UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): August 13, 2025

Century Therapeutics, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**001-40498**	**84-2040295**
(State or other jurisdiction of incorporation or organization)	(Commission File Number)	(I.R.S. Employer Identification No.)

25 North 38th Street, 11th Floor **Philadelphia, Pennsylvania** (Address of principal executive offices)	**19104** (Zip Code)

Registrant's telephone number, including area code: **(267) 817-5790**

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	**Trading Symbol**	**Name of Exchange on Which Registered**
Common Stock, par value $0.0001 per share	**IPSC**	**Nasdaq Global Select Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition

On August 14, 2025, Century Therapeutics, Inc. (the "Company") issued a press release announcing its financial results for the quarter ended June 30, 2025. A copy of the press release is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information contained in this Item 2.02 (including Exhibit 99.1) is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section and shall not be deemed to be incorporated by reference in any filing under the Securities Act of 1933, as amended (the "Securities Act"), or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 5.02 Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements

Appointment of Chairman

On August 13, 2025, the Board of Directors (the "Board") of the Company appointed its Chief Executive Officer, Brent Pfeiffenberger, Pharm.D., to serve as Chairman of the Board to succeed Joseph Jimenez, effective as of August 14, 2025.

Decrease in Size of Board and Committee Changes

On August 13, 2025, each of Joseph Jimenez and Cynthia Butitta notified the Board of their intent to step down from the Board, effective as of August 14, 2025. The departures of each of Mr. Jimenez and Ms. Butitta did not result from any disagreement with the Company on any matter relating to its operations, policies or practices. Effective August 14, 2025, the Board approved its reduction in size from eight to six members.

In connection with Mr. Jimenez and Ms. Butitta's departures, Kimberly Blackwell was appointed chair of the Nominating and Corporate Governance Committee and Alessandro Riva was appointed a member of the Compensation Committee.

Consulting Agreement

In connection with Mr. Jimenez's departure from the Board, on August 13, 2025, the Board approved the entry into a consulting agreement with Mr. Jimenez, to be effective as of August 14, 2025. (the "Consulting Agreement"). Pursuant to the Consulting Agreement, Mr. Jimenez will provide strategic advice to the Company's chairman of the Board and as compensation for such services, all of the outstanding equity awards of Mr. Jimenez will continue to vest pursuant to their terms for the duration of Mr. Jimenez's service as an advisor to the Company under the Consulting Agreement.

Chief Executive Officer Retention Award

On August 13, 2025, the Board approved a retention grant of 1,587,614 restricted stock units (the "Retention Award") for Brent Pfeiffenberger, Pharm.D. in connection with his service as the Company's Chief Executive Officer. The Retention Award will be granted on August 14, 2025 (the "Grant Date") and is subject to the provisions of the Company's 2021 Equity Incentive Plan (the "Plan"). The Retention Award shall vest 50% on the second anniversary of the Grant Date and the remaining 50% on the third anniversary of the Grant Date, subject to Dr. Pfeiffenberger's continued service with the Company through each vesting date.

Item 7.01 **Regulation FD Disclosure**

On August 14, 2025, the Company updated information reflected in a slide presentation, which is attached as Exhibit 99.2 to this Current Report on Form 8-K and is incorporated herein by reference. Representatives of the Company will use the updated presentation in various meetings with investors from time to time.

The information contained in this Item 7.01 (including Exhibit 99.2) is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Exchange Act, or otherwise subject to the liabilities of that section and shall not be deemed incorporated by reference in any filing under the Securities Act or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 9.01 **Financial Statements and Exhibits**

(d) Exhibits

Exhibit No.	Document
99.1	Press Release of Century Therapeutics, Inc., dated August 14, 2025
99.2	Investor Presentation of Century Therapeutics, Inc., dated August 14, 2025
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CENTURY THERAPEUTICS, INC.

By: /s/ Brent Pfeiffenberger, Pharm.D.
Name: Brent Pfeiffenberger, Pharm.D.
Title: President and Chief Executive Officer

Date: August 14, 2025

Exhibit 99.1

Century Therapeutics Reports Second Quarter 2025 Financial Results and Provides Business Update

- Patient dosing ongoing in CALiPSO-1 trial; on track to report clinical data for CNTY-101 in patients with B-cell-mediated autoimmune diseases by year-end 2025
- CNTY-308, a CAR-iT cell therapy functionally comparable to primary T cells, now in IND-enabling studies as a potential treatment for B-cell-mediated diseases; program expected to progress into the clinic in 2026
- Dr. Brent Pfeiffenberger, CEO, appointed to Board Chair
- Cash runway extended into fourth quarter 2027

PHILADELPHIA, Aug. 14, 2025 -- Century Therapeutics, Inc. ('Century', NASDAQ: IPSC), an innovative biotechnology company developing induced pluripotent stem cell (iPSC)-derived cell therapies in autoimmune disease and cancer, today reported financial results for the second quarter ended June 30, 2025, and provided a business update.

"In the first half of 2025, we made important business decisions to ensure our capital resource allocation and pipeline development activities are centered on potentially transformational cell therapy candidates and technologies. We are pleased by recent progress across our core pipeline, including continued clinical execution of CNTY-101 in autoimmune disease and the acceleration of our core preclinical programs. IND-enabling studies are now underway for CNTY-308 and we have made rapid progress toward drug candidacy for our non-immune cell program," said Brent Pfeiffenberger, Pharm.D., Chief Executive Officer of Century Therapeutics. "We will continue to shape the organization as needed and look forward to moving with urgency throughout the remainder of 2025 to deliver clinical data for CNTY-101 and bring our pipeline underpinned by Allo-Evasion™ 5.0 technology closer to patients."

Dr. Pfeiffenberger continued, "As part of this evolution, I am honored to deepen my role in driving the growth and success of Century by assuming the role of Board Chair. I wish to extend my heartfelt thanks to Joe for his service as Board Chair over the last four years. He has made a lasting impact on our organization, and I'm pleased to have him continue as a special advisor to the company moving forward."

Second Quarter 2025 and Recent Highlights

CNTY-101 in Autoimmune Diseases

- **CALiPSO-1 trial progressing with continued patient enrollment and clinical trial site activations:** The company continues to increase its clinical trial site footprint to support enrollment for the CALiPSO-1 trial, a company-sponsored Phase 1 trial of CNTY-101 in patients with B-cell-mediated autoimmune diseases, with six sites now activated in the U.S. and two in Europe, and additional sites on track to activate later this year. As of today, the company had dosed two patients and continues to progress patient enrollment across multiple sites. The company remains on track to report clinical data for CNTY-101 by the end of 2025.

- **CARAMEL IIT study progressing towards initial patient treatment:** The CARAMEL investigator-initiated trial (IIT), a Phase 1/2 trial of CNTY-101 in patients with B-cell-mediated autoimmune diseases led by Professors Georg Schett and Andreas Mackensen and sponsored by the Friedrich-Alexander University Erlangen-Nürnberg, was activated in July following the previously announced authorization of a clinical trial application (CTA) in Germany. Initial patient enrollment and dosing is expected to occur in the third quarter of 2025.

- **Preclinical data presented at EULAR 2025 Congress:** In June 2025, Century presented a poster presentation at the EULAR 2025 Congress demonstrating the ability of CNTY-101 to exhibit B cell depletion illustrating its broad potential in B cell-driven autoimmune diseases. The findings from the poster presentation support the clinical development of CNTY-101 in autoimmune diseases.

CNTY-308 and Other Preclinical Program

- **CNTY-308 now advancing through IND-enabling studies as a potential treatment for B-cell-mediated diseases:** In mid-2025, Century initiated Investigational New Drug (IND)-enabling studies with CNTY-308, a CD19-targeted CD4+/CD8+ ab CAR-iT cell therapy functionally comparable to primary T cells and engineered with Allo-Evasion™ 5.0. CNTY-308 is being developed as a potential treatment for B-cell-mediated diseases. Following successful completion of these IND-enabling studies and the receipt of requisite regulatory approval, Century plans to initiate clinical studies in 2026.

- **Accelerating preclinical development of non-immune cell program:** Century is leveraging its deep expertise in selective iPSC differentiation in high-impact therapeutic areas. Rapid progress towards drug candidacy has been made for Century's first non-immune cell therapy program engineered with Allo-Evasion™ 5.0.

- **Presented data highlighting CNTY-308 and Allo-Evasion™ 5.0 at EULAR 2025 Congress:** In June 2025, Century presented a poster presentation at the EULAR 2025 Congress supporting the ability for CNTY-308, engineered with Allo-Evasion™ 5.0, to deliver rapid ablation of primary B cells *in vitro* and *in vivo*, exhibiting encouraging data for the potential treatment of B cell-mediated autoimmune diseases. Moreover, Allo-Evasion™ 5.0 demonstrated meaningful protection from allogeneic immune cells and antibody mediated rejection.

Corporate Updates

- **Cash runway extended into the fourth quarter of 2027:** As part of Century's effort to right size its organizational focus on programs with the highest potential for transformational value, the company completed a workforce reduction in July 2025 and prioritized pipeline development activities for CNTY-101, CNTY-308 and its non-immune cell program. As a result, the company's cash runway was extended into the fourth quarter of 2027.

