Cartesian therapeutics

Pioneering mRNA Cell Therapy for Autoimmunity

September 2026



Forward-looking statements

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Forward-looking Statements

Any statements in this presentation about the future expectations, plans and prospects of the Company, including without limitation, statements about the Company’s expected cash resources and cash runway, statements regarding the ability of the Company’s product candidates to be administered in an outpatient setting or without the need for preconditioning lymphodepleting chemotherapy, the availability and use of funds under the Company’s credit facility with K2 HealthVentures LLC, the potential of the Company’s product candidates to treat myasthenia gravis, juvenile myasthenia gravis, myositis, juvenile systemic lupus erythematosus, juvenile dermatomyositis, or any other disease, the anticipated timing or the outcome of ongoing and planned clinical trials, studies and data readouts, the anticipated timing or the outcome of the FDA’s review of the Company’s regulatory filings, including the number of trials that may be necessary in order to obtain marketing approval, the Company’s ability to conduct its clinical trials and preclinical studies, the timing or making of any regulatory filings, estimates regarding potential market sizes for the Company's product candidates, the anticipated timing or outcome of selection of developmental product candidates, the novelty of treatment paradigms that the Company is able to develop, the potential of any therapies developed by the Company to fulfill unmet medical needs, enrollment in the Company’s clinical trials, the partnership and strategic licensing agreement between the Company and WestGene and the ability of the Company and WestGene to develop therapies, treat disease, extend mRNA payloads into in vivo delivery, the integration and complementary nature of the Company's product candidates and WestGene’s lipid nanoparticle platform, the speed and efficiency of the development pathway for collaboration products between the Company and WestGene, the ability of the Company and its partnership with WestGene to generate clinical proof-of-concept data across multiple programs in several disease states, the ability of the Company and its partnership with WestGene to advance multiple internally developed next-generation anti-BCMA CAR constructs and a BCMA-directed T-cell engager (TCE) and the speed at which these constructs and TCE are developed, expectations regarding manufacturing and other statements containing the words “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “hypothesize,” “intend,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “would,” and similar expressions, constitute forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including, but not limited to, the following: the uncertainties inherent in the initiation, completion and cost of clinical trials including proof of concept trials, including uncertain outcomes, the availability and timing of data from ongoing and future clinical trials and the results of such trials, whether preliminary results from a particular clinical trial will be predictive of the final results of that trial, whether results of early clinical trials will be indicative of the results of later clinical trials and whether results observed in certain patient subgroups will be indicative of the results in such subgroups in later clinical trials or are reflective of a product candidate's overall characteristics, the ability to predict results of studies performed on human beings based on results of studies performed on non-human subjects, the unproven approach of the Company’s technology, potential delays in enrollment of patients, undesirable side effects of the Company’s product candidates, political uncertainty, the Company’s reliance on third parties to conduct its clinical trials, the Company’s inability to maintain its existing or future collaborations, licenses or contractual relationships, its inability to protect its proprietary technology and intellectual property, potential delays in regulatory approvals, the availability of funding sufficient for its foreseeable and unforeseeable operating expenses and capital expenditure requirements, the Company’s recurring losses from operations and negative cash flows, substantial fluctuation in the price of the Company’s common stock, risks related to geopolitical conflicts and pandemics and other important factors discussed in the “Risk Factors” section of the Company’s most recent Annual Report on Form 10-K and subsequently filed Quarterly Reports on Form 10-Q, and in other filings that the Company makes with the Securities and Exchange Commission. 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Executive summary



Cartesian's lead asset, Descartes-08, **delivers deep and durable responses in MG through 12 months** following a single course of therapy—administered outpatient without lymphodepletion—positioning it to transform the current treatment landscape.



The Phase 3 AURORA trial positions Descartes-08 to capture a **$1B+ market opportunity in MG***, with **Phase 3 data expected in 1Q27 and BLA filing in mid-2027**



Phase 2 TRITON trial in myositis initiated, positioning Descartes-08 to address **a multi-billion dollar market opportunity** due to the significant unmet need, with **data expected in 1H27**



Data from the Phase 1/2 HELIOS trial in pediatric autoimmune diseases, including JDM, **expected in 1H27**



Strategic licensing agreement with WestGene Biopharma to **accelerate the development of in vivo CAR-T platform in autoimmune diseases;** Clinical trial expected to initiate in 2H26, **data expected in 1H27**



US-based in-house manufacturing supports commercial readiness for MG launch with potential biologic-like margins and full supply chain control – ongoing process optimization creates opportunity for further margin expansion.



Cash runway into 2028

MG, myasthenia gravis
JDM, juvenile dermatomyositis

CAR-T, chimeric antigen receptor T-cell therapy
*Internal company projections

Late-stage clinical company pioneering mRNA cell therapy specifically designed to expand the reach of cell therapy to autoimmunity

- mRNA cell therapy designed to be dosed reliably and safely in an ***outpatient setting without lymphodepletion***
- Descartes-08: Investigational mRNA CAR T-cell (CAR-T) with ***deep and durable responses through 12 months*** observed in randomized, double-blind, placebo-controlled Phase 2b trial in patients with myasthenia gravis (MG)
- ***US-based in-house manufacturing*** supports commercial readiness with potential for biologic-like margins

RECENT AND PLANNED ACTIVITY

DESCARTES-08

- **Phase 3 AURORA trial data expected in 1Q27;** positions Descartes-08 to potentially access $1B+[1] market opportunity in MG
- **Phase 2 TRITON trial in myositis data expected in 1H27;** positions Descartes-08 to address a multi-billion dollar market opportunity due to significant unmet medical need[2]
- **Data from Phase 1/2 HELIOS pediatric trial** in children and young adults with autoimmune diseases, including JDM, **expected in 1H27**
- **In vivo clinical trial** through partnership with WestGene **expected to initiate in 2H26; Clinical data expected in 1H27**

CASH RESOURCES

- ***Strong balance sheet with approximately $149 million****
- Secured up to $150 million of non-dilutive financing from K2 HealthVentures; funding of $50 million from initial tranche received in May 2026
- Expected to support planned operations into 2028

*As of June 30, 2026; includes cash, cash equivalents and restricted cash; excludes cash committed through non-dilutive financing deal with K2 HealthVentures

1. Internal company projections
2. Kronzer et al., 2021; Coffey et al., 2021; Marotta et al., 2020; OCTAGAM efficacy data

Cartesian therapeutics

Cartesian's mRNA approach is designed to expand the reach of potent cell therapy products to address autoimmunity



No Lymphodepletion

No associated cytopenia, secondary malignancies, or other chemotherapy toxicities



