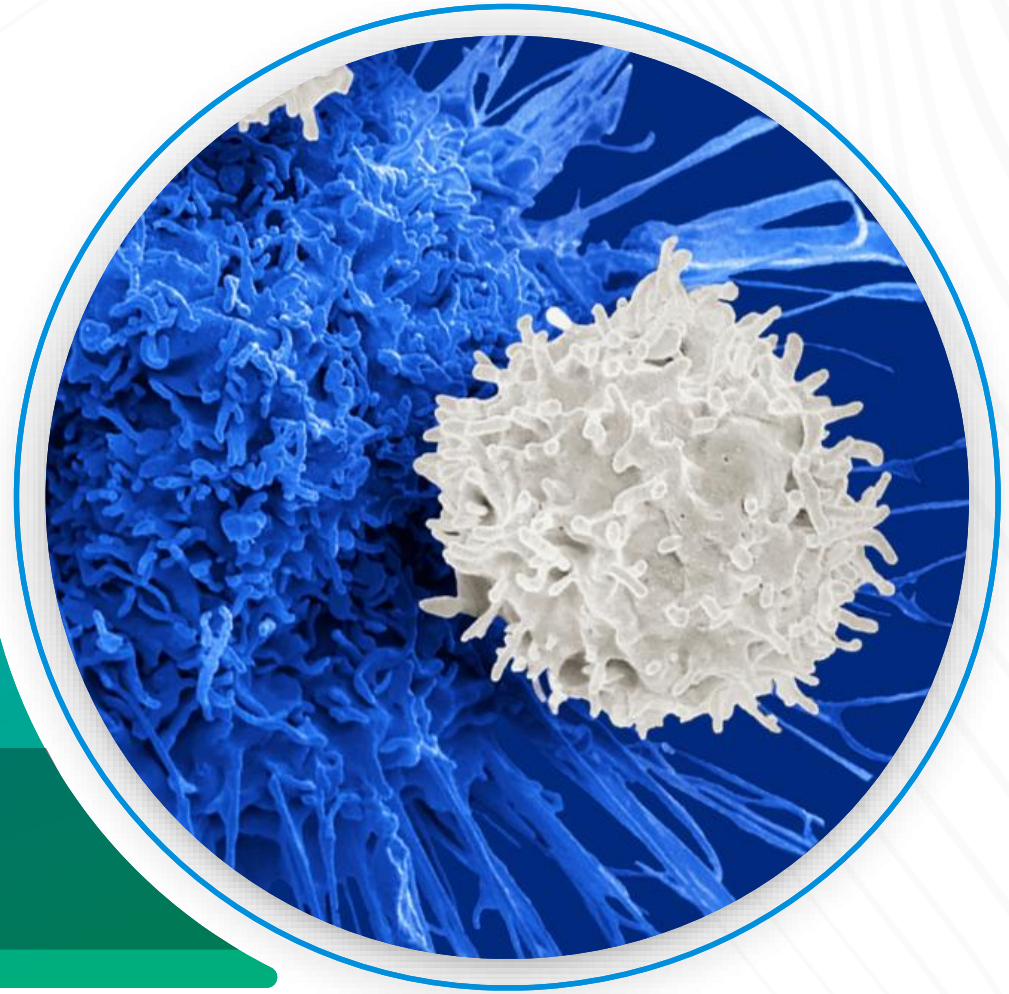
CENTURY
THERAPEUTICS

Advancing Curative Medicines Through Cell Engineering



August 2026

Forward-looking statements

This presentation contains forward-looking statements within the meaning of, and made pursuant to the safe harbor provisions of, The Private Securities Litigation Reform Act of 1995. All statements contained in this presentation, other than statements of historical facts or statements that relate to present facts or current conditions, including but not limited to, statements our timing and expectations regarding our preclinical and clinical development programs, including their planned development, therapeutic potential and market opportunity, ongoing and planned regulatory submissions and interactions, the achievement of developmental milestones, corporate strategies, anticipated data readouts, and our financial resources and expected cash runway are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. In some cases, you can identify forward-looking statements by terms such as “may,” “might,” “will,” “should,” “expect,” “plan,” “aim,” “seek,” “anticipate,” “could,” “intend,” “target,” “project,” “contemplate,” “believe,” “estimate,” “predict,” “forecast,” “potential” or “continue” or the negative of these terms or other similar expressions. The forward-looking statements in this presentation are only predictions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition, and results of operations. These forward-looking statements speak only as of the date of this presentation and are subject to a number of risks, uncertainties and assumptions, some of which cannot be predicted or quantified and some of which are beyond our control, including, among others: Our ability to successfully advance our current and future product candidates through development activities, preclinical studies, and clinical trials; our ability to meet development milestones on anticipated timelines; uncertainties inherent in the results of preliminary data, pre-clinical studies and earlier-stage clinical trials, which may not be predictive of final results or the results of later-stage clinical trials; our ability to obtain clearance of our future Investigational New Drug (IND) or Clinical Trial Application (CTA) submissions and commence and complete clinical trials on expected timelines, or at all; our reliance on the maintenance of certain key collaborative relationships for the manufacturing and development of our product candidates; the timing, scope and likelihood of regulatory filings and approvals, including final regulatory approval of our product candidates; the impact of geopolitical issues, trade disputes and tariffs, banking instability and inflation on our business and operations, supply chain and labor force; the performance of third parties in connection with the development of our product candidates, including third parties conducting our clinical trials as well as third-party suppliers and manufacturers; our ability to successfully commercialize our product candidates and develop sales and marketing capabilities, if our product candidates are approved; our ability to recruit and maintain key members of management and our ability to maintain and successfully enforce adequate intellectual property protection. These and other risks and uncertainties are described more fully in the “Risk Factors” section of our most recent filings with the Securities and Exchange Commission and available at www.sec.gov. You should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur, and actual results could differ materially from those projected in the forward-looking statements. Moreover, we operate in a dynamic industry and economy. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties that we may face. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

Century Therapeutics: Advancing Curative Medicines Through Cell Engineering

Powered by The Cell Foundry and Allo-Evasion™ 5.0

Foundational Platform Tech:
Engine to create and scale cellular medicines

The Cell Foundry: Enables scalable generation of highly functional iPSC-derived therapies

Allo-Evasion™ 5.0: Leadership in immune-evasive cell design

Integrated Know-How: Deep functional expertise internally, integrated from discovery to manufacturing and development

Targeting Functional Cures:
T1D and Autoimmune disease

CNTY-813: iPSC-derived, immune-evasive islet replacement therapy for type 1 diabetes

Islet replacement is clinically validated; CNTY-813 aims to deliver this without chronic immunosuppression, at scale

Pipeline: Foundational technology powers:

- CNTY-308, an iPSC-derived, immune-evasive αβ T cell with potential across autoimmune disease
- Next-gen discovery programs across multiple cell types and targets

Well Funded:
Multiple Anticipated Near-Term Milestones

Recent Funding

Oversubscribed $135M PIPE in early 2026 provides runway into Q1 2029

Key Anticipated Near-Term Milestones

- ❑ CNTY-813 oral presentation at EASD 2026
- ❑ CNTY-813 IND submission expected 4Q 2026
- ❑ CNTY-308 expected in clinic in 2026
- ❑ Clinical data expected 2H 2027 for CNTY-813

Focused. Funded. Executing.

Prioritized pipeline progressing toward the clinic

Allo-Evasion™ engineered in all programs

Product	Targets	Indications	Research	IND-enabling	Clinical
Priority Program					
CNTY-813 Islet cells (Allo-Evasion™ 5.0)	Islet Transplantation	Type 1 diabetes			
Additional Programs[1]					
CNTY-308 αβ iT (Allo-Evasion™ 5.0)	CD19	B-cell-mediated autoimmune diseases			
Multiple (Allo-Evasion™ 5.0)	Multiple	Not disclosed			

1. Agreement in place for an ongoing investigator sponsored trial (IST) for CNTY-101 by Professors Georg Schett and Andreas Mackensen at Friedrich-Alexander University Erlangen-Nürnberg.

Century executive team

Experienced leadership with a track record of driving innovation and success in cell therapy

Brent Pfeiffenberger, PharmD, MBA
Chairman and
Chief Executive Officer

Chad Cowan, PhD
Chief Scientific Officer

Greg Russotti, PhD
Chief Technology and Manufacturing Officer

Megan Bilson
Chief People Officer

Douglas Carr, CPA
Head of Finance
Principal Financial Officer

Elizabeth Devlin
Head of Development

Krista Kauppinen
General Counsel & Head of IP

CENTURY THERAPEUTICS

New hope for T1D patients: CNTY-813 and the clinical case for islet replacement

iPSC-derived islet replacement therapy engineered with Allo-Evasion™ 5.0

Significant unmet need in type 1 diabetes (T1D)

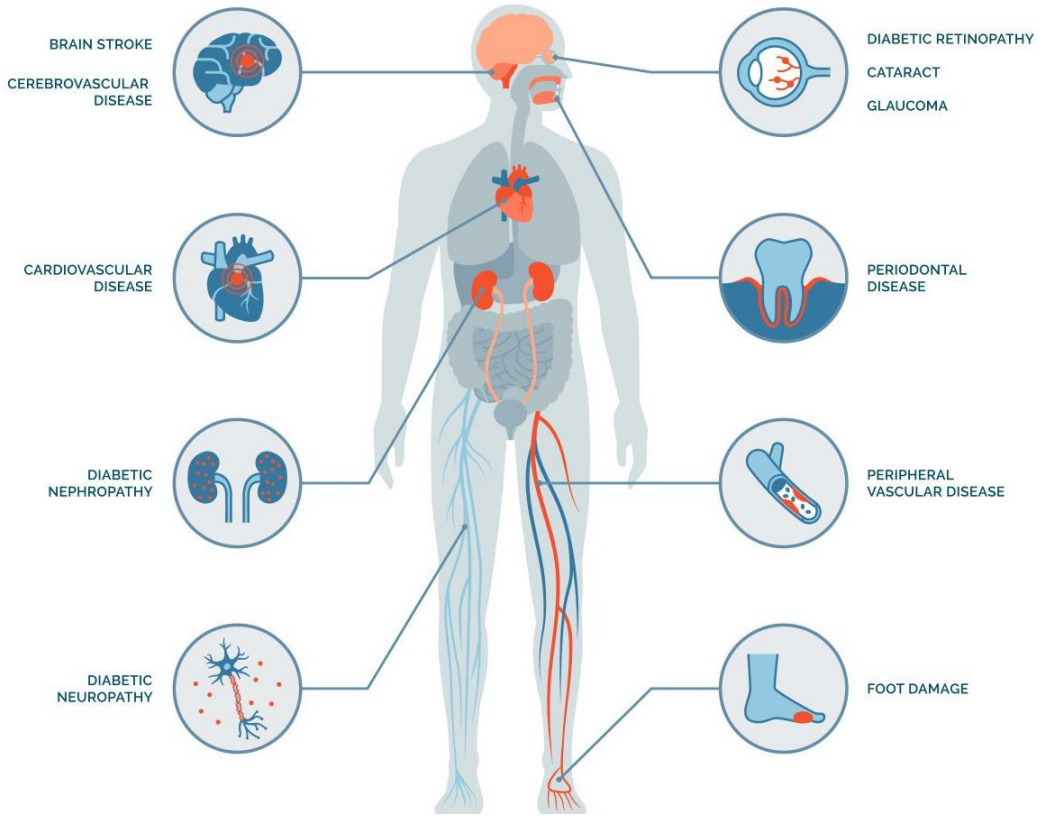
~9 million

people worldwide living with T1D[1]

