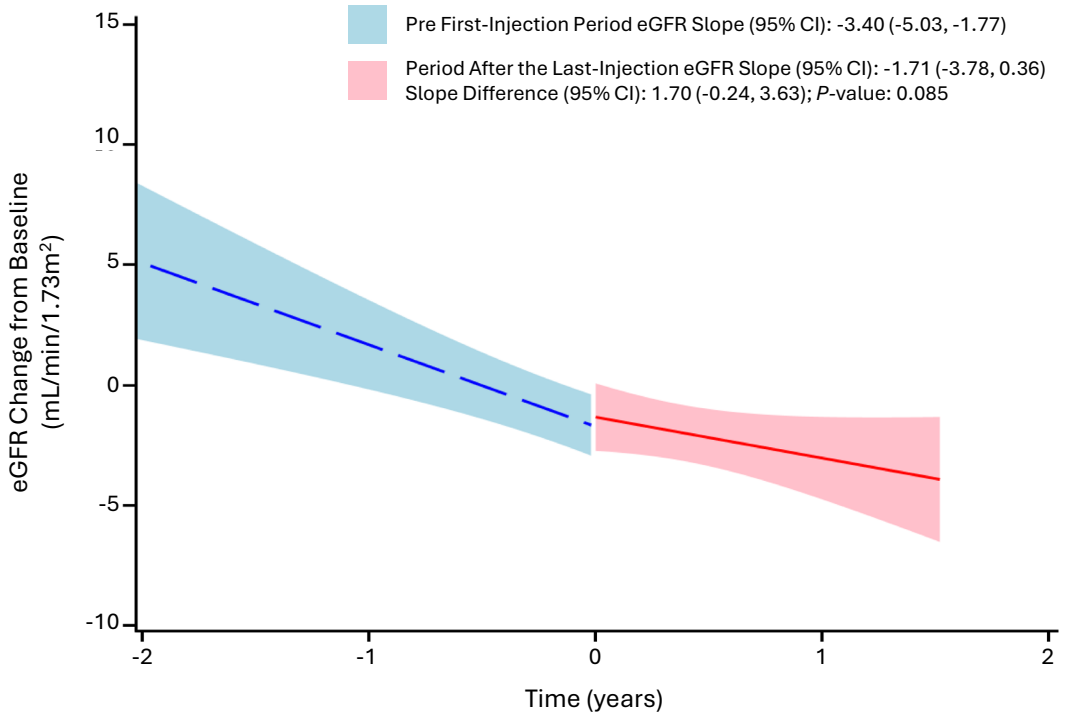
REGEN-007

Kidney Function Stabilizes for 18 Months After Treatment with Rilparencel

Group 1
(n=24)