Administered Outpatient

Convenient dosing schedule



Delivered at Therapeutic Levels

Administered at therapeutic doses without uncontrollable proliferation



Transient Cell Modification

Does not carry risk of genomic integration

Wholly-owned pipeline targets autoimmune disease

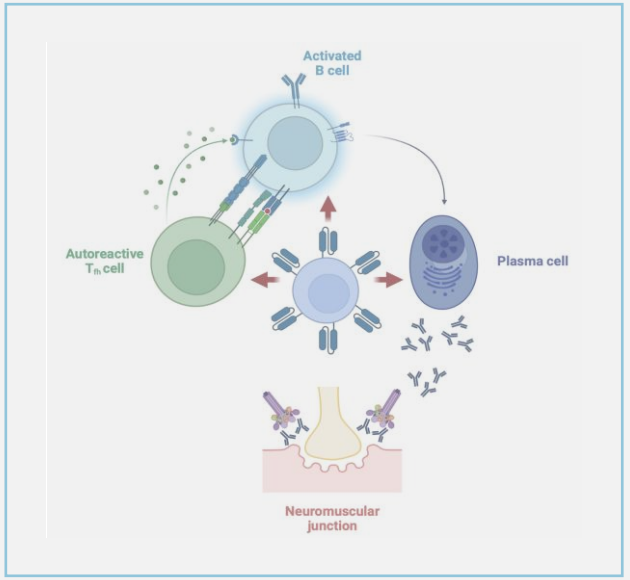
Asset	Indications	Discovery/Preclinical	Phase 1	Phase 2	Phase 3
Descartes-08 **Autologous mRNA CAR-T**	**Myasthenia Gravis**				
	Myositis (Dermatomyositis & Antisynthetase Syndrome)				
	Juvenile Dermatomyositis				

Descartes-08 is an mRNA CAR T-cell therapy in clinical development for autoimmune disease

Engineered by transfection of autologous CD8+ T cells with mRNA encoding anti-BCMA CAR

Typical lot **processed for infusion within as little as ~3 weeks**

Granted **U.S. FDA orphan and RMAT designations** for generalized myasthenia gravis, and **RPDD** for juvenile dermatomyositis



RMAT, Regenerative Medicine Advanced Therapy
RPDD, Rare Pediatric Disease Designation

FDA, U.S. Food and Drug Administration
BCMA, B-cell maturation antigen

Descartes-08 in Myasthenia Gravis

Myasthenia gravis is a rare, progressive autoimmune disease with significant unmet need

106,000+

Patients in the U.S.[1]

Characterized by debilitating fatigue and muscle weakness



Limbs | Respiratory | Ocular | Facial



Current treatments require chronic or frequent administration and have limited durability



Significant Unmet Need Remains

- **Highly heterogenous disease biology** makes a standardized treatment approach ineffective[2]
- **Limited durability from current therapies** requires patients to rely on chronic immunosuppression and dosing[3]
- **Suboptimal depth and durability of response** leaves white space for long-lasting remission[3]
- Achievement of **minimal symptom expression over time remains a key treatment goal** for physicians[4]

1. Rodrigues et al. 2023
2. DOI: 10.1080/1744666X.2021.1936500
3. VYVGART label
4. Company neurologist ad-board

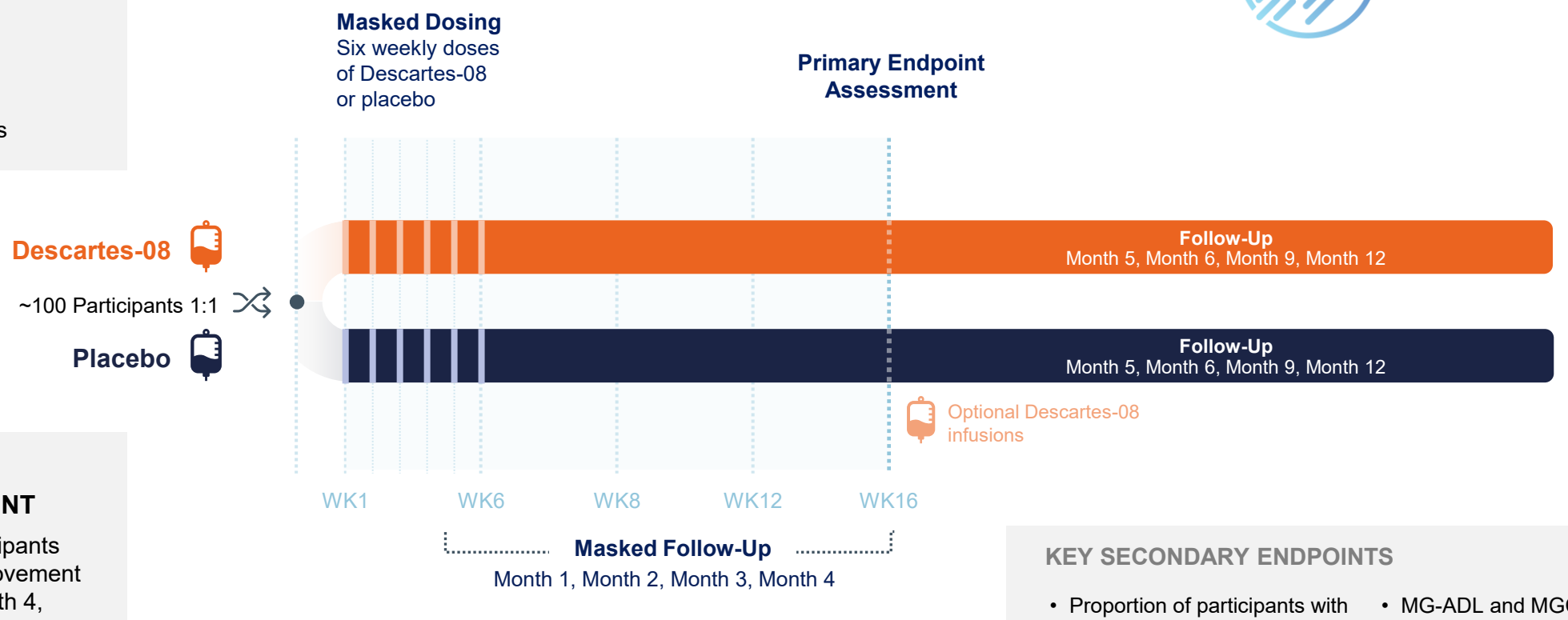
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AURORA: Randomized double-blind, placebo-controlled Phase 3 trial of Descartes-08 in AChR Ab+ gMG with data expected in 1Q27

aurora TRIAL

INCLUSION CRITERIA

- AChR Ab+
- MGFA Class II-IV
- MG-ADL ≥6
- On stable doses of immunosuppressants



PRIMARY ENDPOINT

- Proportion of participants with MG-ADL improvement of ≥3 points at Month 4, relative to placebo