- **CEO, Brent Pfeiffenberger, appointed to Board Chair:** Today, Century announced its Board of Directors has unanimously elected Brent Pfeiffenberger, Pharm.D., Chief Executive Officer, to serve as Board Chair. In this role, Dr. Pfeiffenberger succeeds Joe Jimenez, who served as Board Chair since 2021 and a member of the Board since 2020 and will transition to a new role as a special advisor.

"It has been a privilege to serve as Century's Board Chair for the last four years. Since Brent assumed the role of CEO, I had the opportunity to see how he has transformed the company, executing strategic deals, fundraising and evolving the pipeline. I am confident his expanded leadership role will create value and drive long-term success as the company seeks to bring much needed therapeutic innovation closer to patients with autoimmune diseases and cancer," said Mr. Jimenez. "I look forward to following Century's continued development progress across its core programs and supporting through my new role as a special advisor."

Second Quarter 2025 Financial Results

- **Cash Position:** Cash, cash equivalents, and marketable securities were $158.5 million as of June 30, 2025, as compared to $220.1 million as of December 31, 2024. The company estimates its cash, cash equivalents, and investments will support operations into the fourth quarter of 2027.

- **Research and Development (R&D) Expenses:** R&D expenses were $26.9 million for the three months ended June 30, 2025, compared to $27.2 million for the same period in 2024. The decrease in R&D expenses is primarily due to a reduction of personnel and manufacturing costs, offset by an increase in research and laboratory costs to progress clinical trials and preclinical programs.
- **General and Administrative (G&A) Expenses:** G&A expenses were $7.8 million for the three months ended June 30, 2025, compared to $8.3 million for the same period in 2024.
- **Net Income (Loss):** Net loss was $32.5 million for the three months ended June 30, 2025, compared to net loss of $31.2 million for the same period in 2024.

About Century Therapeutics

Century Therapeutics (NASDAQ: IPSC) is a clinical-stage biotechnology company leveraging its expertise in cellular reprogramming, genetic engineering, and manufacturing to develop cell therapies with the potential to provide meaningful advantages over existing cell therapies. Century's genetically engineered, iPSC-derived cell therapy pipeline includes programs designed to address autoimmune diseases and cancers. Century believes its commitment to developing off-the-shelf cell therapies will expand patient access and provide an opportunity to advance the course of autoimmune disease and cancer care. For more information on Century Therapeutics, please visit www.centurytx.com and connect with us on LinkedIn.

Forward-Looking Statements

This press release 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 press release, other than statements of historical facts or statements that relate to present facts or current conditions, including but not limited to, statements regarding our clinical development plans and timelines 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 press release 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 press release 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 dependence on the success of our lead product candidate, CNTY-101; our ability to progress CNTY-101 through clinical development; 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 IND or 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.

For More Information:

Century Therapeutics
Douglas Carr
Senior Vice President, Finance
investor.relations@centurytx.com

JPA Health
Sarah McCabe
smccabe@jpa.com

Century Therapeutics, Inc
Condensed Balance Sheets
(unaudited, in thousands)

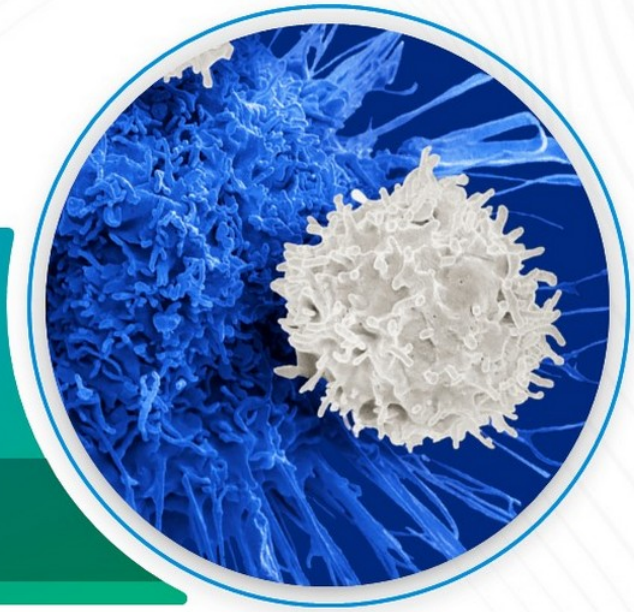
	June 30, 2025	December 31, 2024
Assets		
Current Assets:	$	$
Cash and cash equivalents	56,878	58,441
Short-term investments	98,965	130,851
Prepaid expenses and other current assets	4,326	4,759
Total current assets	160,169	194,051
Property and equipment, net	56,649	62,141
Operating lease right-of-use assets, net	27,737	28,706
Long-term investments	2,690	30,818
Intangible assets	34,200	34,200
Other long-term assets	3,247	3,300
Total assets	$ 284,692	$ 353,216
Liabilities, convertible preferred stock, and stockholders' equity		
Current liabilities:		
Accounts payable	$ 3,208	$ 3,075
Accrued expenses and other liabilities	11,740	17,543
Deferred revenue, current	-	109,164
Total current liabilities	14,948	129,782
Operating lease liability, noncurrent	46,589	48,960
Contingent consideration liability	8,883	8,738
Deferred tax liability	4,374	4,374
Total liabilities	74,794	191,854
Stockholders' equity		
Preferred stock	-	-
Common stock	9	9
Additional paid-in capital	948,124	943,366
Accumulated deficit	(738,318)	(782,337)
Accumulated other comprehensive loss	83	324
Total stockholders' equity	209,898	161,362
Total liabilities and stockholders' equity	$ 284,692	$ 353,216

Century Therapeutics, Inc
Condensed consolidated statements of operations
(unaudited, in thousands, except share and per share amounts)

	Three Months Ended June 30, 2025	Three Months Ended June 30, 2024	Six Months Ended June 30, 2025	Six Months Ended June 30, 2024
Collaboration Revenue	$ -	$ 771	$ 109,164	$ 1,625
Operating Expenses				
Research and development	26,859	27,220	53,439	50,641
General and administrative	7,805	8,306	16,212	17,052
Total operating expenses	34,664	35,526	69,651	67,693
Income (loss) from operations	(34,664)	(34,755)	39,513	(66,068)
Interest income	2,010	3,582	4,431	6,820
Other income (expense), net	113	(12)	75	1
Income (loss) before provision for income taxes	(32,541)	(31,185)	44,019	(59,247)
Provision for income taxes	-	(22)	-	(22)
Net income (loss)	$ (32,541)	$ (31,207)	$ 44,019	$ (59,269)
Unrealized gain (loss) on investments	(222)	(102)	(241)	(453)
Foreign currency translation adjustment gain (loss)	-	34	-	36
Comprehensive income (loss)	$ (32,763)	$ (31,275)	$ 43,778	$ (59,686)
Net income (loss) per common share Basic	(0.38)	(0.38)	0.51	(0.82)
Net income (loss) per common share Diluted	(0.38)	(0.38)	0.51	(0.82)
Weighted average common shares outstanding Basic	86,238,084	82,092,167	86,130,235	72,194,402
Weighted average common shares outstanding Diluted	86,238,084	82,092,167	86,207,666	72,194,402