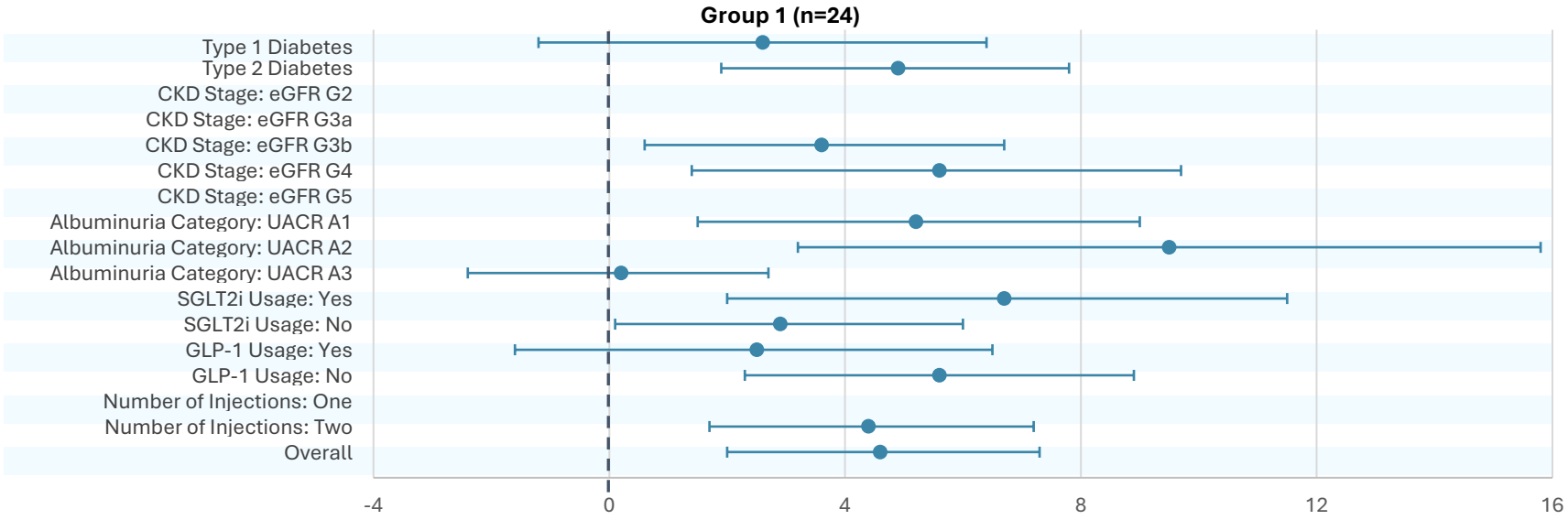


Group 2
(n=25)

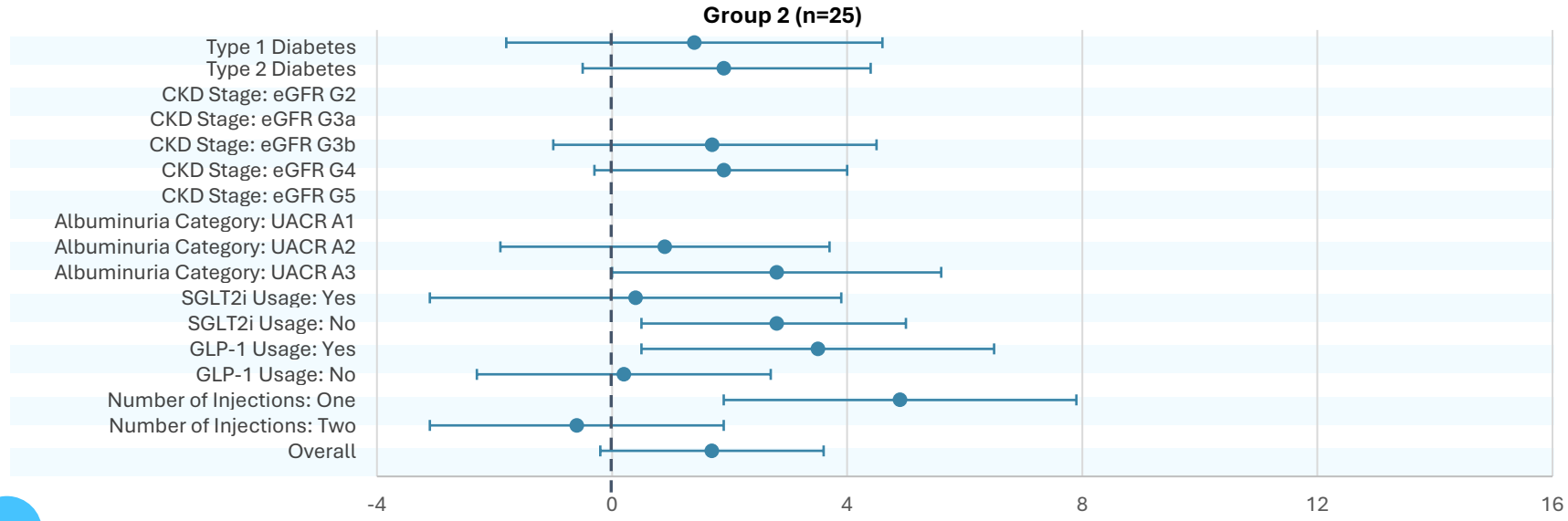


Source: Čižman B et al. Clin J Am Soc Nephrol 2026

In Group 1, Meaningful Differences in eGFR Slope Were Observed Across Most Subgroups