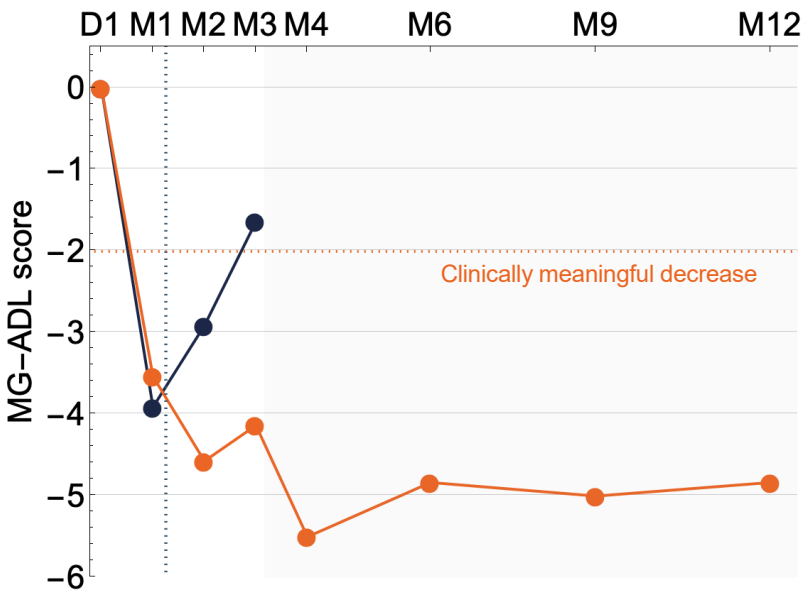
KEY SECONDARY ENDPOINTS

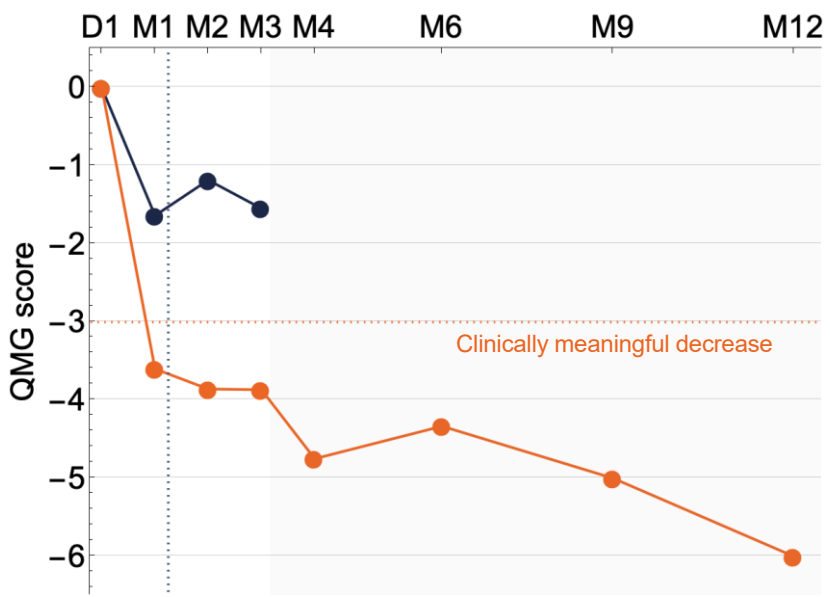
- Proportion of participants with MGC improvement of ≥4 points at Month 4
- MG-ADL and MGC change from baseline to Month 4
- Quantify clinical effect of Descartes-08 over 1 year

MG-ADL, Myasthenia Gravis Activities of Daily Living scale
gMG, Generalized myasthenia gravis
MGFA, Myasthenia Gravis Foundation of America
MGC, Myasthenia Gravis Composite
MG QMG, Quantitative MG Scores
MG QoL 15R, MG Quality of Life 15-revised
AChR Ab+, Acetylcholine receptor autoantibody positive

Deepening responses observed in participants treated with Descartes-08

Primary Efficacy Dataset





Descartes-08 Placebo

Month 3 (n=15), Month 4 to Month 12 (n=12*)
**Three participants lost to follow-up*

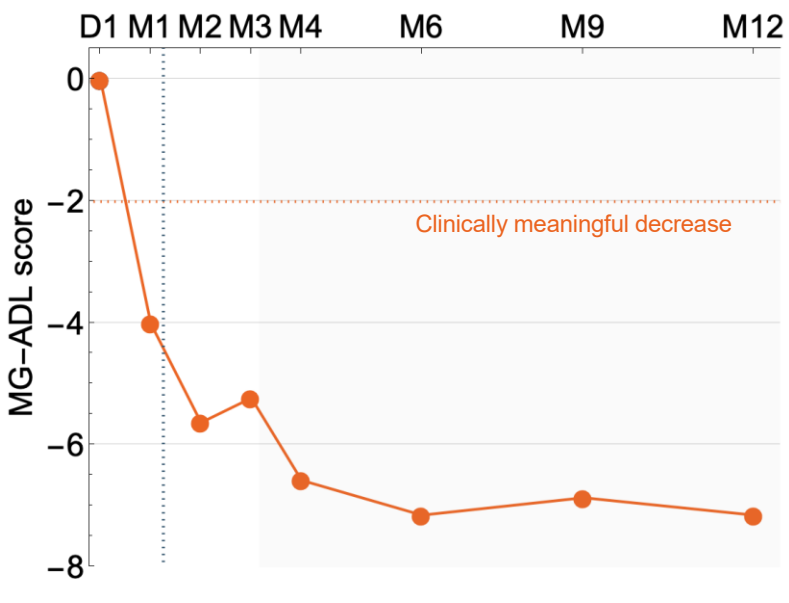
- Average MG-ADL reduction of 5.5 (±1.1) points at Month 4, **maintained through Month 12 (4.8±1.4)**
- Average QMG reduction of 4.8 (±1.7) points at Month 4, **deepened through Month 12 (6.0±2.1)**
- 83% of participants reaching Month 12 maintained clinically meaningful response

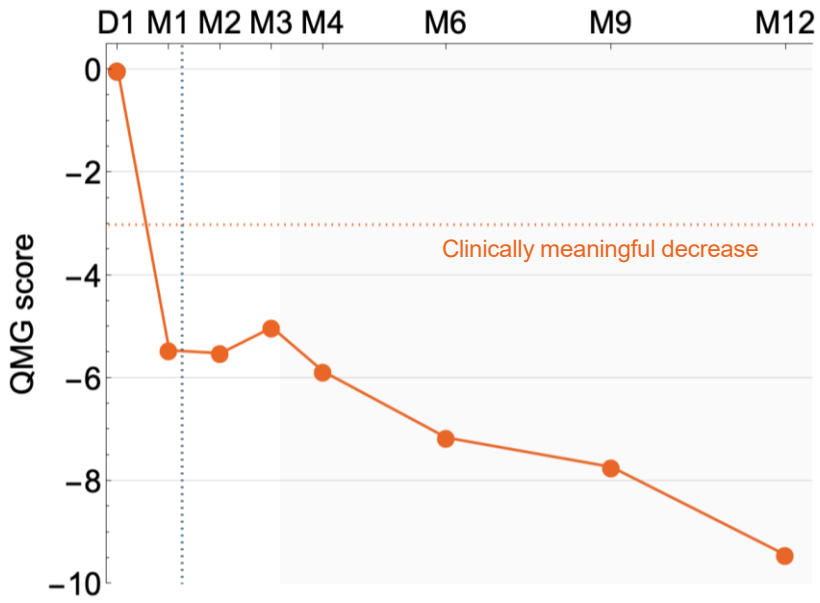
33% of participants achieved minimum symptom expression at Month 6 and maintained it through Month 12

Cartesian therapeutics

Deep responses observed in participants with no prior exposure to complement or FcRn inhibitors

Primary Efficacy Dataset (No Prior Biologics)





- Average MG-ADL reduction of 6.6 (±1.5) points at Month 4, **maintained through Month 12 (7.1±1.9)**
- Average QMG reduction of 6.0 (±2.3) points at Month 4, **deepened through Month 12 (9.4±2.3)**
- 100% of participants maintained clinically meaningful response at Month 12

Descartes-08

Month 3 (n=9), Month 4 (n=7*), Month 6 (n=7), Month 9 (n=7), Month 12 (n=7)
**Two participants lost to follow-up*

57% of participants achieved minimum symptom expression at Month 6 and maintained it through Month 12

Cartesian therapeutics

Safety profile supports outpatient administration with no AEs reported after Month 3 through final follow-up