Lifetime economic burden of T1D (US) estimated at

~$813 Billion[2]

T1D is associated with serious comorbidities and complications[3]



Despite insulin therapy, people living with T1D face a high risk of life-limiting complications

1. Diabetes Res Clin Pract. 2025 Jul: 225:112277.doi: 10.1016/j.diabres.2025.112277. Epub 2025 May 22
2. https://www.liebertpub.com/doi/10.1089/dia.2019.0398
3. van den Boom L, Buchal G, Kaiser M, Kostev K. Multimorbidity among adult outpatients with type 1 diabetes in Germany. J Diabetes Sci Technol. 2022;16(1):152-160. doi:https://doi.org/10.1177/1932296820965261

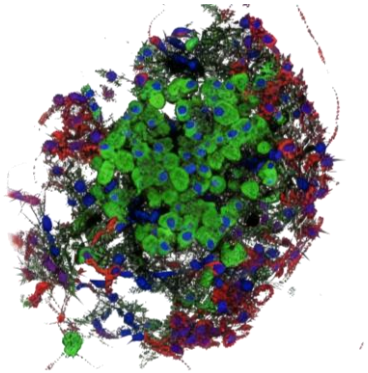
CENTURY THERAPEUTICS

Replacing lost insulin-producing islets has T1D curative potential

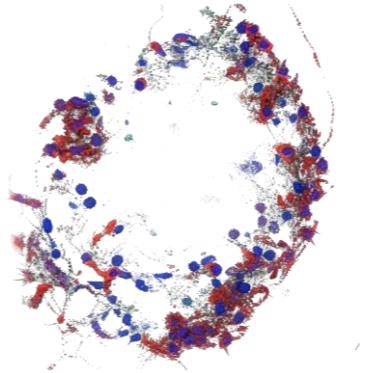
Supply and need for chronic immunosuppression limits broader use despite historical clinical validation

In T1D, islet cells are destroyed

Healthy islet cells produce insulin (green)



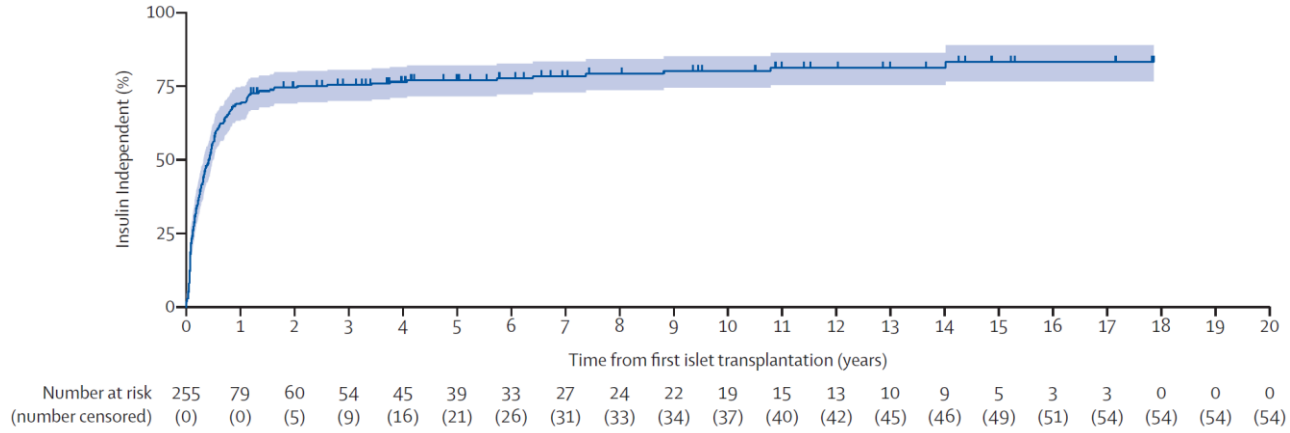
In T1D, islet cells are destroyed by patient's own immune system



Islet transplantation provides a potentially curative therapy for T1D

Insulin independence achieved for one year in ~70% of patients receiving allogenic cadaveric islet transplantation[1]

Insulin independence following pancreatic islet transplantation



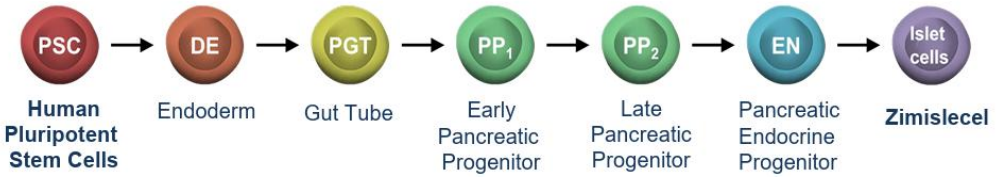
Source: Marfil-Garza et al. 2022; Pancreatic islet transplantation in type 1 diabetes: 20-year experience from a single-centre cohort in Canada

1. Approximately 1500 patients reported in https://www.citregistry.org/system/files/CITR%2012th%20Allograft%20Report_2025_Final.pdf

Stem-cell (SC) derived islets can restore islet function and address scalability

Chronic immunosuppression still limits broader use

Zimislecel (VX-880) is a SC-derived insulin producing islet cell therapy[1,2]



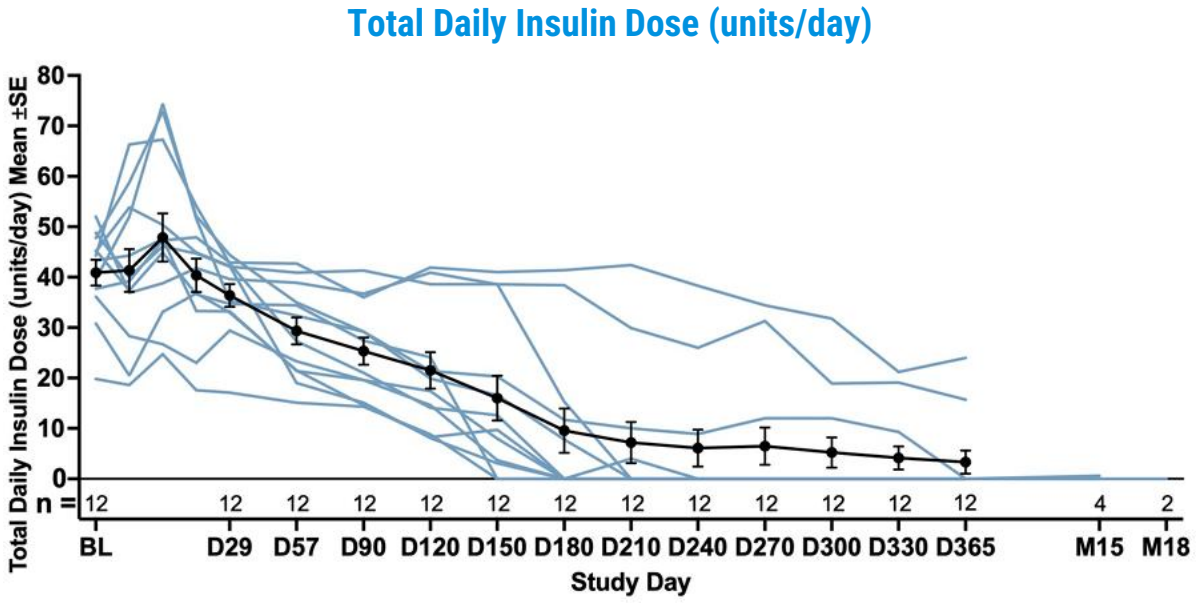
1

Zimislecel is delivered by infusion into the hepatic portal vein

2

Steroid free immunosuppression is used-to protect the islet grafts

10/12 patients receiving SC-derived islets were exogenous insulin free at 12 months after a single dose[3]



VX-880 provides POC for SC-derived islet therapies but need for immunosuppression remains a challenge

1. ADA IR Presentation_v FINAL – Vertex Corporate website
2. Based on publicly available information
3. https://www.nejm.org/doi/10.1056/NEJMoa2506549?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