Slope Difference (95% CI)	No. of Participants (%)
2.6 (-1.2, 6.4)	3 (13)
4.9 (2.0, 7.9)	21 (88)
Not evaluable	0
Not evaluable	2 (8)
3.6 (0.5, 6.6)	9 (38)
5.6 (1.5, 9.8)	13 (54)
Not evaluable	0
5.2 (1.4, 8.9)	3 (13)
9.5 (3.2, 15.8)	7 (29)
0.2 (-2.3, 2.8)	14 (58)
6.7 (1.9, 11.4)	10 (42)
2.9 (0.2, 5.7)	14 (58)
2.5 (-1.5, 6.6)	8 (33)
5.6 (2.3, 8.9)	16 (67)
Not evaluable	1 (4)
4.4 (1.6, 7.1)	23 (96)
4.6 (1.9, 7.2)	24 (100)



Slope Difference (95% CI)	No. of Participants (%)
1.4 (-1.8, 4.6)	8 (32)
1.9 (-0.6, 4.3)	17 (68)
Not evaluable	1 (4)
Not evaluable	2 (8)
1.7 (-1.1, 4.4)	15 (60)
1.9 (-0.2, 4.1)	6 (24)
Not evaluable	1 (4)
Not evaluable	1 (4)
0.9 (-1.9, 3.7)	12 (48)
2.8 (0.0, 5.6)	12 (48)
0.4 (-3.1, 3.9)	8 (32)
2.8 (0.6, 5.1)	17 (68)
3.5 (0.5, 6.5)	11 (44)
0.2 (-2.3, 2.7)	14 (56)
4.9 (1.9, 7.9)	10 (40)
-0.6 (-3.1, 1.9)	15 (60)
1.7 (-0.2, 3.6)	25 (100)

Source: Čižman B et al. Clin J Am Soc Nephrol 2026

Group 1 | SGLT2i Use Summary

- Ten patients (42%) were on SGLT2i at baseline; 3 of these 10 patients discontinued SGLT2i after receiving rilparencel
- An additional 8 patients (33%) initiated SGLT2i after receiving rilparencel
- In total, 18 patients (75%) received SGLT2i at some point during the study

Timing of SGLT2i initiation in patients on SGLT2i at baseline (Group 1 | n=10 of 24, or 42%)

Patient	Number of months prior to first rilparencel injection
1	5
2	6
3	7
4	8
5	8
6	11
7	14
8	16
9	21
10	21
Median	**10 months**
Mean	**12 months**

Timing of SGLT2i initiation in patients who initiated SGLT2i *after* receiving the first rilparencel injection (Group 1 | n=8 of 24, or 33%)

Patient	Number of months *after* first rilparencel injection
1	2
2	6
3	7
4	8
5	11
6	12
7	13
8	13
Median	**10 months**
Mean	**9 months**

Source: Čižman B et al. Clin J Am Soc Nephrol 2026

SGLT2i = sodium-glucose cotransporter-2 protein inhibitor

REGEN-007

Baseline Characteristics: Patients Meeting Key Phase 3 PROACT 1 Inclusion Criteria