	Descartes-08 (n=20)			Placebo (n=16)		
	Grade 1	Grade 2	Grade 3	Grade 1	Grade 2	Grade 3
Headache	7 (35%)	4 (20%)		2 (13%)	3 (19%)	
Chills	8 (40%)	4 (20%)				
Nausea	3 (15%)	6 (30%)		1 (6%)	2 (13%)	
Fever	7 (35%)	4 (20%)	1 (5%)			
Fatigue	4 (20%)	1 (5%)		1 (6%)		
Myalgia	4 (20%)	2 (10%)				
Infusion related reaction	1 (5%)	2 (10%)	1 (5%)	1 (6%)		
Muscle weakness	1 (5%)	1 (5%)		1 (6%)		
Arthralgia	1 (5%)	1 (5%)			1 (6%)	
Tachycardia	3 (15%)					
Upper respiratory infection		1 (5%)			1 (6%)	
Herpes simplex reactivation	1 (5%)		1 (5%)			
Dysgeusia	3 (15%)					
Diarrhea	1 (5%)				1 (6%)	
Sweating	1 (5%)			1 (6%)		
Limb edema	1 (5%)	1 (5%)				
Flushing	2 (10%)					
Dyspnea	1 (5%)	1 (5%)				
Insomnia	2 (10%)					
Vomiting	2 (10%)	1 (5%)				
Tremor	2 (10%)					

- **Most commonly observed AEs through Month 3 include: headache, chills, nausea and fever, all of which typically resolved within 24 hours of infusion**
- **No AEs reported after Month 3**
- **No hypogammaglobulinemia or increased infections reported**
- **No difference in vaccine titers between Descartes-08 and placebo**

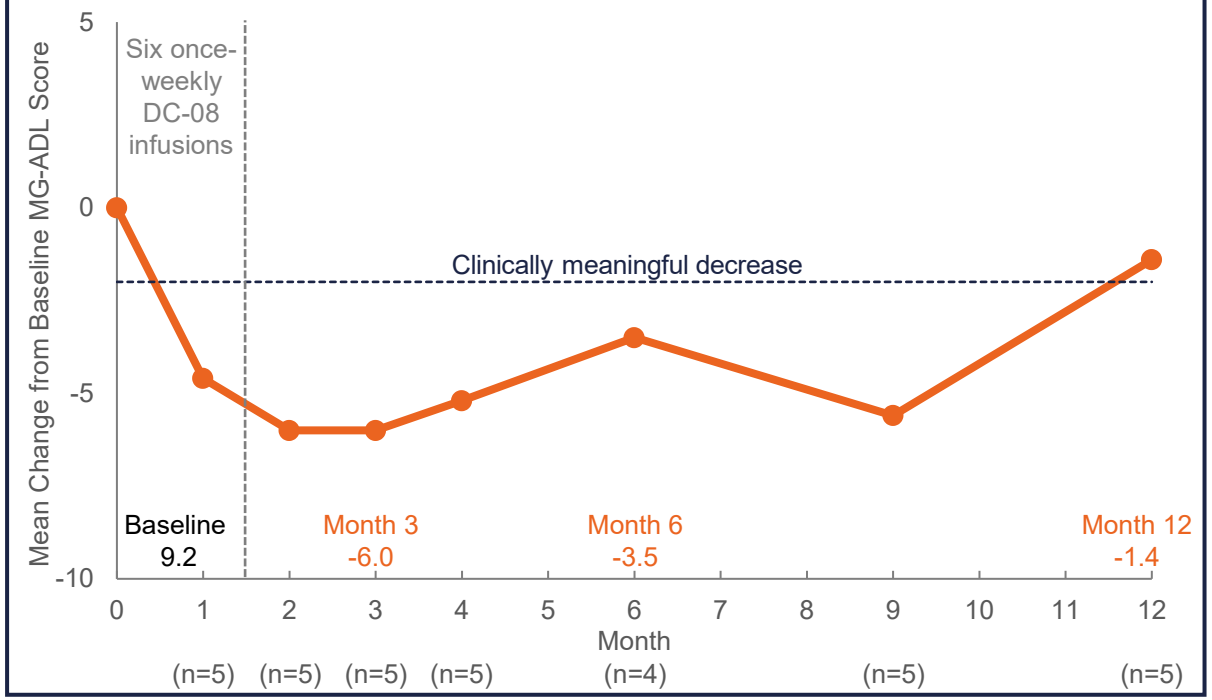
Total AEs reported through Month 12 for Descartes-08-treated patients and through Month 3 for placebo-treated patients

Safety dataset comprises all subjects who received at least one dose of Descartes-08 (n=20) or placebo (n=16)

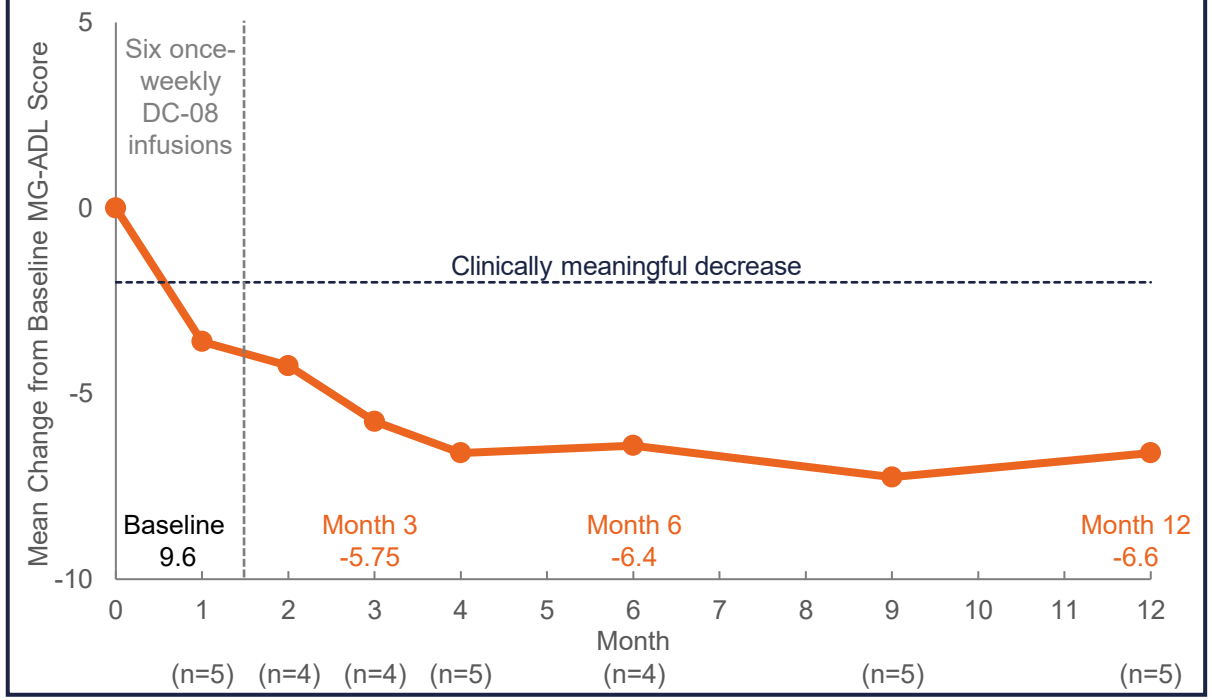
All Grade 1–2 adverse events deemed possibly, probably or definitely related to the study drug with a cumulative incidence ≥10% and all Grade 3 adverse events deemed possibly, probably or definitely related to the study drug are reported. There were no Grade 4 adverse events

Retreatment of Descartes-08 highlights deep and durable responses in patients with MG with no new safety signals observed