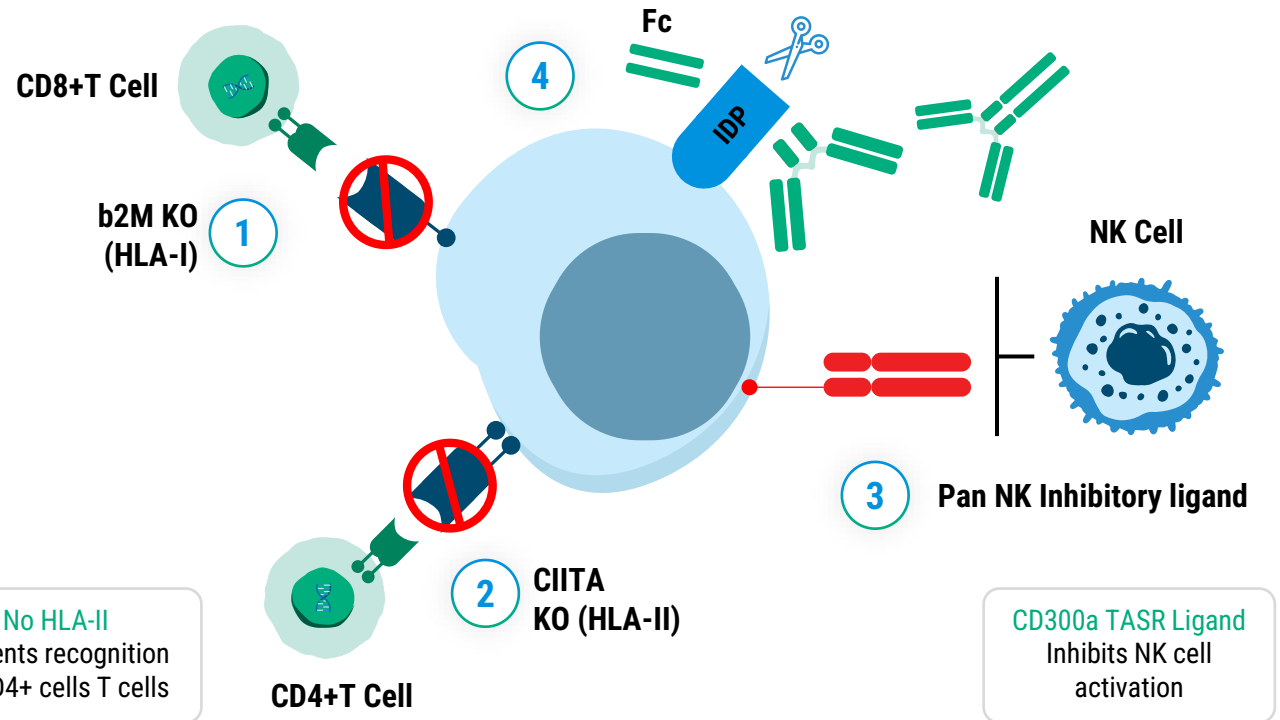
Century's potential solution to T1D is leveraging iPSCs + ALLO-EVASION™ 5.0

CNTY-813: scalable, iPSC-derived islet replacement therapy engineered to eliminate the need for immunosuppression

ALLO-EVASION™ 5.0: Evading cell-mediated and humoral responses

No HLA-I
Prevents recognition by CD8+ cells T cells

IgG Cleavage
Reduces Fc binding and humoral activity



No HLA-II
Prevents recognition by CD4+ cells T cells

CD300a TASR Ligand
Inhibits NK cell activation

Protection from:

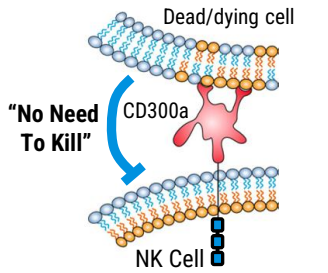
T cells	1 Deletion of HLA-I 2 Deletion of HLA-II
NK cells	3 Insertion of CD300a TASR pan-NK inhibitory ligand[1, 2]
Humoral Immunity	4 Insertion of cell-surface enzyme to degrade IgG antibodies[3]

1. https://www.centurytx.com/wp-content/uploads/ASH_Welstead_Universal-Protection-of-Allogenic-T-Cells-Final.pdf
2. https://ashpublications.org/bloodadvances/article/doi/10.1182/bloodadvances.2024013436/518079/Universal-Protection-of-Allogeneic-T-Cell
3. Peraro et al, *Mol. Therapy* 2021, 29(12), 3398-3409; https://pmc.ncbi.nlm.nih.gov/articles/PMC8636170

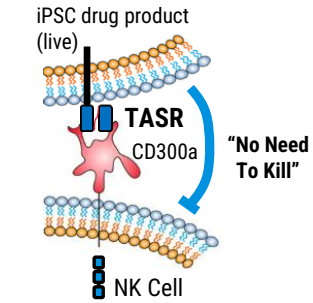
CD300a-TASR can protect Century's iPSC-derived cells from NK cell killing

- ✓ CD300a-TASR mimics dying cell signal to inhibit NK cells
- ✓ Sends a "no need to kill" signal to NK cell
- ✓ CD300a expressed across NK cell subsets as well as monocytes

CD300a detects disordered membrane lipids

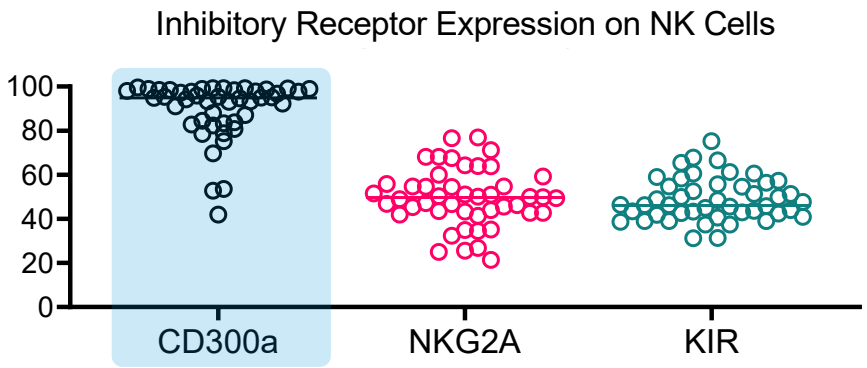


CD300a-TASR mimics dead or dying cells



CD300a consistently broadly expressed on NK cells

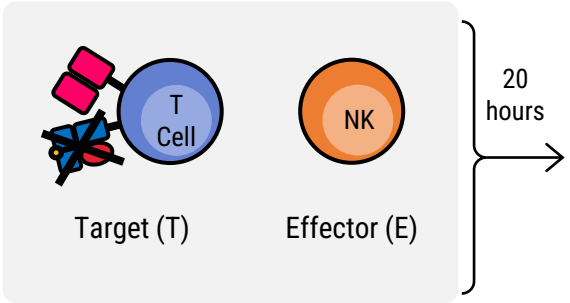
N = 45 Diverse PBMC Donors

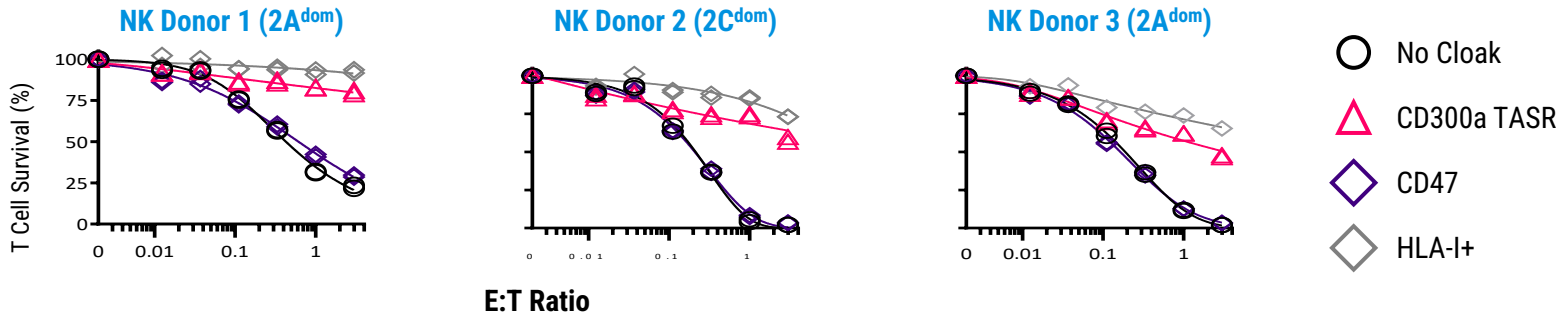


CD300a TASR outperformed CD47 and approaches unedited HLA-I+ protection levels

TASR KI

b2M KO

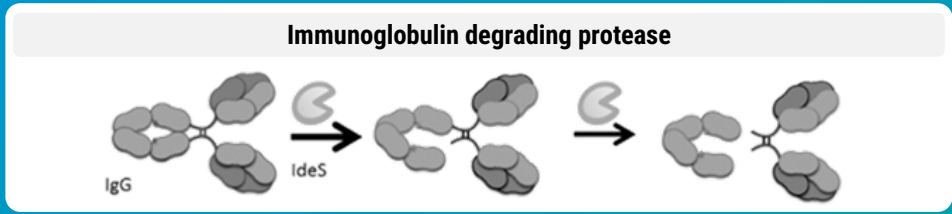




https://ashpublications.org/bloodadvances/article/doi/10.1182/bloodadvances.2024013436/518079/Universal-Protection-of-Allogeneic-T-Cell;
https://www.centurytx.com/wp-content/uploads/ASH_Welstead_Universal-Protection-of-Allogenic-T-Cells-Final.pdf

Century's IgG degrading protease (IDP) protected cells from humoral immunity

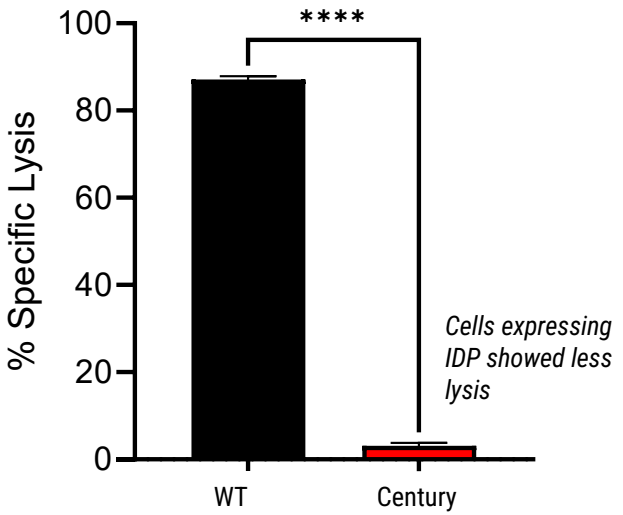
Century T cells stably express IDP, an enzyme that cleaves IgGs below the hinge