PROACT 1 Subgroup (n=22)	**Group 1** (n=15)	**Group 2** (n=7)
Age, years *(mean +/- SD)*	65 +/- 9	60 +/- 7
Female : Male, %	40% : 60%	29% : 71%
Hispanic or Latino, %	0%	0%
Race, %		
Black or African American	13%	29%
White	87%	71%
Other	0%	0%
Type 1 Diabetes : Type 2 Diabetes, %	0% : 100%	0% : 100%
Blood pressure, mm HG *(mean)*	136 / 75	130 / 77
eGFR, ml/min/1.73m^2 *(mean +/- SD)*	26 +/- 4	27 +/- 8
UACR mg/g, *(median (IQR))*	935 (54, 2033)	544 (47, 1982)
HbA1c, % *(mean (SD))*	7.2% (1.4)	7.9% (2.2)
ACE/ARB Use, %	73%	100%
SGLT2i Use, %	40%	29%
GLP-1 RA Use, %	40%	71%
MRA/NsMRA Use, %	13%	0%

Source: Čižman B et al. Clin J Am Soc Nephrol 2026

HbA1c = hemoglobin A1c; ACE = angiotensin converting enzyme; ARB = angiotensin II receptor blockers; SGLT2i = sodium-glucose cotransporter-2 protein inhibitor; GLP-1 RA = glucagon-like peptide-1 receptor agonist
NsMRA = non-steroidal mineralocorticoid receptor antagonist

REGEN-007

Similar Efficacy Results Were Observed in Patients Meeting Key Phase 3 PROACT 1 Inclusion Criteria

GROUP 1 *(Phase 3 Dosing Regimen; n=15)*	GROUP 2 *(Exploratory Dosing Regimen; n=7)*
Annual decline in eGFR slope[1] improved by 85% from -6.46 in the pre-injection period to -0.95 in the period following the last rilparencel injection.	Annual decline in eGFR slope[1] improved by 57% from -7.70 in the pre-injection period to -3.29 in the period following the last rilparencel injection.
This 5.51 (1.69, 9.33)* mL/min/1.73m^2 per year difference was statistically significant (p=0.005) and clinically meaningful.	**This 4.41 (0.57, 8.25)* mL/min/1.73m^2 per year difference was statistically significant (p=0.025) and clinically meaningful.**
Median follow-up after the last injection was approximately 18 months.	Median follow-up after the last injection was approximately 18 months.

Analysis Inclusion Criteria	
	• Type 2 diabetes • Stage 4 CKD and UACR mg/g ≤ 5000, ***or*** • eGFR 30-35 mL/min/1.73m^2 and UACR 300-5000

Source: Čižman B et al. Clin J Am Soc Nephrol 2026

1. Annual eGFR slope calculated in mL/min/1.73m^2 using a linear mixed effects model *(95% CI)

REGEN-007

No Rilparencel-Related Serious Adverse Events Were Observed

Adverse Event	Biopsy # of SAEs (n=51)	Rilparencel Injection # of SAEs (n=49)	Rilparencel # of SAEs (n=49)
Acute Kidney Injury	2	-	-
Death	-	-	-
Hematoma	2	1	-
Hematuria	1	-	-
Hydronephrosis	1	-	-