Initial Treatment



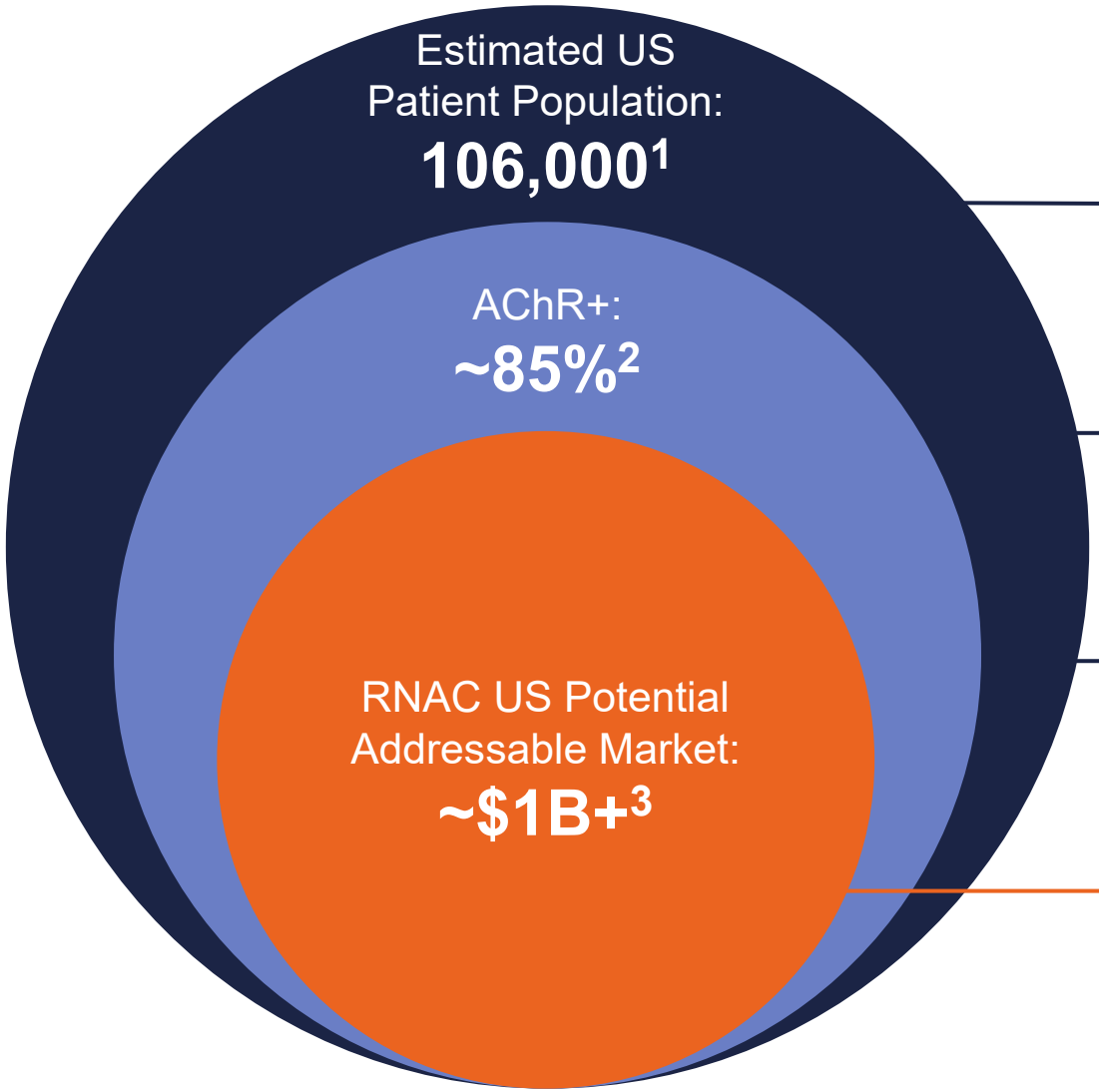
Retreatment



Patients retreated at a **median of 16.6 months following completion of initial treatment course experienced greater improvement in MG symptoms compared to initial course of treatment;** mean decrease in MG-ADL scores were sustained through 12 months following retreatment

DC-08, Descartes-08

Current gMG market lacks disease modifying treatments creating the potential to access a $1B+ market opportunity for Descartes-08 in the US



DESCARTES-08 OBSERVATIONS

Significant reduction in MG-ADL of 7.1 at Month 12[4] with a single course of therapy

57% of patients achieved minimal symptom expression at Month 6 and maintained it through Month 12[4]

Safety profile **supports biologic-like outpatient administration**

Significant unmet need remains given current treatment options, creating a potential $1B opportunity

1. Rodrigues et al. 2023
2. Lazaridis et al., 2020
3. Company internal projections, inclusive of opportunity to retreat patients
4. Metrics reflective of results from biologic naïve population

Cartesian therapeutics

Descartes-08 is optimally designed for autoimmune diseases

Key Characteristics for a Differentiated Therapy Designed for Patient Adoption in MG



Durability of Response
Descartes-08 delivers deep and durable responses through 12 months after a single course of therapy



Single Course of Therapy
Unlike current biologic therapies requiring chronic dosing and immunosuppression, Descartes-08 delivers deep and durable responses after a single course of therapy through a precision immune reset



Outpatient Administration
mRNA cell therapy enables reliable and safe outpatient dosing without lymphodepletion, avoiding the risks of CRS and ICANS



Redosing Optionality
The favorable safety profile of mRNA cell therapy enables repeat dosing if needed, providing flexibility

CRS, Cytokine release syndrome

ICANS, Immune effector cell-associated neurotoxicity syndrome

Descartes-08
Expansion into Myositis

Expansion into myositis provides new opportunity in an area with significant unmet need and compelling market

80,000+

Patients in the U.S.[1]

Characterized by debilitating muscle weakness and skin rashes[2]



Limbs | Respiratory | Rashes | Swallowing

60%

of Patients Eligible for a 3L+ Treatment[3]

Residual Unmet Needs in Myositis[4-5]

Treatment options have limited efficacy in broader organ involvement and refractory patients

Better tolerated therapies desired given concern over infusion-related reactions

Highly heterogenous disease leads to **suboptimal speed and accuracy of diagnosis**