As a result, Century's cells has been shown to resist complement, antibody-directed killing, and antibody-directed engulfment

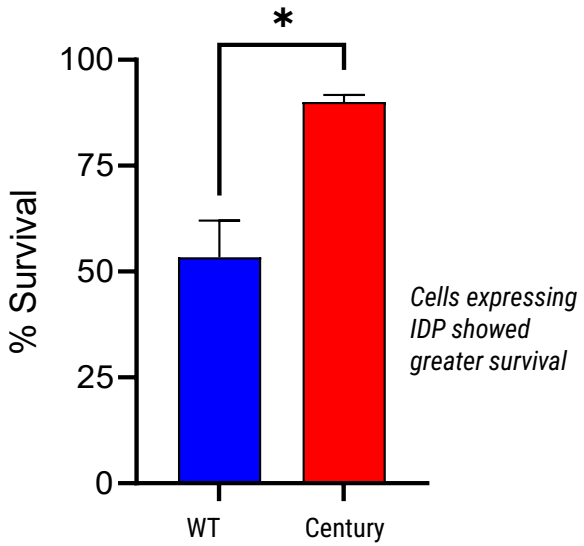
Complement Dependent Cytotoxicity

97% less lysis vs. WT



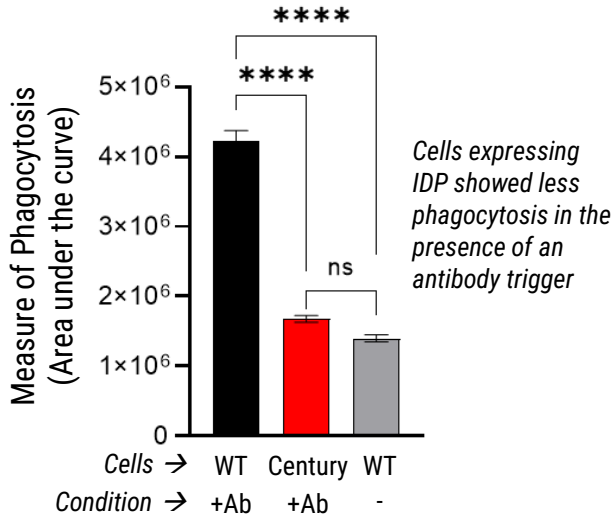
Antibody-Dependent Cellular Cytotoxicity

70% greater survival vs. WT



Antibody-Dependent Cellular Phagocytosis

60% less phagocytosis, near baseline



Source: Company data on file

CNTY-813: iPSC-derived islet replacement therapy with Allo-Evasion™ 5.0

Uniquely positioned to potentially deliver a successful T1D cell replacement therapy

	Glucose Control	Scalable Drug Product	Free of Immune Suppression	Protection Against Cellular and Humoral Immune Clearance
Cadaveric Islets (+/- device)	YES	NO	NO	NO
SC-derived Islets	YES	YES	NO	NO
Allo-Engineered cadaveric islets	--	NO	YES	NO
CNTY-813* iPSC Islets ***(Preclinical PoC)***	**YES**	**YES**	**YES**	**YES**

- **Glucose control** in patients is important for resolving disease and reducing consequences of uncontrolled glucose
- A **scalable drug product** enables broader patient access, reduced COGs, and product consistency
- **Broad NK subset evasion** and **protection from humoral responses** to allogeneic islets or disease autoantibodies are critical for durable cure

J Clin Invest. 2004 Oct 1;114(7):877–883; N Engl J Med 2025;393:887-894; N Engl J Med 2025;393:858-868

In-house manufacturing at scale: A competitive advantage built from experience

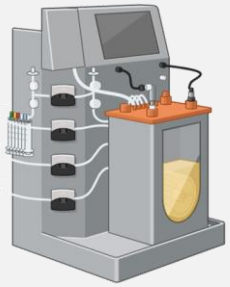
Reproducible, scalable cell product from a single master cell bank to clinical supply

53,000 sq ft cGMP facility

- Built-for-purpose facility producing and releasing cell therapy product
- In-house team from development through clinical supply — aligned priorities, faster iteration, IP protected
- Capacity and design suited for early commercialization

Single donor master cell banks

- Clonal origin enables a well-characterized, homogeneous product
- Batch-to-batch consistency maintained over the product lifetime
- Multiple back up lines ensure redundancy and next generation product potential



Scalability with bioreactors

- Suspension-based iPSC differentiation is scalable from research to clinical manufacturing
- Batch-to-batch reproducibility demonstrated across independent runs
- Processes scalable to hundreds of liters — Broad patient access, reduced cost of goods

Source: Company data on file.

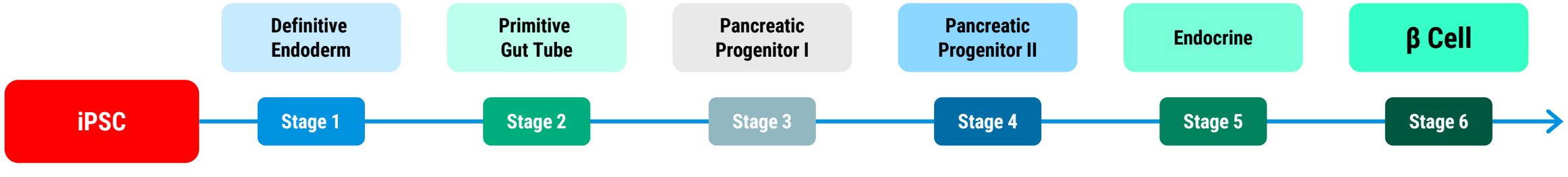
CNTY-813:

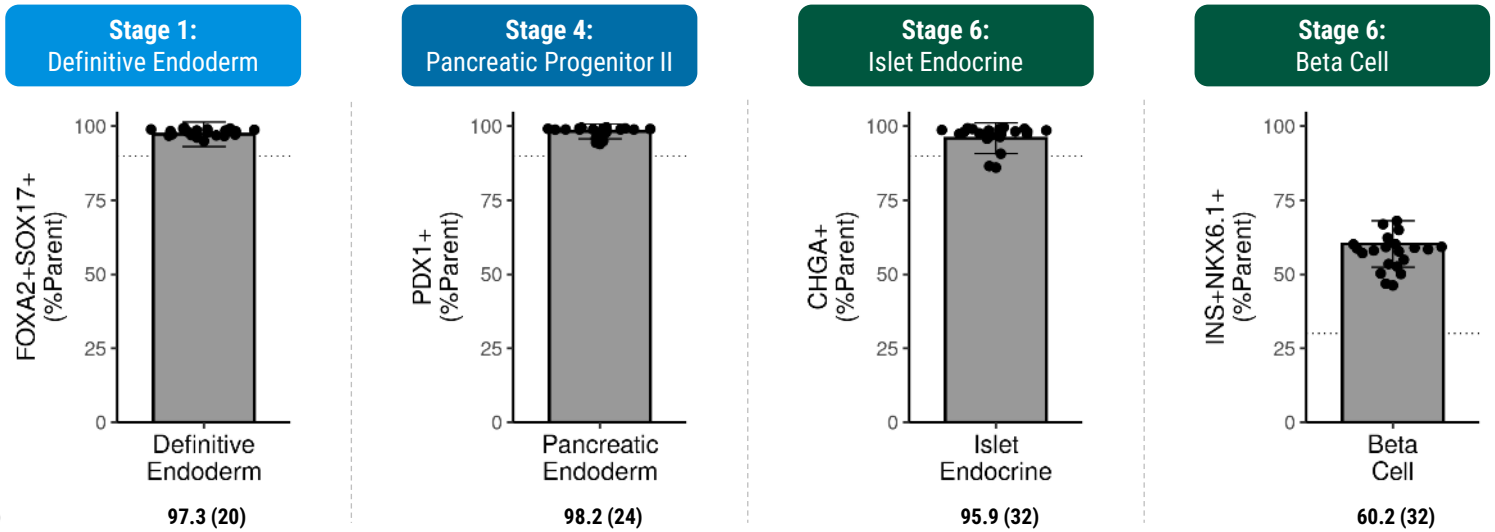
Islet function, immune-evasive engineering, and scalable manufacturing address key barriers for T1D cell replacement

- In vitro and in vivo data support potential to provide functional cure without systemic immunosuppression
- Clinical candidate selected with Century's Allo-Evasion™ 5.0 to protect cells from immune rejection and disease-related autoantibodies
- A fully scalable, bioreactor-enabled differentiation process yields mature, functional islets from engineered iPSCs for Phase 1 clinical trials and beyond

Generation of islets with a 29-day defined process

High purity and reproducible across batches





Consistent Differentiation

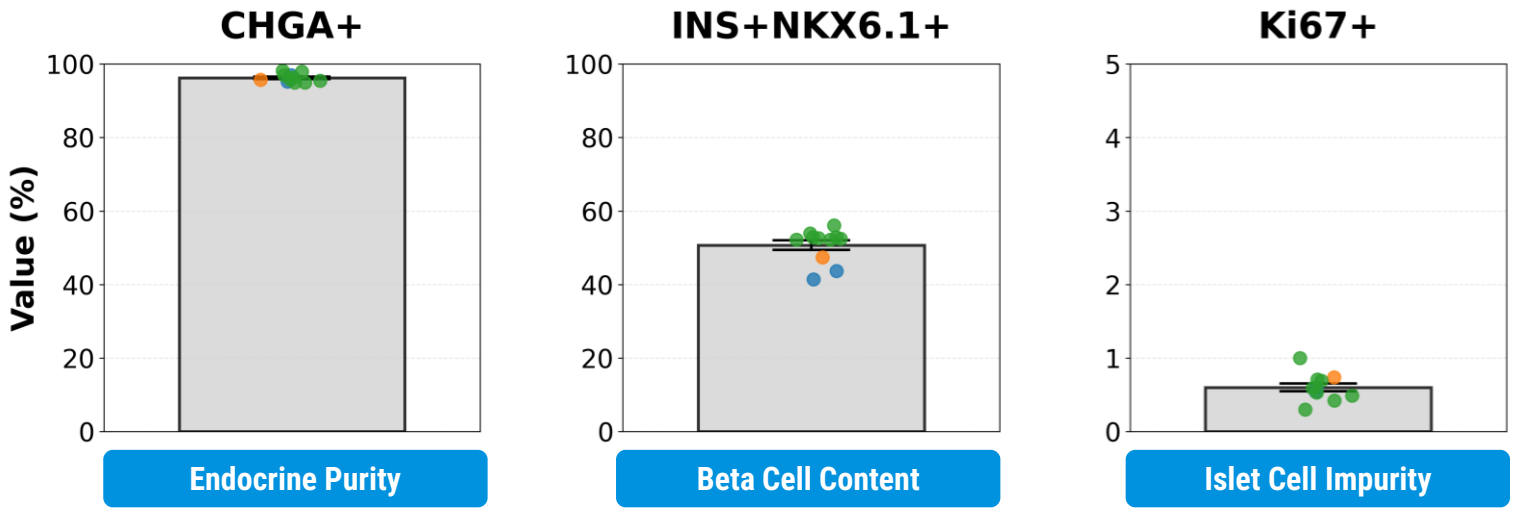
- Surpassed necessary purity at every stage
- >95% Endocrine
- 50–60% Beta Cells (Insulin Producing)