Exhibit 99.2

CENTURY
THERAPEUTICS

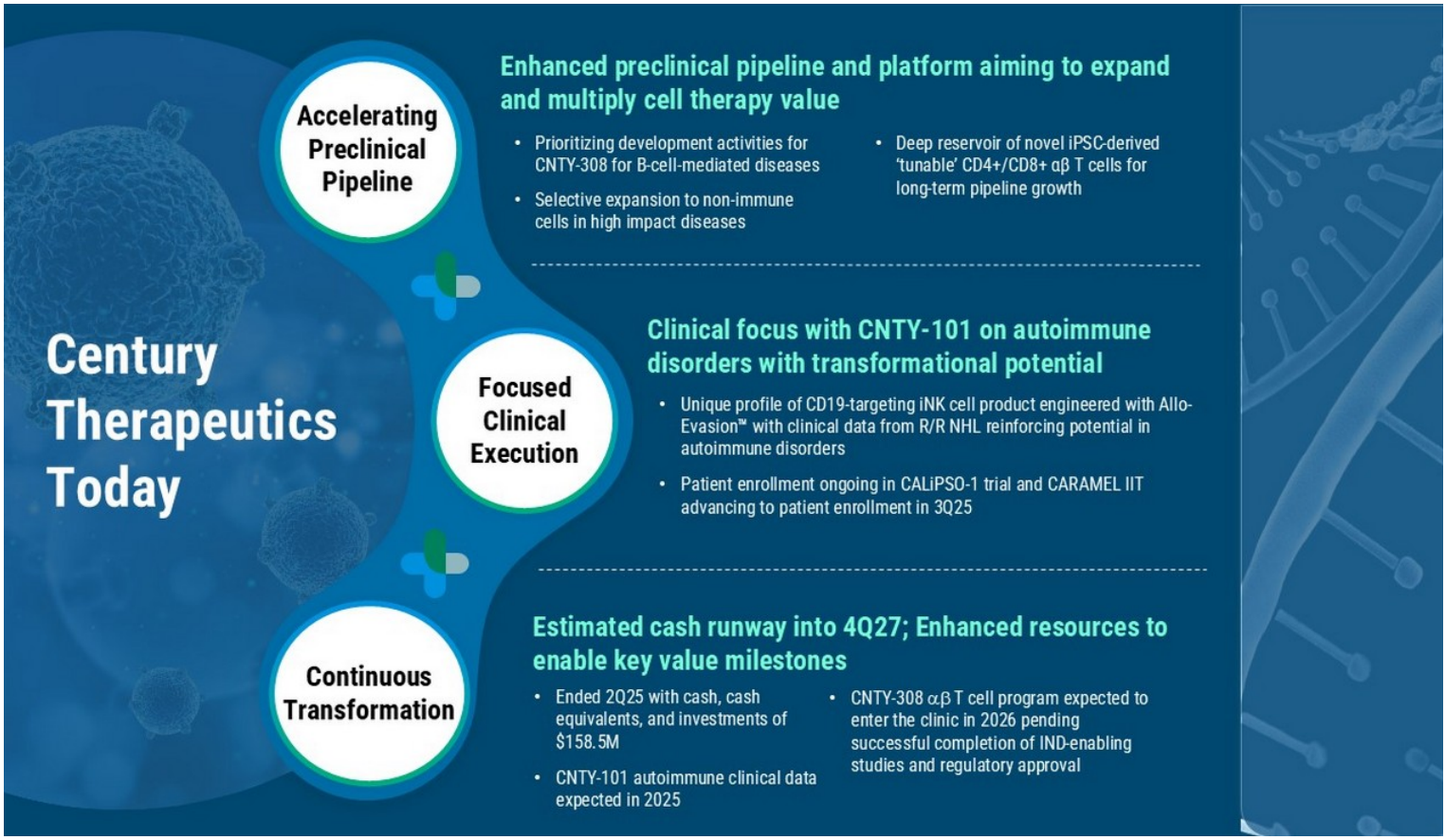


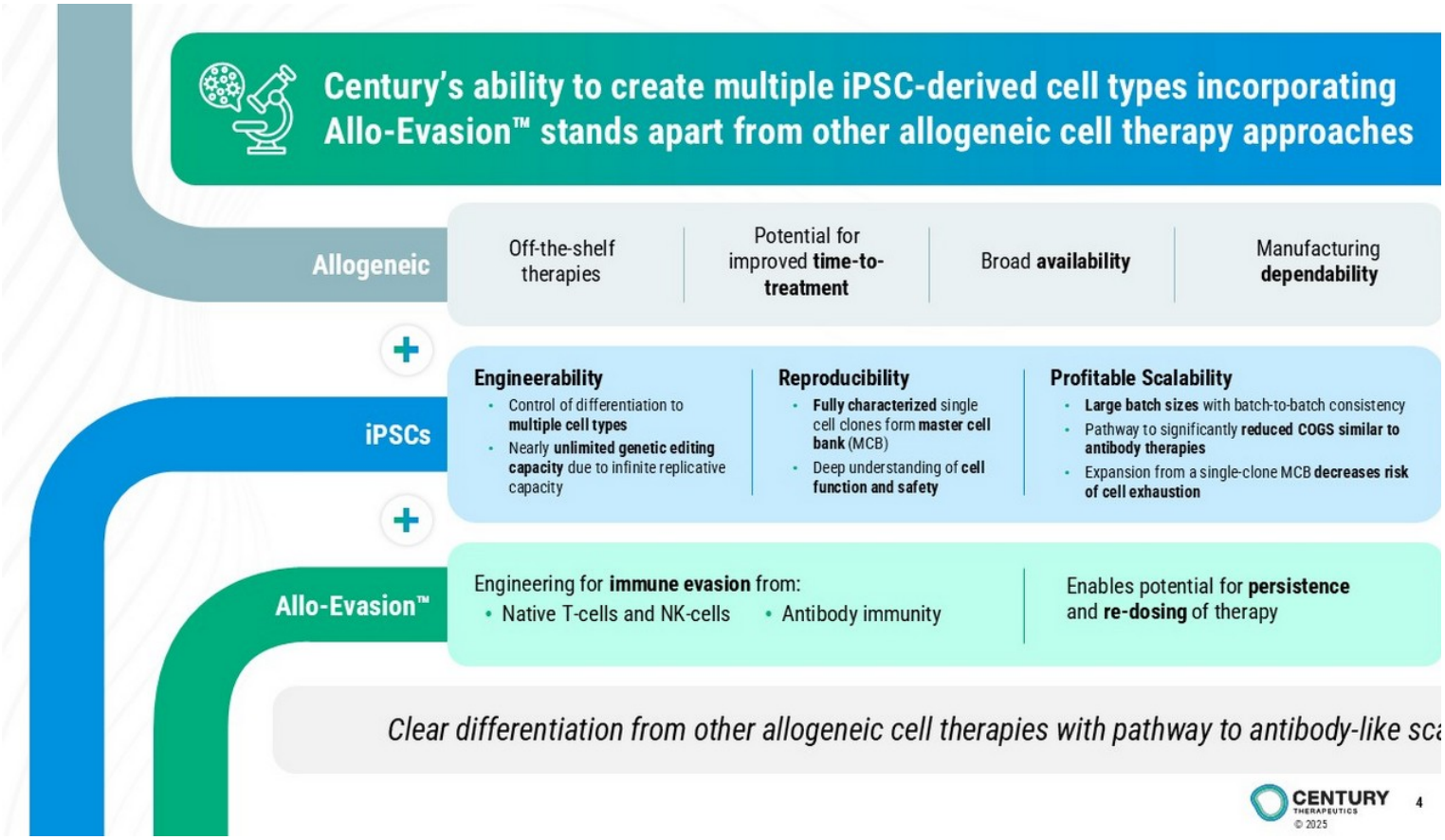
Corporate Overview

August 2025

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 regarding our clinical development plans and timelines and the initial safety and efficacy profiles of CNTY-101 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 dependence on the success of our lead product candidate, CNTY-101; our ability to progress CNTY-101 through clinical development; 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 IND or 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 Today
Accelerating Preclinical Pipeline
Enhanced preclinical pipeline and platform aiming to expand and multiply cell therapy value
• Prioritizing development activities for CNTY-308 for B-cell-mediated diseases
• Selective expansion to non-immune cells in high impact diseases
• Deep reservoir of novel iPSC-derived 'tunable' CD4+/CD8+ αβ T cells for long-term pipeline growth
Focused Clinical Execution
Clinical focus with CNTY-101 on autoimmune disorders with transformational potential
• Unique profile of CD19-targeting iNK cell product engineered with Allo-Evasion™ with clinical data from R/R NHL reinforcing potential in autoimmune disorders
• Patient enrollment ongoing in CALiPSO-1 trial and CARAMEL IIT advancing to patient enrollment in 3Q25
Continuous Transformation
Estimated cash runway into 4Q27; Enhanced resources to enable key value milestones
• Ended 2Q25 with cash, cash equivalents, and investments of $158.5M
• CNTY-101 autoimmune clinical data expected in 2025
• CNTY-308 αβ T cell program expected to enter the clinic in 2026 pending successful completion of IND-enabling studies and regulatory approval


Century's ability to create multiple iPSC-derived cell types incorporating Allo-Evasion™ stands apart from other allogeneic cell therapy approaches
Allogeneic
Off-the-shelf therapies
Potential for improved time-to-treatment
Broad availability
Manufacturing dependability
iPSCs
Engineerability
Control of differentiation to multiple cell types
Nearly unlimited genetic editing capacity due to infinite replicative capacity
Reproducibility
Fully characterized single cell clones form master cell bank (MCB)
Deep understanding of cell function and safety
Profitable Scalability
Large batch sizes with batch-to-batch consistency
Pathway to significantly reduced COGS similar to antibody therapies
Expansion from a single-clone MCB decreases risk of cell exhaustion
Allo-Evasion™
Engineering for immune evasion from:
Native T-cells and NK-cells
Antibody immunity
Enables potential for persistence and re-dosing of therapy
Clear differentiation from other allogeneic cell therapies with pathway to antibody-like sca
CENTURY THERAPEUTICS
© 2025
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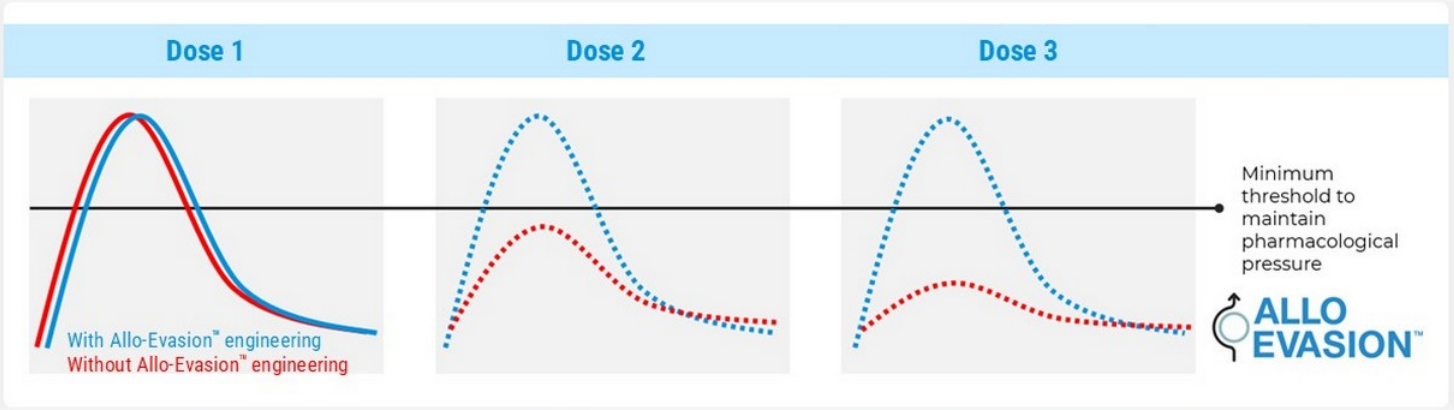
Allo-Evasion™ engineering aims to drive durable responses by enabling repeat dosing for tighter control over drug exposure