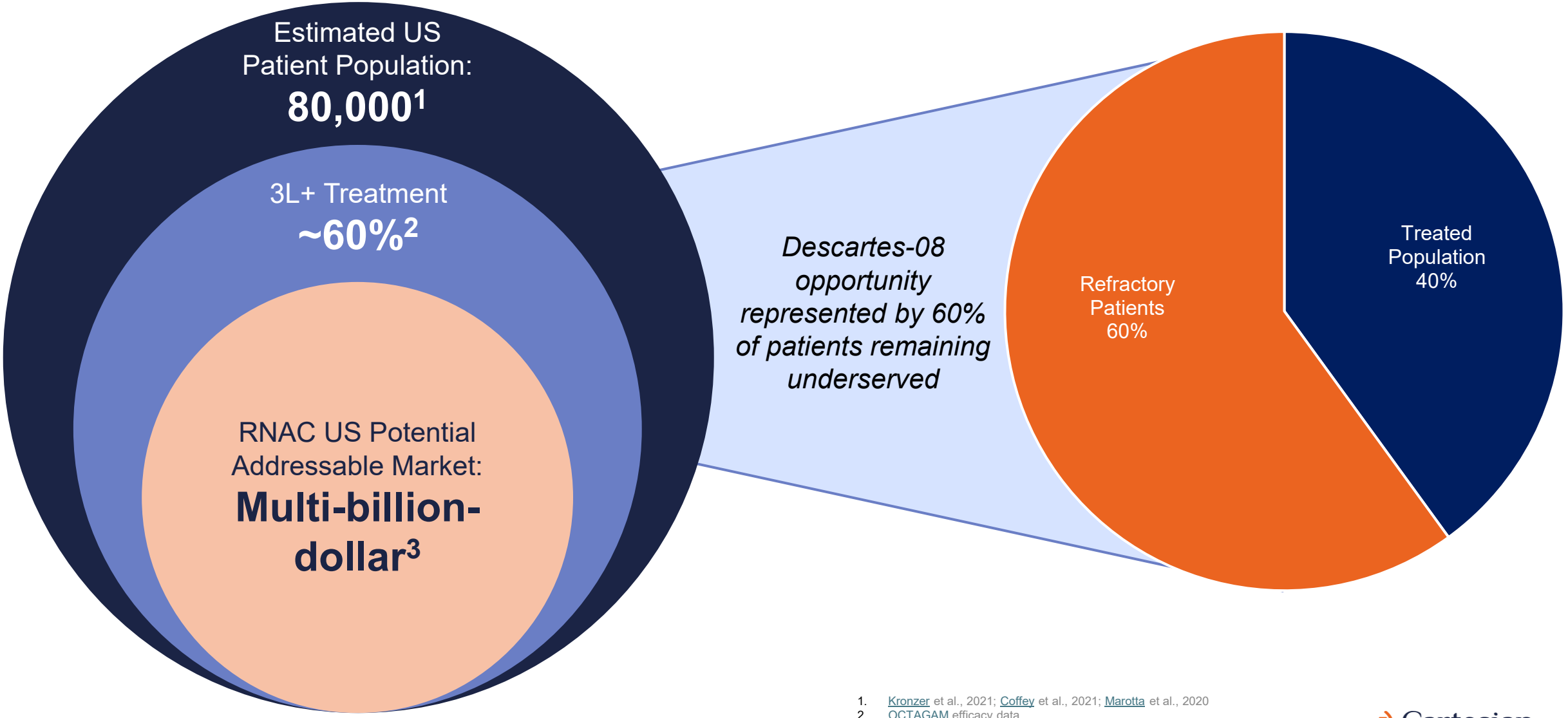
***Refractory, moderate-to-severe** myositis patients likely to remain **underserved** despite new drug developments*

1. Kronzer et al., 2021; Coffey et al., 2021; Marotta et al., 2020
2. HSS - Myositis
3. OCTAGAM efficacy data
4. Gupta et al. 2023;
5. Meyer et al. 2019;

3L, 3rd line treatment

Cartesian therapeutics

Strong mechanistic alignment with existing clinical data in MG and SLE underscores a potential multi-billion-dollar opportunity in myositis for Descartes-08



1. Kronzer et al., 2021; Coffey et al., 2021; Marotta et al., 2020
2. OCTAGAM efficacy data
3. Internal company projections, inclusive of opportunity to retreat patients

Cartesian therapeutics

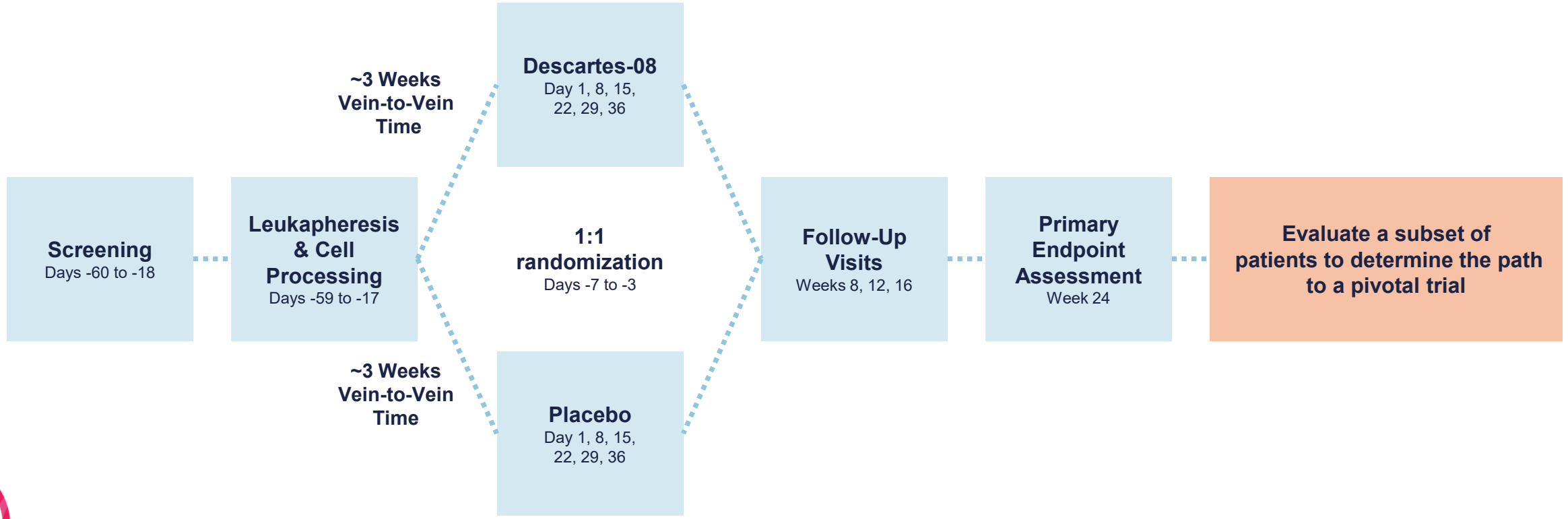
Myositis seamless clinical trial design provides potential opportunity for single pivotal trial with data expected in 1H27

INCLUSION CRITERIA

Adults with moderate to severe multi-refractory dermatomyositis and antisynthetase syndrome

PRIMARY OBJECTIVE

Assess safety and efficacy of Descartes-08 compared to placebo added to standard of care in patients with myositis



triton TRIAL

Phase 1/2 trial of Descartes-08 in children and young adults with autoimmune diseases initiated with data expected in 1H27

DC-08's observed safety profile combined with significant unmet need in pediatric autoimmune disease supports clinical development plan

- No lymphodepleting chemotherapy
- No integrating vectors
- Fully outpatient treatment with 1hr post-infusion monitoring
- No observed CRS or ICANS

Anticipated Pediatric Basket Trial Timeline

- Rare Pediatric Disease Designation for DC-08 in juvenile dermatomyositis granted in September 2024
- Trial initiation announced on January 9, 2026
- Data expected in 1H27

helios TRIAL

Juvenile Dermatomyositis

→

Dose escalation (n=3)
Week 1: DL 1
Week 2: DL 2
Week 3: DL 3
Weeks 4–6: DL 3 (if no DLTs)

→

Expansion (n=10)

Weeks 1–6: MTD once-weekly

DL, Dose level
DLT, Dose limiting toxicity
MTD, Maximum tolerated dose
CRS, Cytokine release syndrome
ICANS, Immune effector cell-associated neurotoxicity syndrome

In Vivo Expansion

Strategic licensing agreement with WestGene Biopharma accelerates in vivo CAR-T development in autoimmune diseases