- Dotted lines: Success criteria
- N are independent batches.
- Source: Company data on file

Phase 1 clinical manufacturing process established and executed from MCB across multiple independent batches

MCB Thaw | iPSC Expansion | Bioreactor Differentiation | Cryopreserved Intermediate | Post-Thaw Maturation | Final Fresh Product

Consistent final product flow cytometry profiles across 3 at-scale batches

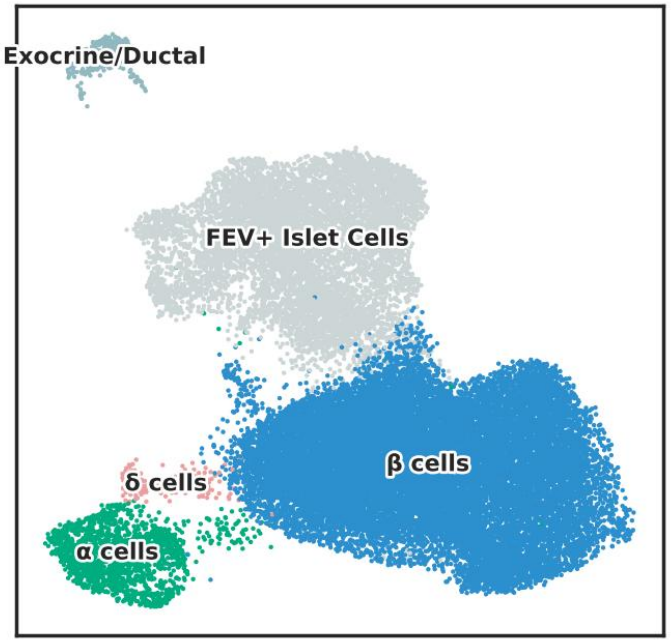


- 3 Batches
- 11 Samples

Source: Company data on file

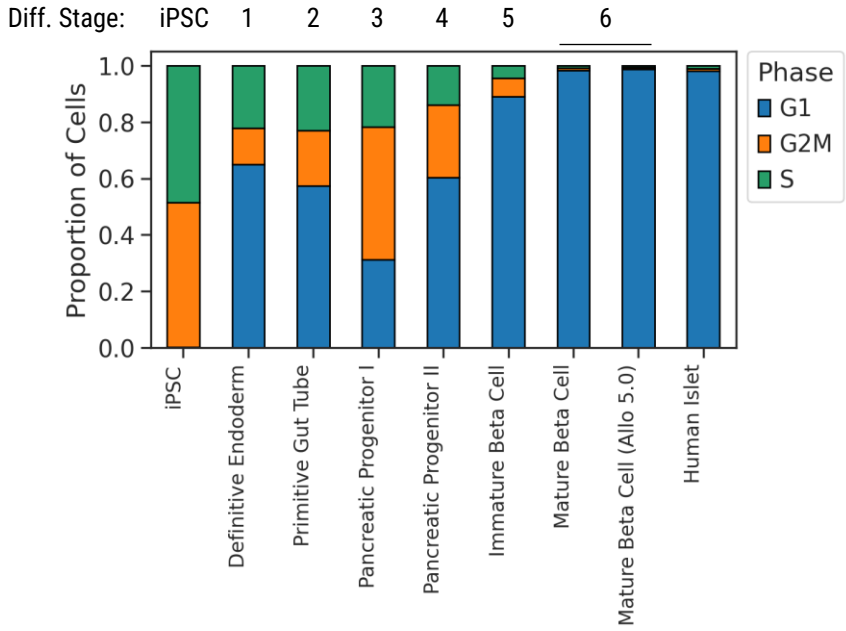
CNTY-813 islets contain defined, terminally differentiated endocrine cell populations

scRNAseq Cell Type Annotations



Population (30,151 total)	Frequency
β cells	66.3%
FEV+ Islet Cells	26.4%
α cells	5.5%
δ cells	0.8%
Exocrine/Ductal	1.0%

scRNAseq Cell Cycle Annotations



- CNTY-813 manufacturing achieves a defined islet endocrine composition, with beta cells as the predominant population
- Data is consistent with cell cycle exit on par with primary islets by end of manufacture (>98% G1 phase identity)

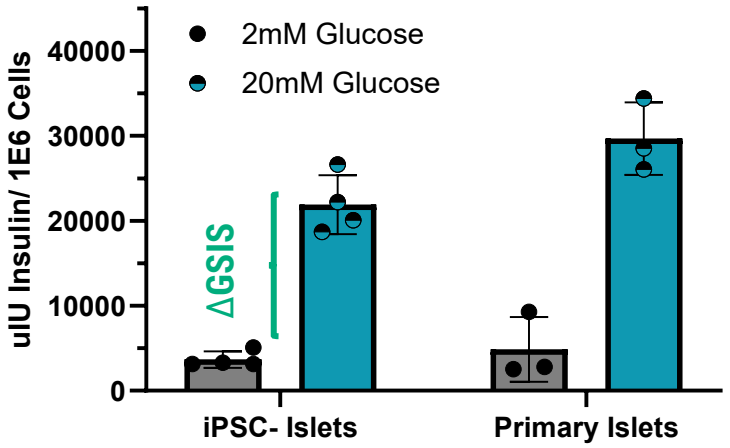
CNTY-813 data represents four combined end-of-process samples

Population Enriched Markers: β-cell: INS, NKX6.1; α-cell: GCG,ARX; δ-cell: SST; Exocrine/Ductal: KRT19; FEV+ Islet Cell: FEV+SLC18A1+

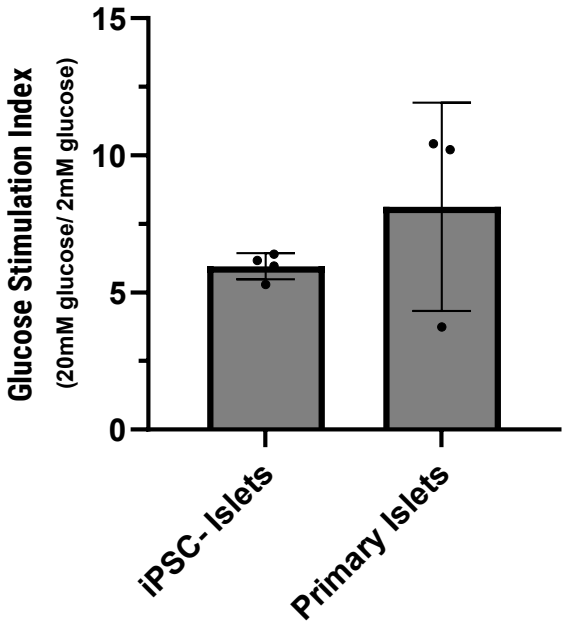
CNTY-813 islet cells demonstrate robust glucose-responsive function