Clinical data from CNTY-101 in ELiPSE-1 show persistent exposure in the presence of an intact immune system[1]

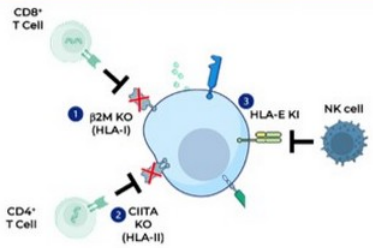
1. Company data: ELiPSE-1 Phase 1 study in B-cell malignancies

Century is a leader in immune evasion engineering

Protection from:

- Native T-cells
- Native NK-cells
- Humoral immunity

Allo-Evasion™ 1.0



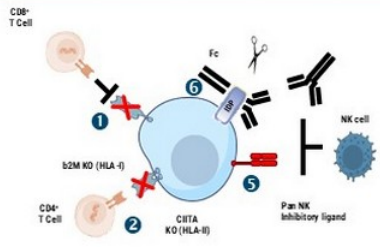
❶ Deletion of HLA-I
❷ Deletion of HLA-II

❸ Insertion of HLA-E

CNTY-101

Continued evolution to enhance holistic protection from major immunity pathways

Allo-Evasion™ 5.0



❶ Deletion of HLA-I
❷ Deletion of HLA-II

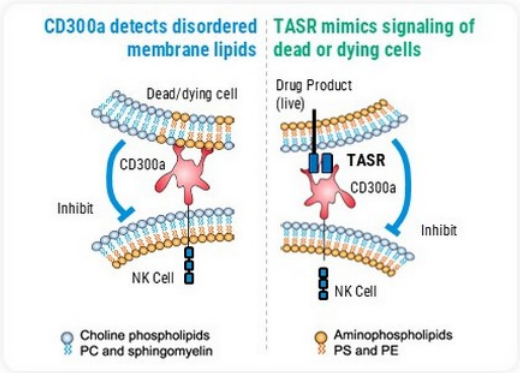
❺ Insertion of CD300a TASR pan-NK inhibitory ligand[1, 2]

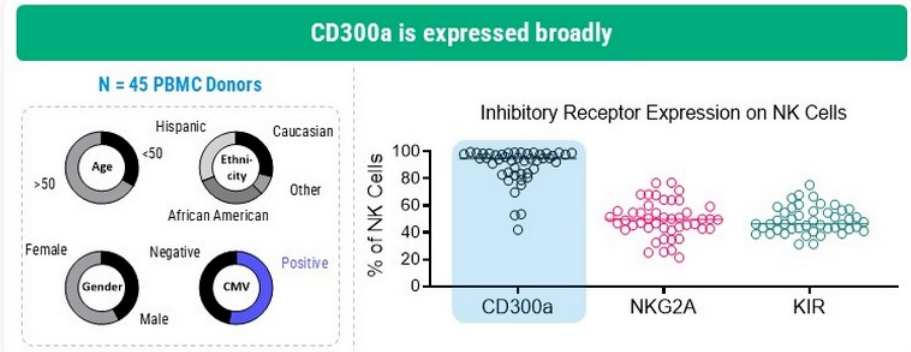
❻ Insertion of cell-surface enzyme to degrade IgG antibodies[3]

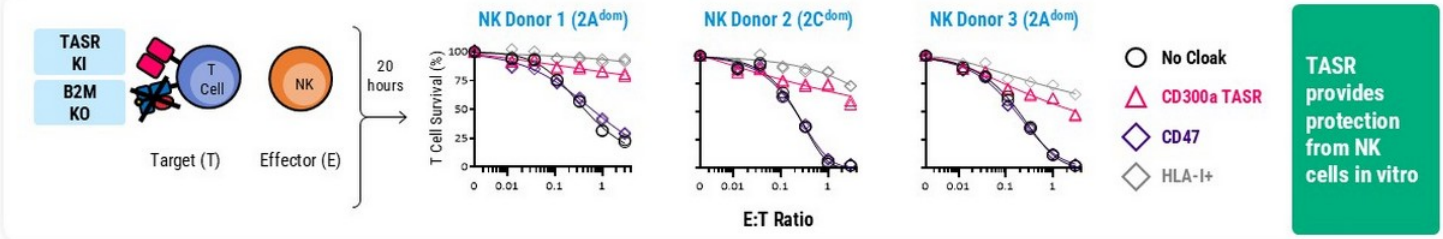
CNTY-308 *CNTY-341* *Solid tumors*

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

The CD300a TASR ligand mimics natural signaling to provide broad protection from host NK cells in preclinical studies



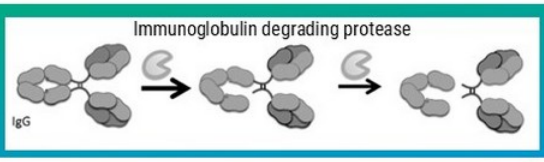




https://ashpublications.org/bloodadvances/article/doi/10.1182/bloodadvances.2024013436/518079/Universal-Protection-of-Allogeneic-T-Cell;
https://www.centurytx.com/wp-content/uploads/ASH_Welstead_Universal-Protection-of-Allogenic-T-Cells-Final.pdf

In preclinical studies, Century's IgG degrading enzyme (IDP) protected cells from multiple pathways of humoral immunity

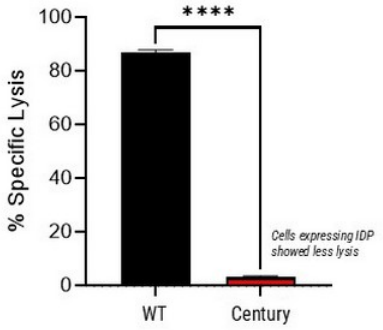
Century T cells have been shown to stably express IDP, an enzyme that cleaves off IgGs below the hinge, releasing the Fc fragment



As a result, Century's T cells are protected from rejection in preclinical CDC, ADCC and ADCP assays

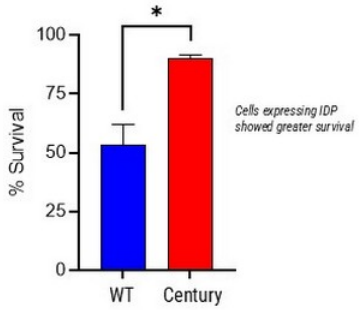
Complement Dependent Cytotoxicity

Complement Dependent Cytotoxicity
Human Anti-HLA-ABC + 25% Complement (v/v)
Donor SC07 Primary T Cells



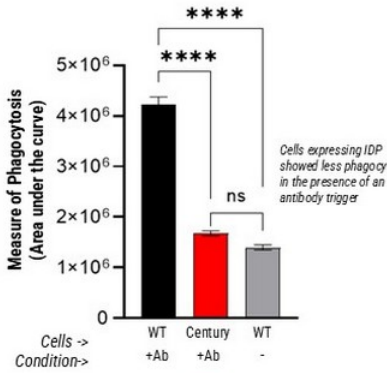
Antibody-Dependent Cellular Cytotoxicity

Antibody-Dependent Cellular Cytotoxicity
Primary T cells (Donor 6705) +
1 µg αHLA-cI +
Donor SC09 NK cells (2:1)



Antibody-Dependent Cellular Phagocytosis

Primary T cells + Primary macrophages +/- 1µg αCD52



Source: Company data

CENTURY THERAPEUTICS

Century is advancing a focused iPSC pipeline across cell types and targets in autoimmune diseases and cancer