EARLY PROOF OF CONCEPT ESTABLISHED FOR WESTGENE'S IN VIVO APPROACH

- Therapy dosed to date **demonstrated a favorable safety and tolerability profile**, with no DLTs, SAEs, ICANS, or IRRs reported*
- **Robust in vivo CAR-T generation following administration**, including high levels of circulating $CD8^+$ CAR-T cells and rapid, sustained B-cell depletion, observed in clinical data to date
- CAR expression and biological activity were maintained following repeat dosing, supporting the **potential for long-term, multi-cycle administration**

WestGene's LNP platform combined with Cartesian's mRNA payload from Descartes-08 **integrates two independently, clinically tested technologies with the goal of rapid clinical translation**

Plans to advance multiple internally developed next-gen anti-BCMA CAR constructs and a **BCMA-directed TCE** as part of Cartesian's expanding mRNA payload

Partnership provides an **accelerated and efficient path** to human clinical data

Clinical trial expected to initiate in 2H 2026 with clinical data expected in 1H 2027

*One subject experienced Grade 1 CRS
DLTs, dose-limiting toxicities
SAEs, serious adverse events
ICANS, Immune effector cell-associated neurotoxicity syndrome
IRRs, infusion-related reactions
LNP, targeted lipid nanoparticle
TCE, T-cell engager

Cartesian therapeutics

Manufacturing

Wholly-owned, in-house, US-based manufacturing



Over 35,000 sq. ft. state-of-the-art cGMP facility

Facility located in Frederick, MD

FUTURE GROWTH

Clinical and commercial manufacturing scale capabilities support maturing pipeline and future growth

QUICK TO ADAPT

Continuous process optimization creates opportunity for progressive margin expansion

WHOLLY-OWNED

Ownership of quality control and production timelines

COST EFFICIENT

Supports commercial readiness for MG launch with potential for biologic-like margins

cGMP, current good manufacturing practice

Cartesian therapeutics

FINANCIAL POSITION:

Current Cash and Cash Equivalents Expected to Support Pipeline Through Key Milestones

$149.3M

In cash, cash equivalents and restricted cash

~80 FULL TIME EMPLOYEES

Based in Gaithersburg, MD and Frederick, MD

30.0M

Basic shares outstanding

39.1M

Fully diluted shares outstanding*

All metrics as of 6/30/26; includes cash, cash equivalents and restricted cash; excludes cash committed through non-dilutive financing deal with K2 HealthVentures
*Includes Series A Non-Voting Convertible Preferred Stock and Series B Non-Voting Convertible Preferred Stock that remain subject to beneficial ownership limitations that are convertible into shares of common stock and includes outstanding options, RSUs and warrants.

Cartesian therapeutics

Our team | Management



Carsten Brunn, PhD
PRESIDENT AND CEO



Blaine Davis
CHIEF FINANCIAL OFFICER



Emily English, PhD
CHIEF OPERATIONS OFFICER



Peter Traber
HEAD OF R&D



Matthew Bartholomae
GENERAL COUNSEL, SECRETARY

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Cash runway into 2028

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JDM, juvenile dermatomyositis

CAR-T, chimeric antigen receptor T-cell therapy
*Internal company projections

Appendix

Descartes-08 is designed for dual action, precisely targeting two key BCMA+ cell populations involved in a spectrum of autoimmune diseases

Descartes-08 is designed to target BCMA, a surface antigen expressed on ***plasma cells/plasmablasts*** and ***plasmacytoid dendritic cells***

PLASMA CELLS (PCs) AND PLASMABLASTS

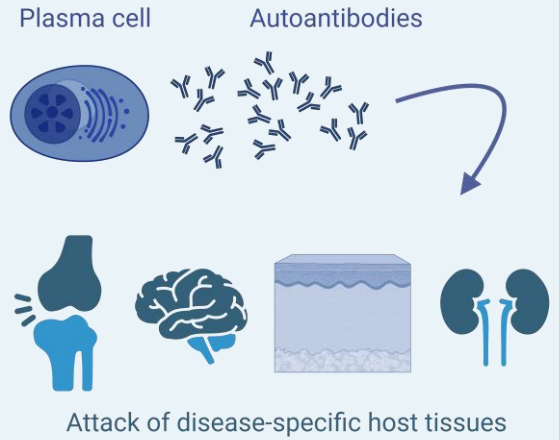
- PCs, plasmablasts and proliferating B cells targeted by Descartes-08 represent a tiny fraction of B cells
- These cells are entirely responsible for secreting pathogenic autoantibodies
- During autoimmunity, autoantibodies attack host tissue and drive inflammation

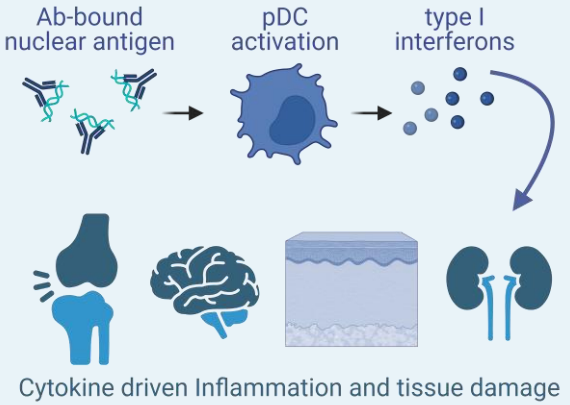
PLASMACYTOID DENDRITIC CELLS (pDCs)

- pDCs, which Descartes-08 is designed to target, are a rare subset of antigen-presenting cells
- These cells secrete high levels of cytokines (i.e., type I interferons) that cause inflammation and tissue damage during many human autoimmune diseases
- pDCs are increased in patients with autoimmunity and interfere with optimal treatment

Several autoimmune disease segments involve pathogenic contributions from ***both PCs/plasmablasts*** and ***pDCs***, including rheumatology, nephrology, neurology, and others

Selectively deleting PCs/plasmablasts and pDCs, if successful, may create a differentiated cell therapy platform