Nonclinical Potency

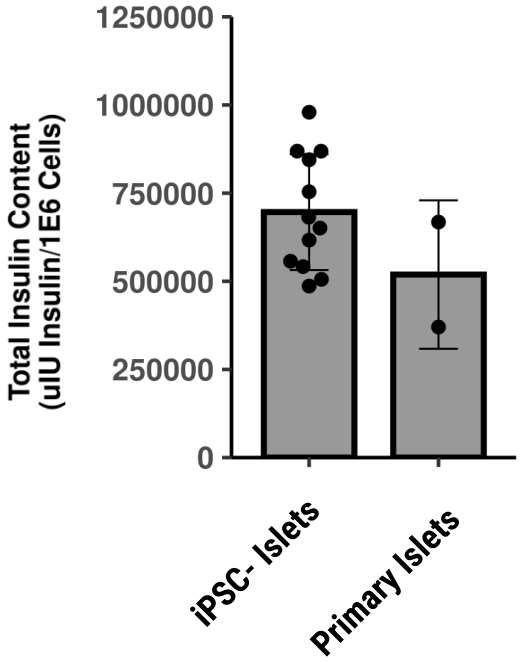
Glucose Stimulated Insulin Secretion



Stimulation Index



Total Insulin Content



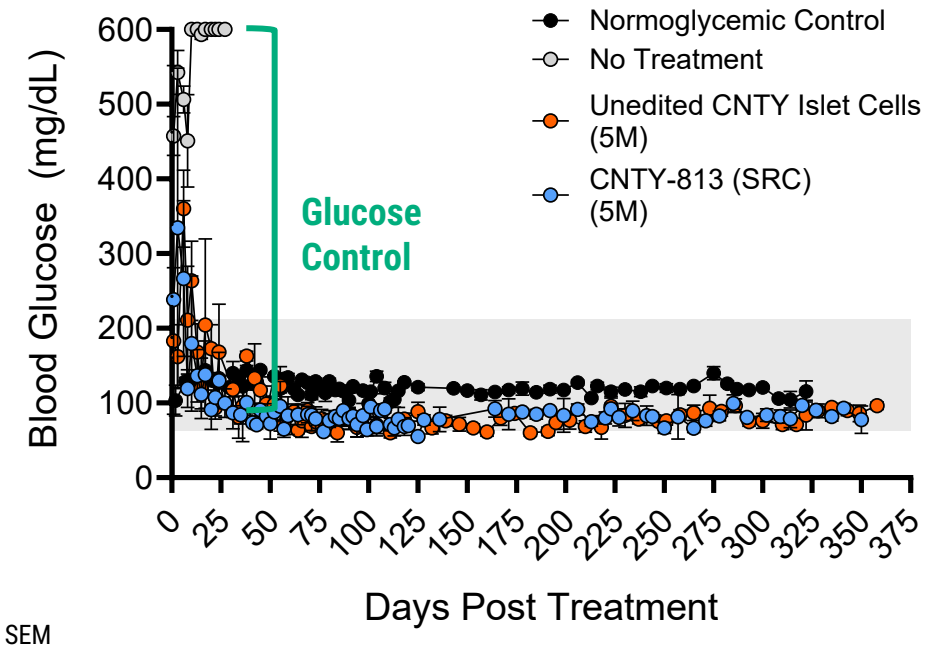
Mean +/- SD is shown in graphs

Source: Company data on file

CNTY-813 islets rapidly restored normoglycemia in STZ-induced diabetic mice

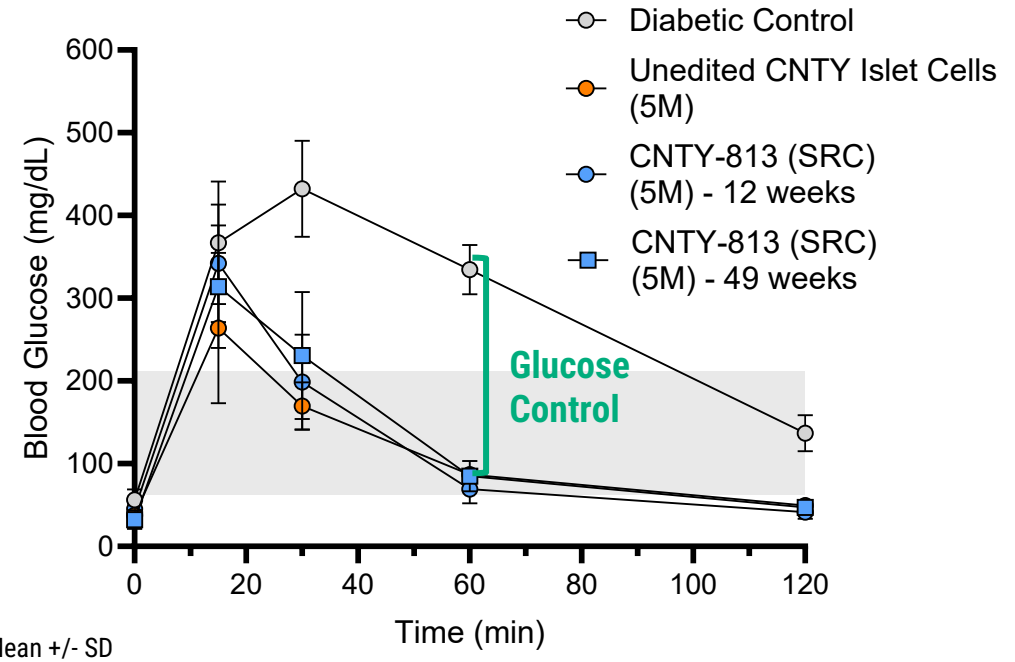
Preclinical Potency

Non-Fasted Blood Glucose



Mean +/- SEM

Glucose Tolerance Test



Mean +/- SD

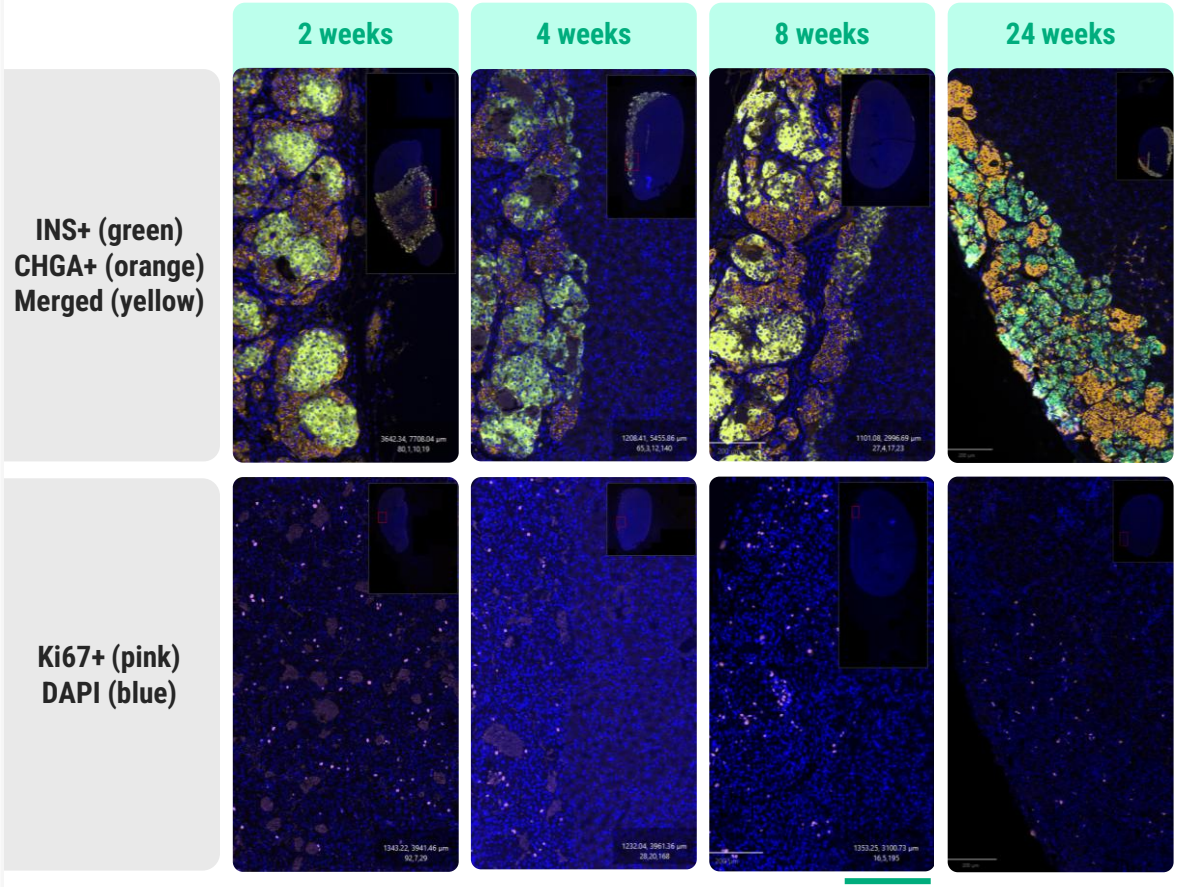
Allo-Evasion™ 5.0-edited CNTY-813 restored glucose control for >11 months

STZ = Streptozotocin | SRC = Sub renal capsule implantation, Gray shaded area = normal blood glucose range

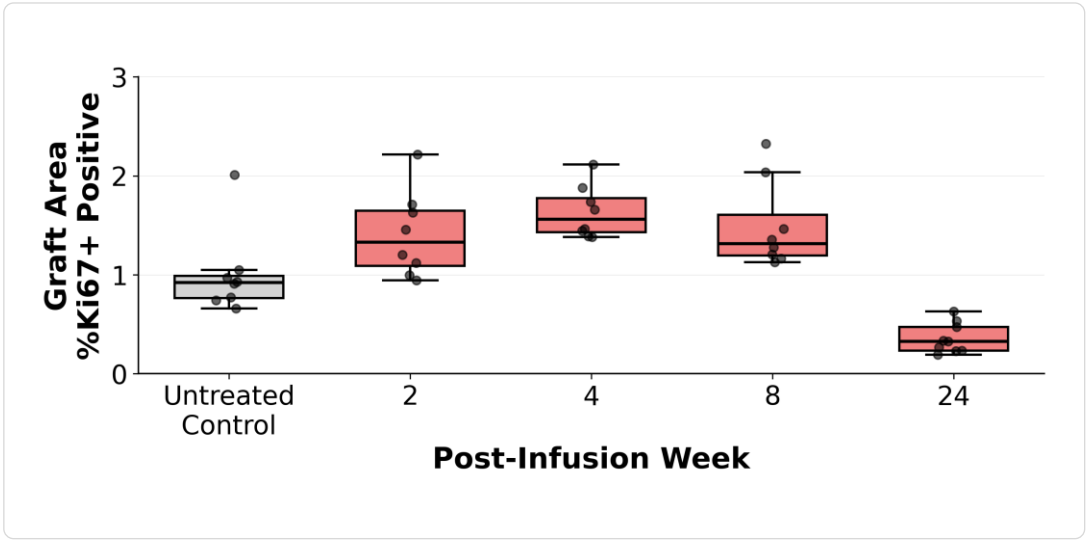
Source: Company data on file

CNTY-813 grafts maintain endocrine identity with no evidence of tumorigenesis in mouse models

Endocrine graft identity over time



INS: Insulin stain; CHGA: CHGA stain; Ki67: Stain for Ki67; DAPI:nuclear stain 200µm



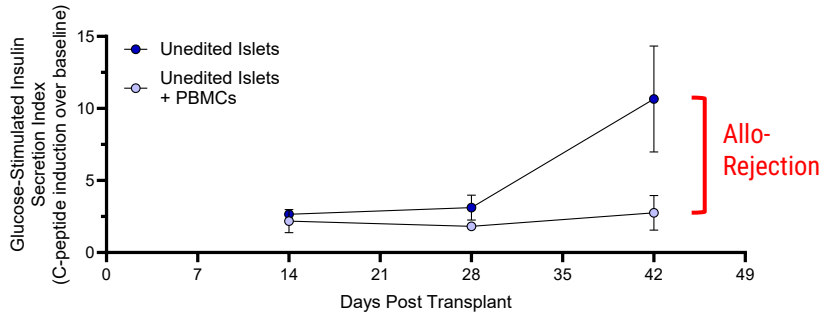
- ✓ **Endocrine graft morphology maintained**
- ✓ **No Ki67 increase or cyst formation**
- ✓ **No tumorigenesis observed in >140 mice** with >3-month follow up (>1B cells infused)