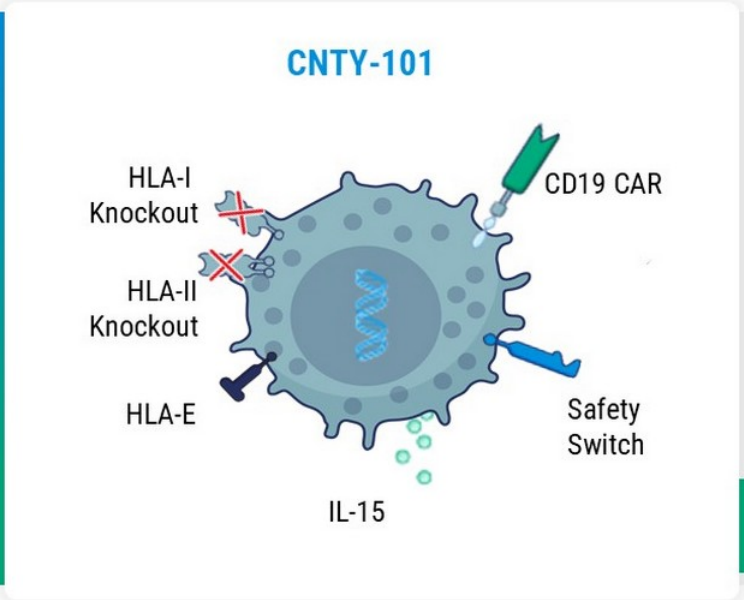
Product	Targets	Indications	Research	IND-enabling	Clinical		
					Phase 1	Phase 2	Phase 3
CNTY-101 iNK (Allo-Evasion™ 1.0)	CD19	B-cell-mediated autoimmune diseases			*CALIPSO-1* *CARAMEL IIT*[1]		
CNTY-308 αβ iT (Allo-Evasion™ 5.0)	CD19	B-cell-mediated diseases					
CNTY-341 αβ iT (Allo-Evasion™ 5.0)	CD19 + CD22	B-cell malignancies					
Solid tumors iT (Allo-Evasion™ 5.0)	Nectin-4/other	Solid tumors					
Undisclosed Non-immune cells	Undisclosed	Undisclosed					

- Hematologic tumors
- Solid tumors
- Autoimmune diseases
- Undisclosed

1. Agreement in place for an investigator-initiated trial (IIT) by Professors Georg Schett and Andreas Mackensen at Friedrich-Alexander University Erlangen-Nürnberg.


CENTURY
THERAPEUTICS
CNTY-101
CAR-iNK cell therapy with Allo-Evasion™ 1.0

CNTY-101: A CD19-targeted CAR-iNK product candidate designed to provide precise control of drug exposure and enable repeat dosing



CNTY-101 off-the-shelf CAR-iNK cell therapy candidate designed to treat patients with B cell-mediated diseases

- Six precision gene edits designed to enable:
  - CD19-targeted CAR for B-cell depletion
  - Allo-Evasion™ technology enables re-dosing without lymphodepletion
  - Secreted IL-15 enhances cell persistence
  - Safety switch enables elimination of CNTY-101 with cetuximab, if required for patient safety
- iNK cells incorporating Allo-Evasion™ provide more predictable pharmacokinetics and pharmacodynamics

Currently dosing patients in Phase 1 in autoimmune disorde

https://www.centurytx.com/wp-content/uploads/ASGCT24-CNTY-101-AI-Poster.pdf

CNTY-101 is a differentiated autoimmune disease treatment: Allogeneic iPSC CAR iNK cell therapy with Allo-Evasion™

Allogeneic iPSC

- Available 'off-the-shelf'
- No patient apheresis required
- No manufacturing wait time
- Batch-to-batch consistency
- Platform enables lower COGs than donor-derived or autologous

NK cells

- Killing potency (≥ primary CAR-T) leads to deep B-cell depletion[1]
- Trafficking to secondary lymphoid tissues and marrow favors pathogenic B-cell targeting
- Short-lived, more predictable pharmacokinetics and pharmacodynamics
- Manageable safety profile, well-tolerated in ELiPSE-1

Allo-Evasion™

- Avoiding host immune rejection
- Ability to repeat dose without continued lymphodepletion
- Ability to re-treat, if needed

Tighter control over drug exposure:
B-cell depletion without prolonged B-cell aplasia

1. https://www.centurytx.com/wp-content/uploads/ASH_Chin_Natural-Killer-GD-Cells-Final.pdf

Autoimmune disorders present significant unmet medical need

	Systemic Lupus Erythematosus (SLE)	Lupus Nephritis (LN)	Idiopathic Inflammatory Myopathy (IIM)	Diffuse cutaneous Systemic Sclerosis (dcSSc)
Characteristics	Multiorgan, potentially fatal, inflammatory disease with risk for organ damage, including skin, heart, and brain	Kidney manifestation of SLE with potential kidney failure requiring dialysis and increased risk for mortality	Inflammation of muscle, lungs, skin, joints, and gastrointestinal tract causing weakness, pain, and lung failure which can lead to chronic disability and potentially mortality	Fibrosis and vasculopathy of the skin and internal organs, with high risk for disability, disfigurement, and cardiopulmonary mortality
US Prevalence[1]	180,000–340,000	80,000–120,000	>60,000	>85,000 (SSc)
Initial addressable subpopulations[2]	>20,000	>30,000	>10,000	>30,000
Standard of care	Corticosteroids, chemotherapy, immunosuppressants, anticoagulants, plasmapheresis	Corticosteroids, chemotherapy, immunosuppressants, dialysis	Corticosteroids, immunosuppressants, IVIg	Slow progression: Immuno-suppressants, vasodilators, antifibrotic agents
Limited efficacy with approved therapies[3]	<35% low disease activity (LLDAS)	<40% complete renal response (CRR)	<40% total improvement score (TIS) of 60%	Slower decline in lung function (FVC decrease >24 mL/year on therapy)
Unmet Medical Need	Low disease activity, prevention of organ damage, survival	Prevention of renal failure, survival	Remission, maintain function, prevention of calcinosis, damage, respiratory failure, survival	Slow progression, prevent cardiac or respiratory failure, survival

Despite approved treatments, significant underappreciated unmet need remains

- SoC relies on **chronic treatment** with broad-acting corticosteroids & immunosuppressives
- **Treatment toxicity** and **disease flares** leading to organ damage remain common
- **Current treatments fail** to significantly improve **quality of life** or prevent **organ failure** in majority of patients
- Even effective available treatments leave patients suffering with **active disease**, **shortened lifespan**, and prospect of **life-long medication**

1. Tian Ann Rheum Dis 2023; Izmirly Arth Rheum 2021; Duarte-Garcia Ann Rheum Dis 2022; Hocaoglu Arth Rheum 2022; Smoyer-Tomic BMC Musculoskeletal Disorders 2012; Khoo Nat Rev Rheum 2023; Bendewald Arch Dermatol 2010; Bairkdar Rheumatology 2021; Fan J *Manag Care Spec Pharm.* 2020
2. Estimates include refractory subpopulations. Morand Ann Rheum Dis 2018; Morand Ann Rheum Dis 2023; Oon Ann Rheum Dis 2019; Morand Arth Rheum 2023; Scherlinger Ann Rheum Dis 2019; Clowse *Arthritis Rheumatol* 2024 (abstract); Mayes Arth Rheum 2003
3. Highest efficacy values reported; not necessarily Phase 3 trial primary efficacy endpoints that supported FDA approval. Oon Ann Rheum Dis 2019; Morand Ann Rheum Dis 2023; Aranow Ann Rheum Dis 2024; Rovin Lancet 2021; Hanni CJASN 2024; Saxena Arth& Rheum 2023; Furie NEJM 2020; Aggarwal NEJM 2022; Distler NEJM 2019; Khanna Lancet Respir Med 2020

LLDAS – Lupus low disease activity state; **FVC** – Forced vital capacity

Clear opportunity for allogeneic cell therapies to address moderate to severe autoimmune indications by providing long-term, drug-free remission

Significant patient population and unmet need

- Tens of thousands of patients with unmet need in the US
- Heterogeneous nature of patients with autoimmunity supports opportunity for multiple modalities within and across indications
- Treatments needed to **resolve inflammation**, prevent organ failure, **normalize lifespan**, and avoid toxicity of **life-long medication**

Compelling evidence for benefit from deep depletion of pathogenic B-cells

- Autologous anti-CD19 CAR-T cell therapies demonstrate potential for long-term drug-free remission
  - Unmet challenges include safety (CRS, ICANS, neutropenia, B cell aplasia), logistics, and product availability
- Emerging data for allogeneic cell therapies[2] demonstrate potential for transformative impact and may address above challenges

Opportunity to deliver transformational efficacy

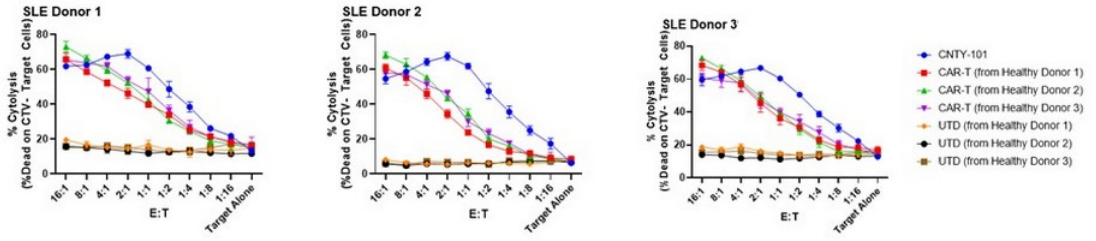
- Dramatically improve upon standard of care
  - **SLE:** LLDAS achievement – predictor for reduction of damage accrual
  - **LN:** Complete renal response (CRR)
  - **SSc:** High %CRISS, FVC stabilization
  - **IIM:** High %TIS
- Optimal outcome: drug-free remission