Source: Čižman B et al. Clin J Am Soc Nephrol 2026



EXECUTING WITH STRENGTH

Corporate Snapshot

ProKidney

Clean Balance Sheet and Clear Path to Value Creation

CORPORATE HIGHLIGHTS

Shares Outstanding
302,381,712*

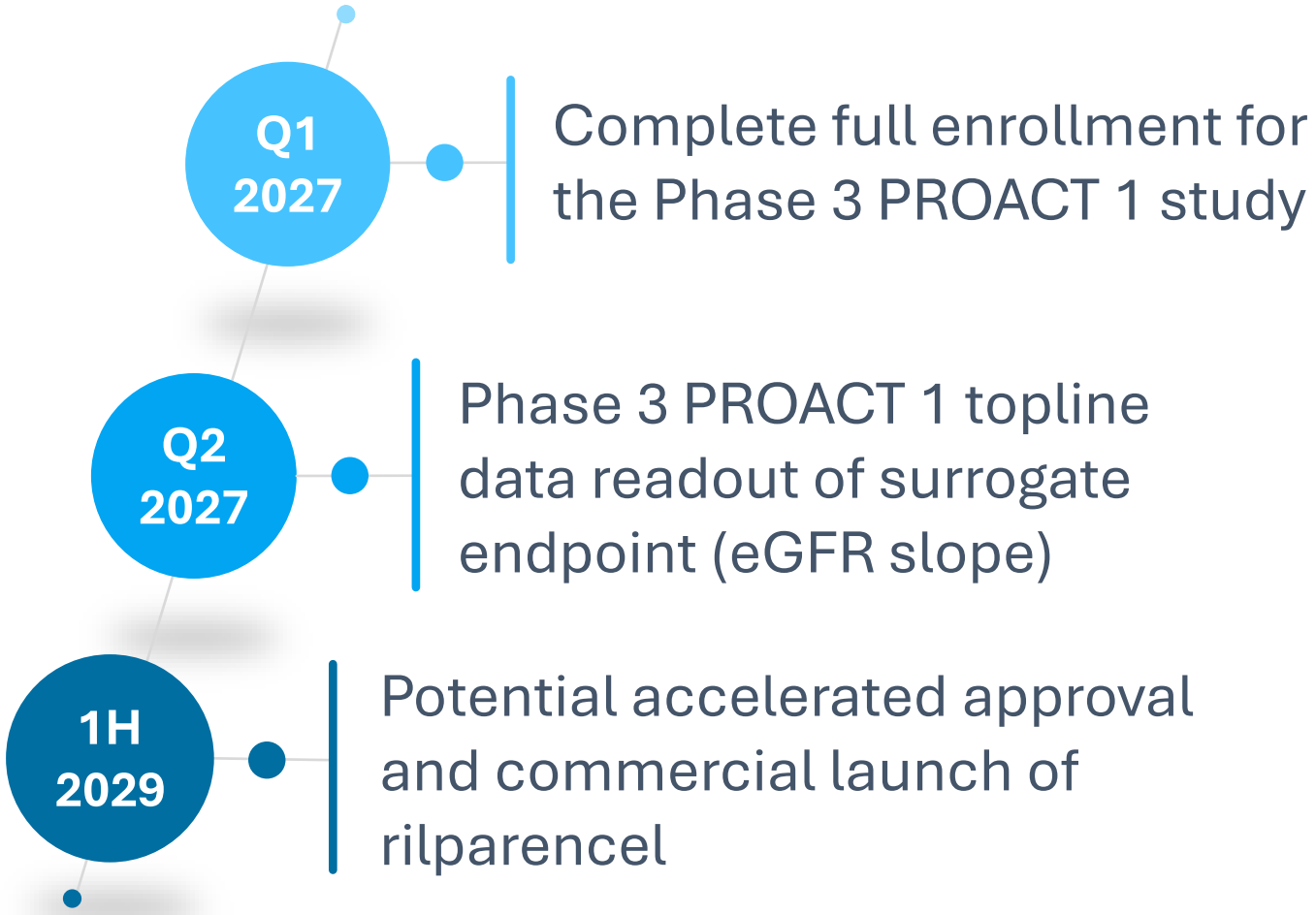
Cash Position
$142M**

Cash Runway
Expected to fund operations into mid-2027

Analyst Coverage
7 Firms

*Class A and Class B as of November 6, 2026
**Cash, cash equivalents and marketable securities as of September 30, 2026

KEY MILESTONES



ProKidney

Robust Intellectual Property Portfolio

450+

Patents and pending applications





23

Patent families

GEOGRAPHIC COVERAGE

Patents span North and South America, Australia, Asia, and the Middle East

SUBJECT MATTER COVERAGE

Composition of matter, Methods of improving kidney function and/or treating kidney disease, Quality control methods, and Formulations

PATENT EXPIRY

Patent coverage extends into 2045, absent of any adjustments or extensions

Patients Want More Time

We are building a future where advanced CKD treatment means **more options and more hope**



ProKidney