Source: Company data on file

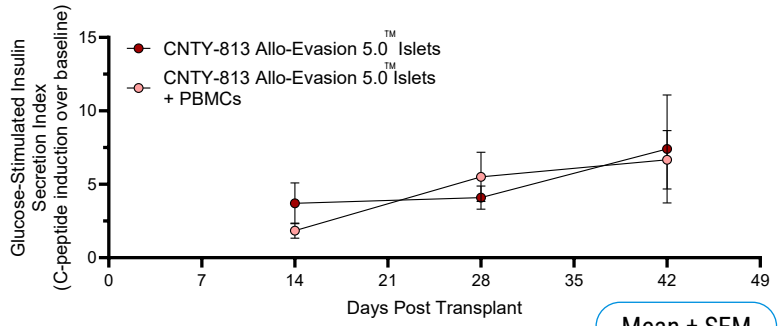
Allo-Evasion™ 5.0 protected CNTY-813 from rejection in a humanized mouse model

Glucose Stimulation Index

Unedited Islets



Allo-Evasion™ 5.0 Islets



Mean ± SEM

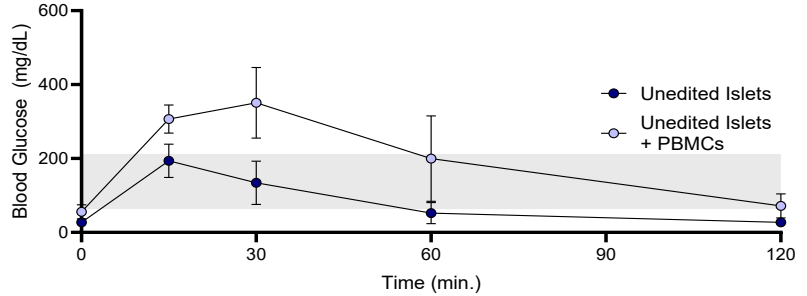
Reduced function with PBMC engraftment

Maintained function with PBMC engraftment

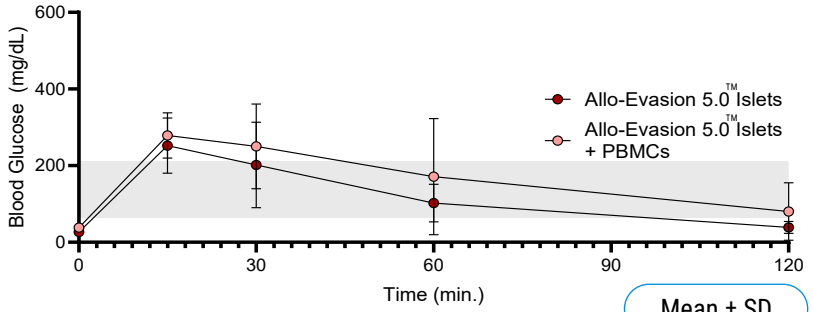
Glucose Tolerance Test (GTT)

(11 weeks post-islet infusion)

Unedited Islets



Allo-Evasion™ 5.0 Islets



Mean ± SD

Allo-Evasion™ 5.0 maintained CNTY-813 Glucose Stimulated Insulin Secretion and GTT performance in vivo[1]

1. Humanized mouse model includes functional human T cells without GvHD (MHC KO) and TgHuIL-15 to support functional NK cell engraftment and survival

Source: Company data on file

CENTURY THERAPEUTICS

CAR-iT Franchise: CD4+/CD8+ αβ CAR-iT-cell with Allo-Evasion™ 5.0

Potential to address significant unmet need in autoimmunity with allogeneic CAR iT cells

CNTY-308 is a CAR-iT targeting CD19 that aims to pair the characteristics of autologous CAR-T with the convenience of an allogeneic CAR-T for the treatment of autoimmune disease

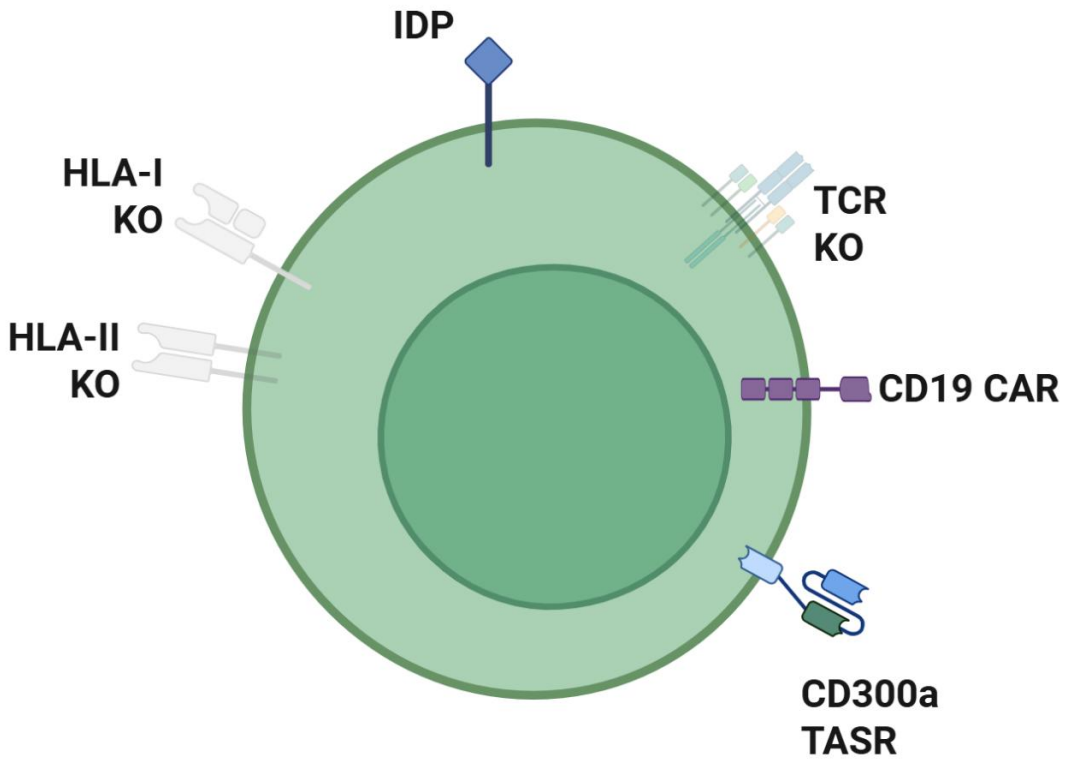
CNTY-308 (CD19 CAR iT with Allo-Evasion™ 5.0)

- CNTY-308 expected to enter clinic in 2026
- Autologous CAR T cell therapies are showing compelling clinical safety and efficacy across a broad range of autoimmune diseases[1]
- Clinical data from B-cell-targeted cell therapies in autoimmune disease support the MoA and development of CAR iT therapies
- CNTY-308 lays the groundwork for expansion of the CAR-iT franchise into other diseases

1. Muller 2024 doi/full/10.1056/NEJMoa2308917; Nordmann-Gomes 2025 doi.org/10.1016/j.semarthrit.2025.152786
2. Gao 2025 EULAR Abstract DOI: 10.1016/j.ard.2025.05.396; Wang 2025 doi.org/10.1016/j.cell.2025.05.038

CNTY-308 is an iPSC-derived CD19-targeted CAR-iT intended for B-cell-mediated disease

CNTY-308



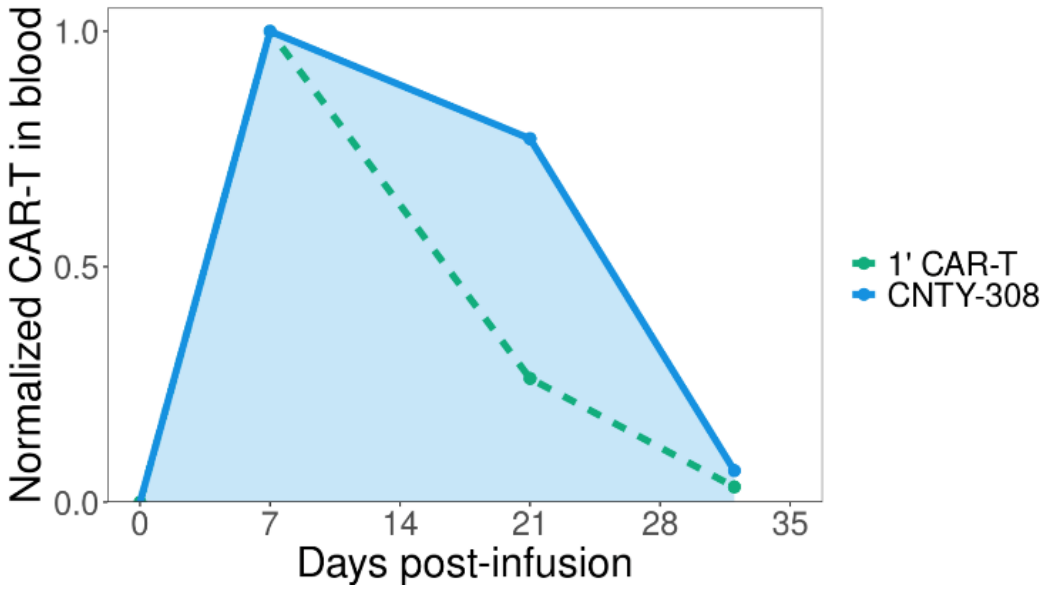
CD4+/CD8+ αβ iT-cell

- **CD19-targeted CAR** to target B-cells for cytotoxic depletion
  - 4-1BB and CD3z co-stim domain to stimulate expansion on target engagement
- Displays **characteristics of autologous CAR-T cells**[1]
  - ✓ Highly proliferative upon target engagement
  - ✓ Secretes cytokines (e.g., IL-2, IFNγ and TNFα)
  - ✓ Cytotoxic effector function rapidly eliminates tumor cells
  - ✓ Long-term persistence *in vivo*
  - ✓ Eliminates CD19+ B-cells from healthy donors *in vitro*[2]
- **Allo-Evasion™ 5.0** edits designed to include protection from host T cell, NK cell, and humoral response
- Native ab TCR knock-out to **eliminate the risk of GvHD**