1. Mackensen Nature Medicine 2022 doi.org/10.1038/s41591-022-02017-5, Muller NEJM 2024 doi/full/10.1056/NEJMoa2308917, Muller ASH 2024 doi.org/10.1182/blood-2024-194525, Sheikh Arthritis Rheumatol. 2024
2. Yu Arthritis Rheumatol. 2024; Goulding Arthritis Rheumatol. 2024, Wang Cell 2024 doi.org/10.1016/j.cell.2024.06.027

CRISS – Composite Response Index for Clinical Trials in Early Diffuse Systemic Sclerosis

In vitro studies show that CNTY-101 eliminates B cells with greater potency than primary CAR-T cells

CNTY-101 & CAR-Ts from Healthy Donors on B Cells Isolated from SLE Patients



24-hour in vitro cytolysis study of CNTY-101 against B-cells from SLE patients, compared to primary CAR-T cells derived from healthy donors

https://www.centurytx.com/wp-content/uploads/ASH_Chin_Natural-Killer-GD-Cells-Final.pdf; Isolated B cells or CD19+ target cells were co-cultured with CNTY-101 or primary CAR-T at several E:Ts in 96-well U bottom plates in NKCM with assay harvested at 24h; Assay plates were harvested and stained for Fixable Live/Dead. Cells were fixed and run on cytometer to determine Target+Dead Cell populations; **E:T** – Effector:Target ratio; **UTD** – Untransduced donor cells as control

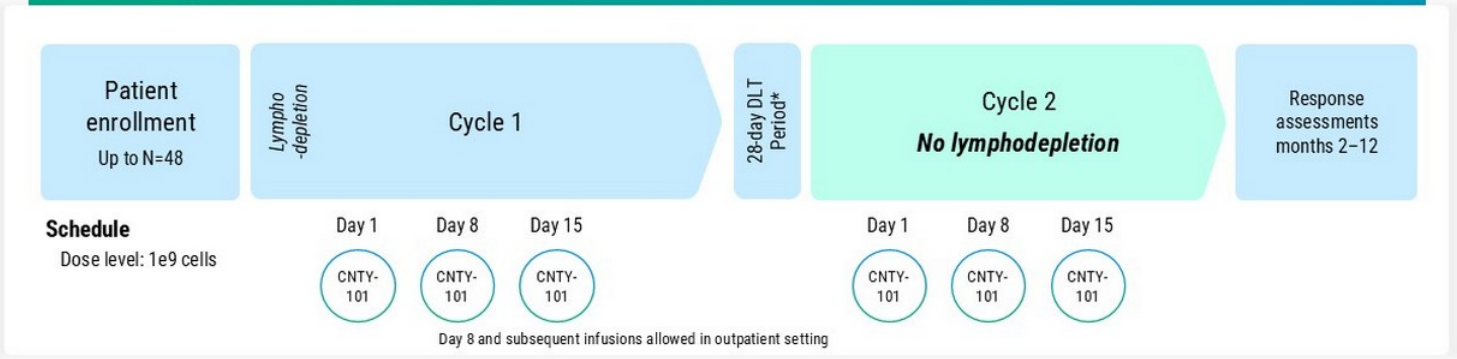
CALiPSO-1 is a Phase 1 study of CNTY-101 underway in refractory B cell-mediated autoimmune diseases (NCT06255028)

Inclusion:

- Participants with moderate to severe SLE, LN, IIM, or dcSSc with treatment-resistant and active disease, after 2+ standard immunosuppressive therapies

Endpoints:

- Key endpoints: Safety and tolerability, disease activity measures per clinical and laboratory assessments
- Translational endpoints: PK, B-cell depletion, autoantibody decline



SLE – Systemic Lupus Erythematosus; **LN** – Lupus Nephritis; **IIM** – Idiopathic inflammatory Myopathy; **dcSSc** – Diffuse Cutaneous Systemic Sclerosis; **DLT** – Dose Limiting Toxicity;
2 cohorts open, one with CNTY-101 as monotherapy and a second with CNTY-101 supplemented with IL-2 (1.5e6 IU SQ) for 5 days after each dose of CNTY-101 *Response assessment conducted at one month; does not gate Cycle 2

ELiPSE-1 is a dose-escalating Phase 1 study of CNTY-101 in B-cell malignancies (NCT05336409)

Patients with CD19+ aggressive and high-risk indolent R/R B-NHL

- DLBCL, HGBL, MCL, PMBCL, FL3B, FL, MZL
- ≥2 prior lines of therapy
- Prior CD19-targeted cell therapy allowed

- Part 1 – Dose escalation
  - Schedule A: Single dose
  - Schedule B: 1 dose per week x 3 weeks
- Part 2 – Dose expansion

Bayesian Optimal Interval (BOIN) design

1. Standard lymphodepletion regimen: Fludarabine (30 mg/c/d) and cyclophosphamide IV (300 mg/m/d) for 3 days
2. Subjects who are assessed as stable disease or better may receive additional cycles of CNTY-101
3. Subjects at DL4A did not receive IL-2 on the day of CNTY-101 infusion but did receive IL-2 daily for 7 days
4. For DL 4B, initial 2 cycles at DL 4B; subsequent cycle regimen depending on response or risk/benefit

DLBCL – Diffuse large B cell Lymphoma; **HGBL** – High-Grade B-cell Lymphoma; **MCL** – Mantle Cell Lymphoma; **PMBCL** – Peripheral Mediastinal B-cell Lymphoma; **FL3B** – Follicular Lymphoma Grade 3B; **FL** – Follicular Lymphoma; **MZL** – Marginal Zone Lymphoma; **DLT** – Dose Limiting Toxicity; **IL-2** – Interleukin-2 (dose: 3e6 IU; subcutaneous).

CENTURY THERAPEUTICS

CNTY-101 ELiPSE-1 first-in-human study: Initial clinical experience in relapsed/refractory B-cell lymphoma validates Century's IPSC platform

Heavily pre-treated patient population (n=23 safety; n=22 efficacy)

- Median 4 prior lines (range 2-6); 48% (11/23) of patients received prior CART

Favorable initial safety and tolerability profile (n=23)

- No dose-limiting toxicities (DLTs); no events of graft-versus-host disease (GvHD)
- Majority of participants received CNTY-101 infusions in an outpatient setting
- In DL 3B and 4B (n=9), No ICANs; 3 patients (33%) had G1 or G2 cytokine release syndrome (CRS)

Activity Profile in Relapsed / Refractory Aggressive BCL

- ORR for DL 3B and 4B (n=9) was 77% (7/9) and complete response rate was 22% (2/9)

Emerging data reinforce potential of CNTY-101 in autoimmune diseases at targeted dose levels (DL3B, 4B)

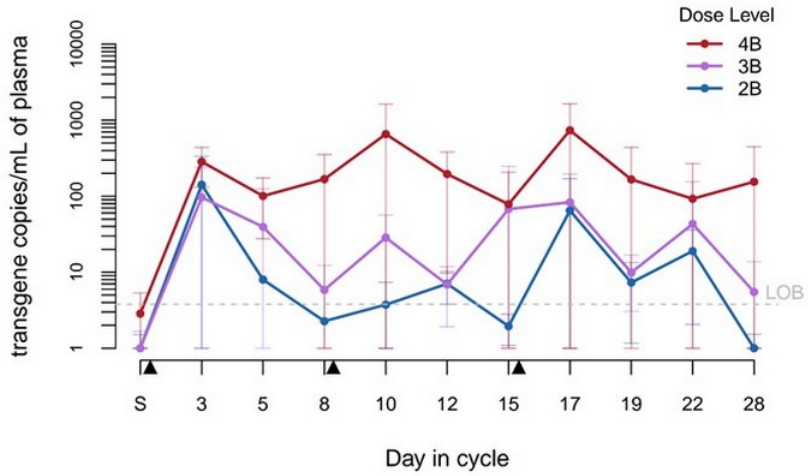
- CNTY-101 cells were detected in lymph node tumor biopsies early post-treatment
- CNTY-101 treatment demonstrated deep B cell depletion
- CNTY-101 infusions showed similar exposure in the presence or absence of endogenous lymphocytes

Source: Company data available as of March 1, 2025

CNTY-101 exposure increased with dose, sustained exposure at doses intended for CALiPSO-1 study

- **Persistence, inclusive of cells outside the bloodstream, is detected via a cell-free (cf) DNA assay out to day 28 at dose level 4B**
- **Multiple infusions in Schedule B drives exposure throughout the dosing cycle**

Transgene copies/mL of Plasma (LDC+ Cycles)

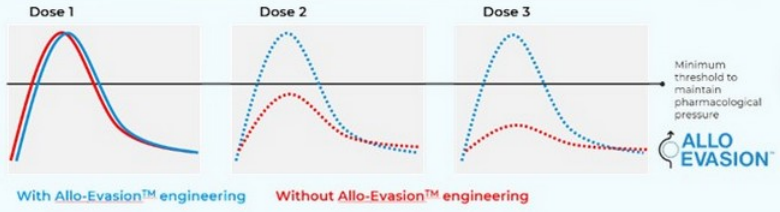


Source: Company data available as of March 7, 2025; Error bars show mean ± SD on original scale, subsequently log10 transformed. Due to log scale, low values are truncated at 1. All schedule B LDC+ cycles are included; **S** – Screen; **LOB** – Limit of Blank.