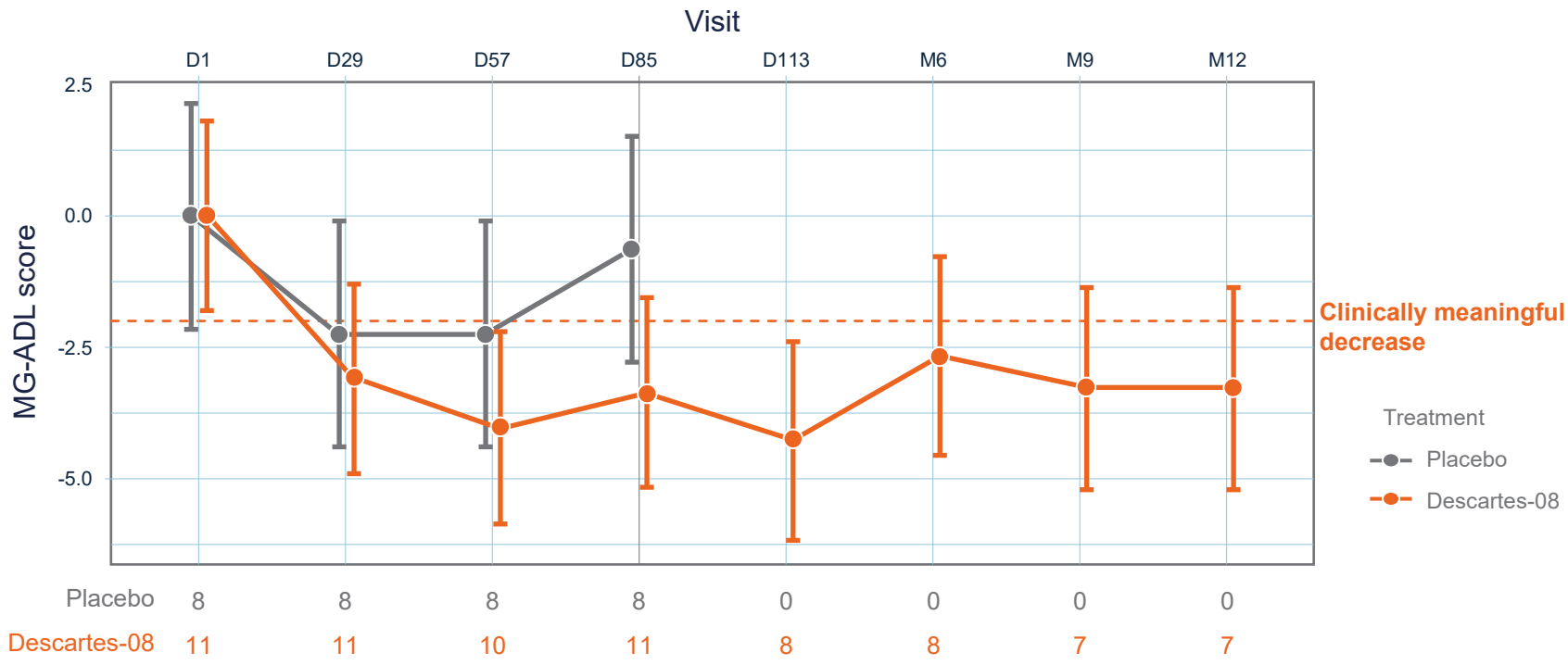




Cartesian therapeutics

Meaningful reductions in MG-ADL at Month 3 were sustained through Month 12 with Descartes-08 in AChR+ gMG

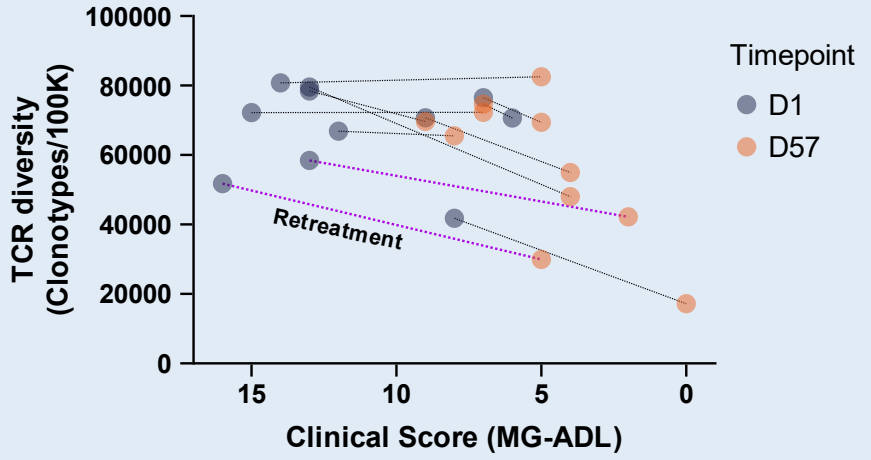
There was a **significant** and **clinically meaningful reduction** in mean [SD] **MG-ADL score** at **Month 3** for the **Descartes-08 AChR+ group** versus placebo (-3.4 [2.8] vs -0.6 [2.9], p=0.0409), which was **sustained through Month 12**[1]



Cartesian therapeutics

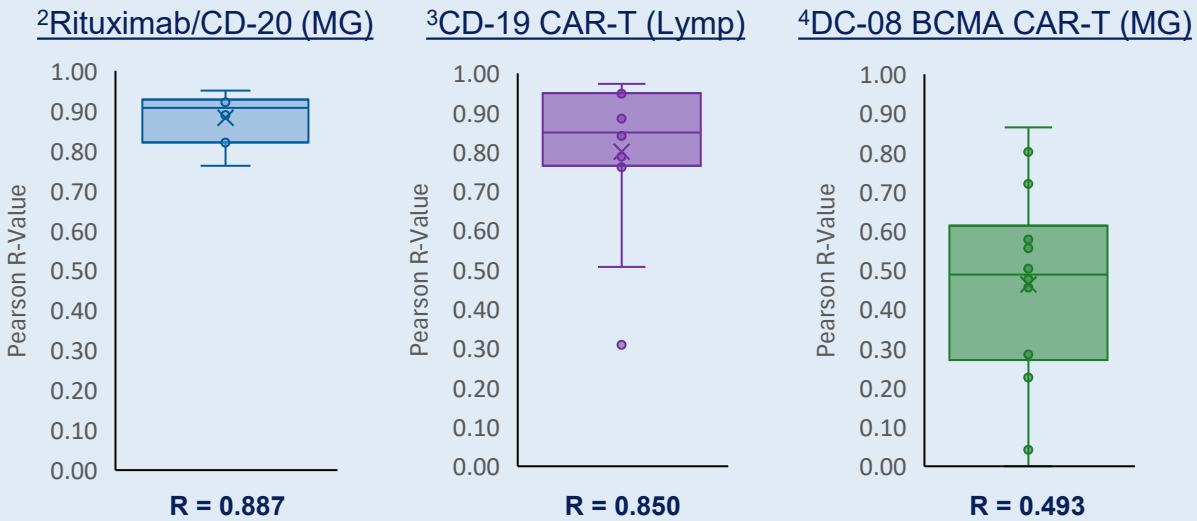
Descartes-08 focuses the T-cell repertoire and selectively alters the autoreactome, showing clear biological activity

Descartes-08 focuses the T-cell repertoire in a manner that correlates with clinical effect



p=0.048 (Wilcoxon signed rank test) TCR Diversity D57 vs D1

Descartes-08 selectively alters the self-reactive branch of the antibody repertoire (i.e., autoreactome[1])



Data show Clinical Score and TCR Sequencing TCR Diversity (Downsampled Rearrangements) in Phase 2a samples analyzed at Adaptive Biotechnologies (R06 dataset). For certain subjects where TCR sequencing sample data was unavailable, D1 data was imputed from Screen, and D57 data was imputed from D85. Samples from one re-treated patient were analyzed as indicated. P-value is provided for Wilcoxon matched-pairs signed rank test on all primary-treatment data pairs from D1 vs D57.

[1]Bodansky et al., *Journal of Clinical Investigation* **2024**, doi: 10.1101/2023.12.19.23300188.

Serum analysis of [2]Myasthenia gravis patients receiving Rituximab targeting CD20+ B cells, [3]lymphoma patients receiving conventional CD19 DNA CAR-T, or [4]gMG patients following infusion with DC-08. Data compare D85 to D1 for MG open label cohort (N=13).

TCR, T-cell receptor

Baseline characteristics: Patients in open-label Phase 2 SLE trial

Participant	Sex	Age	SLE Duration (years)	Baseline SLEDAI-2K	Prior Rx	Ongoing Rx
Patient A	F	44	19	8	MMF	MMF, HCQ
Patient B	F	42	23	12	-	Prednisone 2.5mg, HCQ, MMF
Patient C	F	54	15	8	Prednisone 20mg, HCQ, Leflunomide, Benlysta	Prednisone 2.5mg, MTX, Sulfasalazine
Patient D	F	26	13	13	-	Prednisone 5mg, HCQ, MMF

MMF: Mycophenolate mofetil,
MTX: methotrexate
HCQ: hydroxychloroquine