1. www.centurytx.com/wp-content/uploads/ASH_Heinze_iPSC-Derived-CD4-CD8-Final.pdf
2. Company data on file
3. IDP = IgG degrading enzyme

In preclinical studies, CNTY-308 cells are comparable to primary CAR-T cells

Function	1' CAR-T		CNTY-308
IL-2 secretion (pg/mL)	~3,000	≈	~2,000
Requires exogenous IL-2/IL-15	No	≈	No
Repeat killing (rounds)	>10	≈	>10
Persistence in blood (days)	32	≈	32
Tumor control after rechallenge (in vivo)	Yes	≈	Yes



CNTY–308 and 1' CAR-T

- Self-supports with own target-mediated IL-2
- High functional persistence: kills for >10 rounds, persists in blood for 32+ days, controls tumor after *in vivo* rechallenge

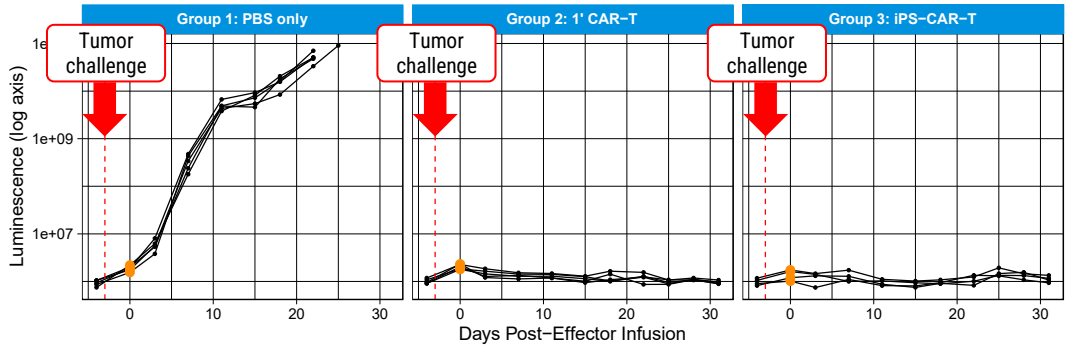
Source: Company data on file

In preclinical animal studies, Century iPSC-CAR-T cells controlled tumors, persisted for ≥1 month, and retained cytotoxic capacity upon rechallenge

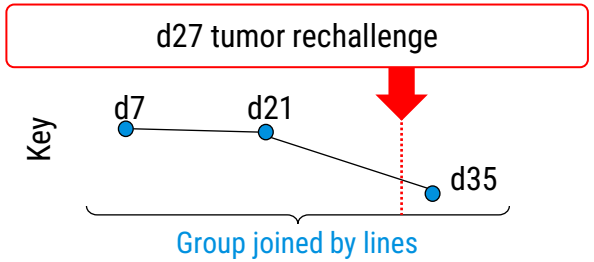
In vivo experimental details

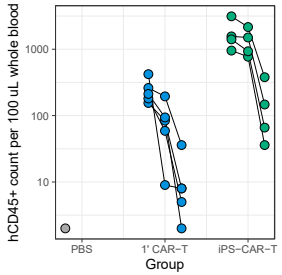
- Disseminated Nalm6 model (1e5 cells infused)
- Effectors added 3 days post-tumor infusion
- 1’ CAR-T dose: 5e6 cells
- iPSC-CAR-T dose: 30e6 cells
- No added cytokine or small molecule support
- iPSC-CAR-T produced at phase 1 clinical scale

Complete tumor control



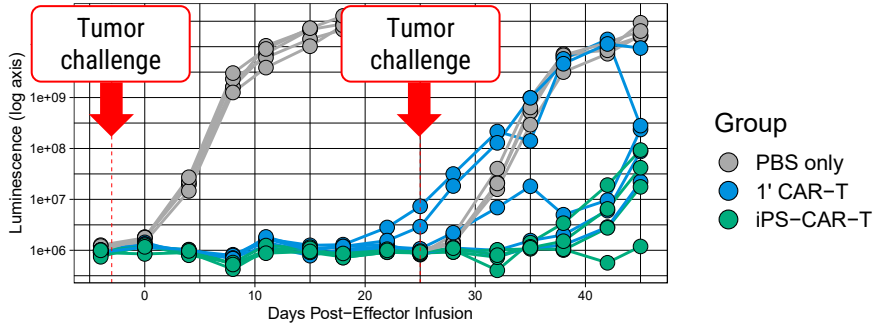
Measurable long-term persistence ≥1 mo





- iPSC-CAR-T persist 21 days post-infusion,
- iPSC-CAR-T detectable at day 35, 7 days post-tumor rechallenge (at day 28)

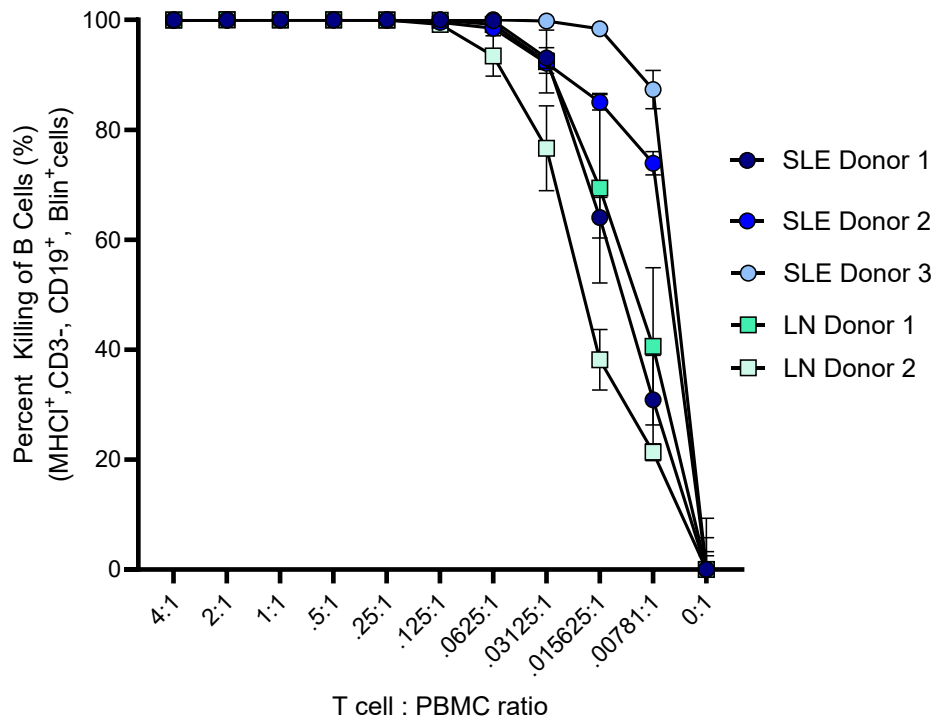
Cytotoxicity maintained upon re-challenge with engrafted cells



Source: Company data on file

CNTY-308 robustly depleted B cells in vitro and in vivo

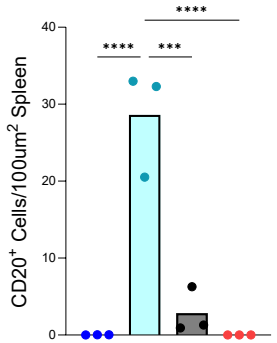
In Vitro B Cell Depletion



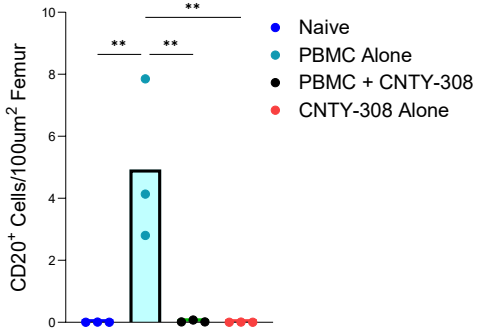
CNTY-308 cells efficiently kill B cells from SLE and Lupus Nephritis donors

B Cell Depletion in Human PBMC Engrafted Mice

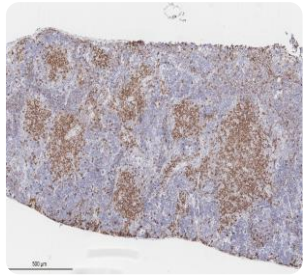
Spleen



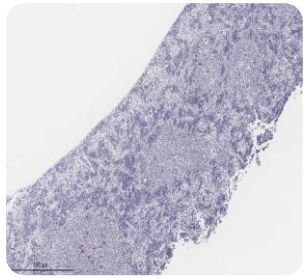
Bone Marrow



PBMC Alone



PBMC + CNTY-308



Source: Company data on file

CENTURY THERAPEUTICS

Corporate Summary

Century Therapeutics: Advancing Curative Medicines Through Cell Engineering

Powered by The Cell Foundry and Allo-Evasion™ 5.0

Foundational Platform Tech:
Engine to create and scale cellular medicines

The Cell Foundry: Enables scalable generation of highly functional iPSC-derived therapies

Allo-Evasion™ 5.0: Leadership in immune-evasive cell design

Integrated Know-How: Deep functional expertise internally, integrated from discovery to manufacturing and development

Targeting Functional Cures:
T1D and Autoimmune disease

CNTY-813: iPSC-derived, immune-evasive islet replacement therapy for type 1 diabetes

Islet replacement is clinically validated; CNTY-813 aims to deliver this without chronic immunosuppression, at scale

Pipeline: Foundational technology powers:

- CNTY-308, an iPSC-derived, immune-evasive αβ T cell with potential across autoimmune disease
- Next-gen discovery programs across multiple cell types and targets

Well Funded:
Multiple Anticipated Near-Term Milestones

Recent Funding

Oversubscribed $135M PIPE in early 2026 provides runway into Q1 2029

Key Anticipated Near-Term Milestones

- ❑ CNTY-813 oral presentation at EASD 2026
- ❑ CNTY-813 IND submission expected 4Q 2026
- ❑ CNTY-308 expected in clinic in 2026
- ❑ Clinical data expected 2H 2027 for CNTY-813

Focused. Funded. Executing.

CENTURY
THERAPEUTICS

www.centurytx.com