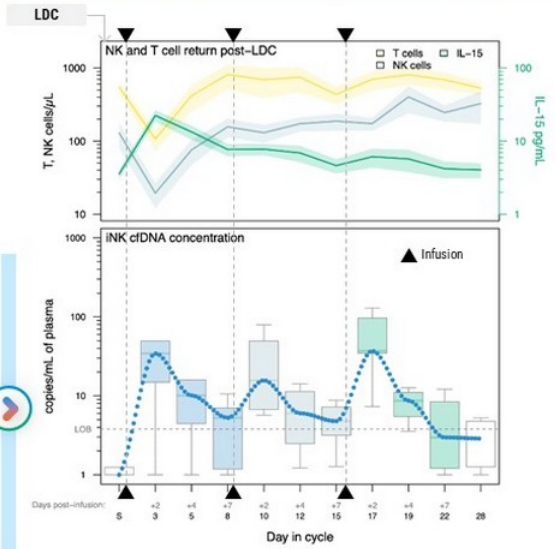
Enabled with Allo-Evasion™, CNTY-101 infusions in dose level 3B showed similar exposure in the presence or absence of endogenous lymphocytes

- **Lymphodepleting Chemotherapy (LDC) depleted patient NK/T cell counts and drove a transient spike of IL-15 cytokine**
  - By post-infusion day 8, NK/T cell counts, IL-15 concentration returned to screening level
- **Similar PK profile observed for each CNTY-101 infusion within a cycle despite evident patient immune recovery**
- **PK profile is comparable between cycles with and without LDC***

Model of Allo-Evasion™ enabled cellular kinetics



Lymphocyte counts and PK profile

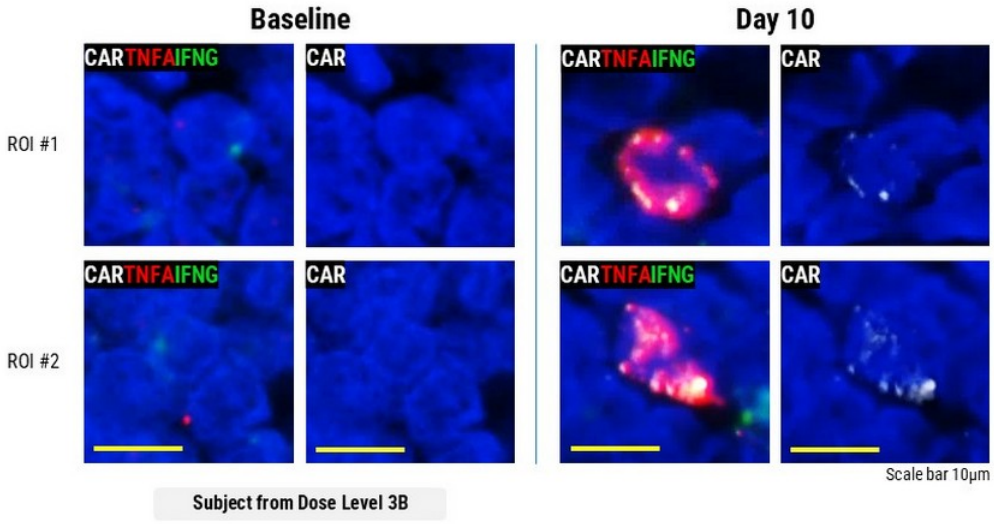


*Based on a Two One-Sided T test approach (TOST) comparing log cfDNA concentration two-days post each infusion with and without LDC, and assuming equivalence bounds +/- 25% the mean cfDNA concentration with LDC; Translational data available as of March 7, 2025; Graphs show data from 3B cohort (N=6); Lines in the top panel represent mean and shaded area represents 1*SEM; Triangles mark CNTY-101 infusions within a Schedule B cycle, grey arrow indicates LDC; Dotted blue curve is a LOESS fit to medians in bottom panel; S – Screen

CNTY-101 cells were detected in lymph node tumor biopsies early post-treatment in Dose Level 3B and 4B

CNTY-101 iNK cells traffic to lymph nodes, observed more frequently at higher doses

- CNTY-101 cells detected by RNAscope on day 10 (two days post-second CNTY-101 infusion)
- CNTY-101 trafficking observed in 3 out of 7 evaluable subjects in DL3B & DL4B



Subject from Dose Level 3B

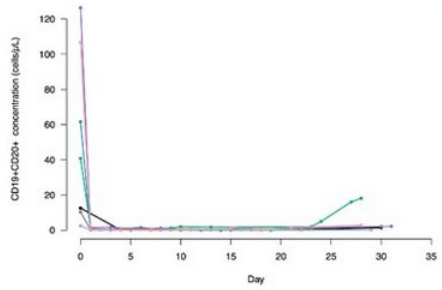
Source: Company data as of March 7, 2025

CNTY-101 treatment demonstrated deep B-cell depletion and was associated with naive non-class switched profile of re-emergent B-cells

Data in r/r NHL patients supports the application of CNTY-101 in autoimmune diseases

- Rapid and effective depletion of circulating B cells observed in the first cycle

B-cell depletion

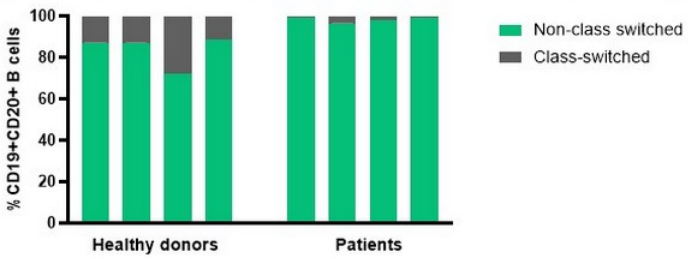


Graphs show data from the initial cycle of all subjects in 3B and 4B who had baseline B cell counts of 1 cell/ μL or greater (N=7). Each line represents an individual subject.

Re-emergent B cells show naive non-class-switched profile

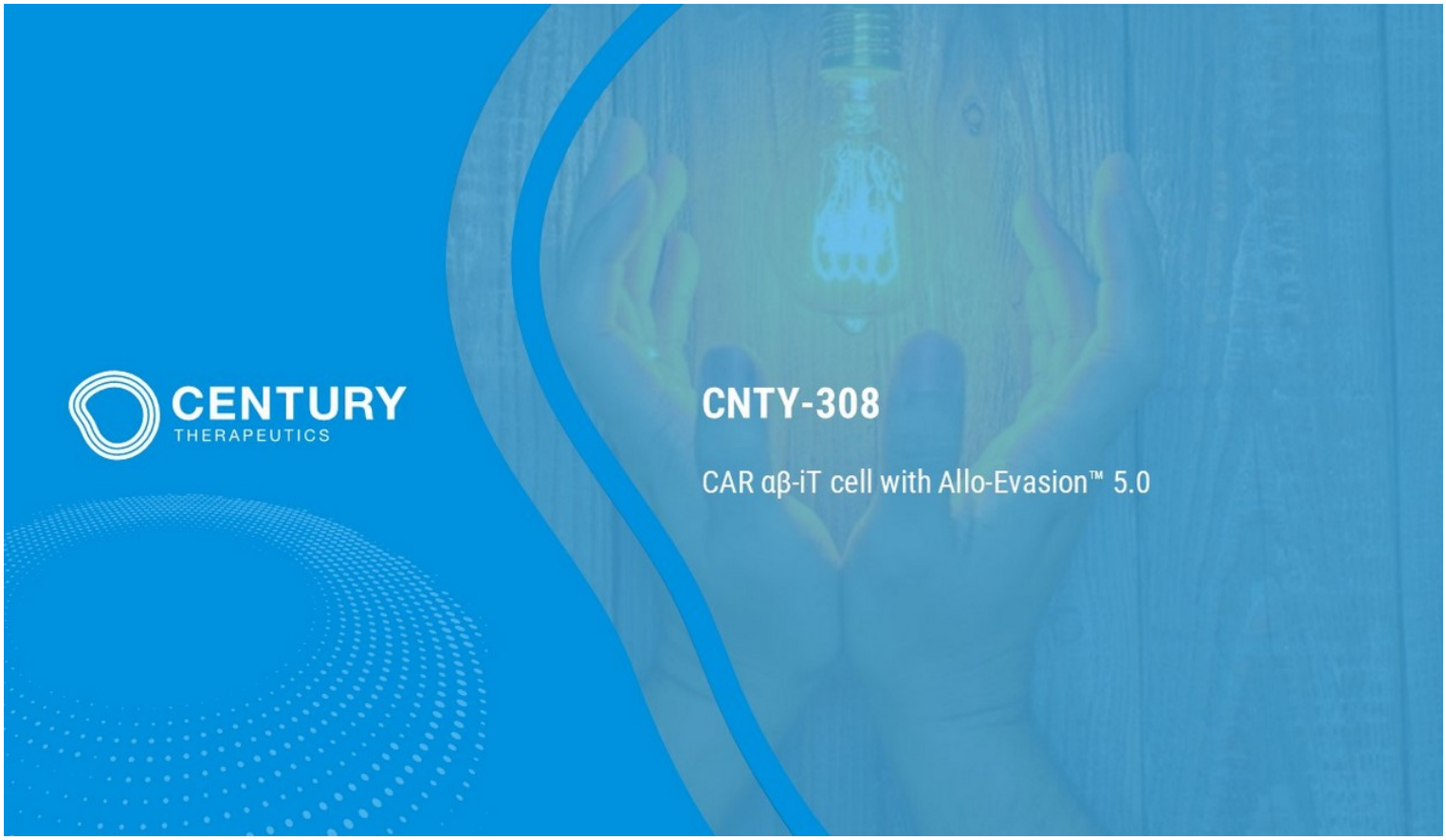
- Reduction of class-switched phenotypes in re-emergent B cells has been associated with SLE responses to CD19-targeted cell therapies

Re-emergent B-cell profile

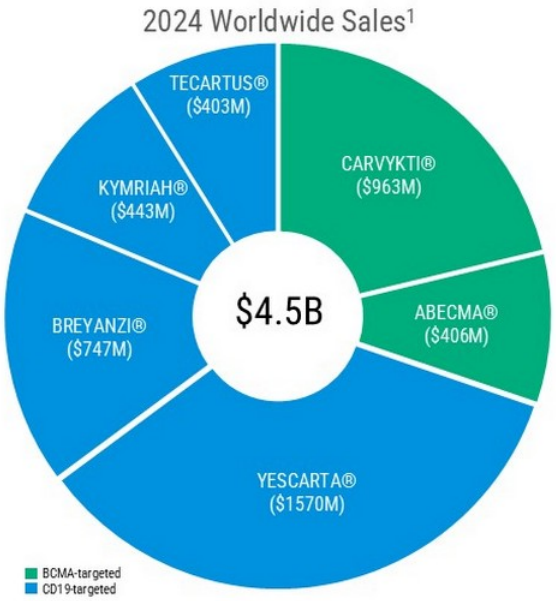


Data shows proportion of non-class switched (IgD+, IgM+ or IgD+IgM+) or switched (IgD-IgM-) circulating B cells (CD19+ CD20+) in healthy donors (N=4) or within earliest evaluable re-emergent B cells in patients (N=4). Majority of the B cells exhibited a naïve profile (IgD+ CD27-, data not shown)

Source: Company data, available as of March 7, 2024


CENTURY
THERAPEUTICS
CNTY-308
CAR αβ-iT cell with Allo-Evasion™ 5.0

The current CAR-T cell therapy market represents ~$4.5B worldwide sales

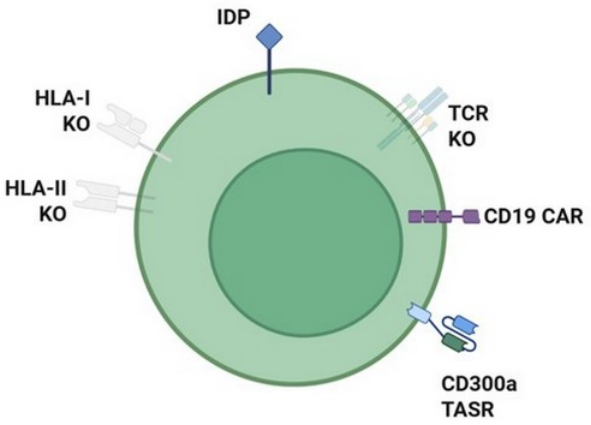


- All currently marketed CAR-T cell therapies are patient-derived ('primary' or 'autologous') αβ T cells delivered as a mixture of cells expressing CD4 or CD8[2]
- **Access remains a challenge** for autologous CAR T therapies
  - **Fewer than 30%** of patients eligible for CAR T cell therapy receive it[1]
- An iPSC-derived allogeneic cell therapy that can recapitulate the characteristics of a **CD4+/CD8+ αβ CAR T** cell provides potential **to replace and expand** autologous products with off-the-shelf therapy having **improved time-to-treatment**, reliable and **consistent manufacturing process**, and **reduced cost of goods**

1. 2024 worldwide sales, Evaluate Pharma 2025-04-15; (2) Prescribing information: CARVYKTI®, ABECMA®, YESCARTA®, BREYANZI®, KYMRIAH®, TECARTUS®; (3) https://doi.org/10.1182/bloodadvances.2023012549

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

CNTY-308

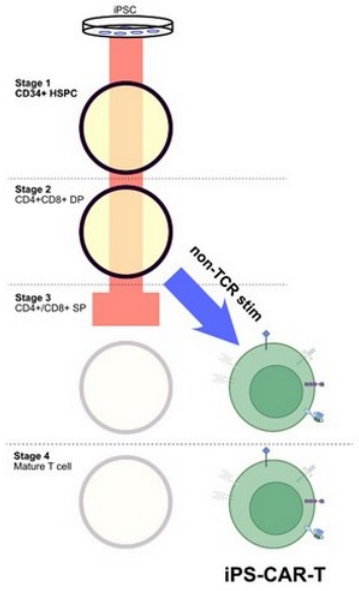


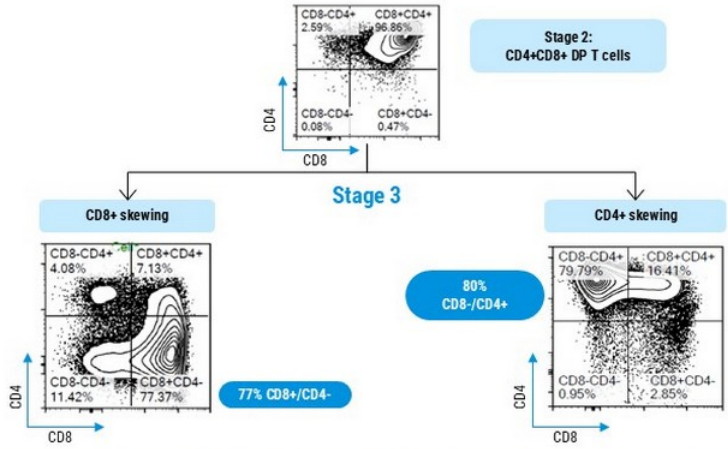
CD4+/CD8+ αβ iT-cell

- **CD19-targeted CAR** to target B-cells for cytotoxic depletion
  - 4-1BB and CD3z co-stim domain to stimulate expansion on target engagement
- **Allo-Evasion™ 5.0** edits designed to include protection from host T cell, NK cell, and humoral response
- Native αβ TCR knock-out to **eliminate the risk of GvHD**
- 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]

1. https://www.centurytx.com/wp-content/uploads/ASH_Heinze_iPSC-Derived-CD4-CD8-Final.pdf
2. Company data on file

Century's process is designed to control the ratio of CD4+ to CD8+ while expanding differentiating engineered CAR iPSC cells to αβ CAR-T cells



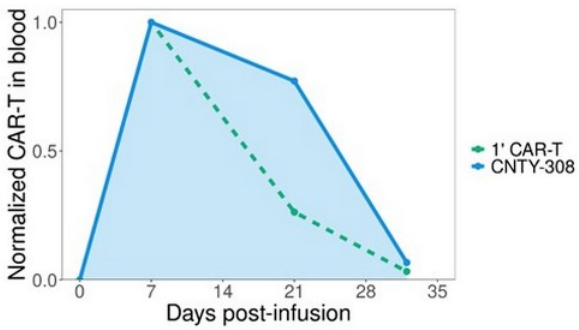


Stage	Expansion from iPSCs (-fold)	Ending Viability
1	3	90%
2	54,000	48%
3+4	860,000	80%

https://www.centurytx.com/wp-content/uploads/ASH_Heinze_iPSC-Derived-CD4-CD8-Final.pdf

In preclinical studies, Century's iPSC-derived CAR- αβT cells show characteristics similar 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

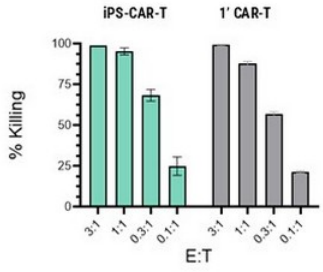
- Self-supports with own target-mediated IL-2
- High functional persistence: kills for >10 rounds, persists in blood for 32+ days, controls tumor after *in vivo* rechallenge

Source: Company data on file

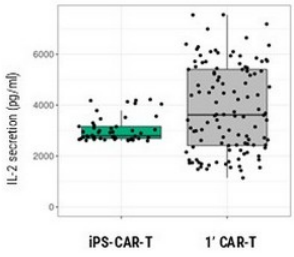
Century's iPSC-derived CAR-αβT cells display the functional characteristics of adult primary T cells: *in vitro* activity

Therapeutic efficacy requires:

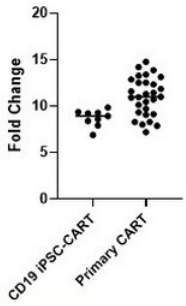
Cytotoxicity: Effector function



Cytokine (IL2) production



Cell expansion and persistence



Effective T cell therapies require the generation of iPSC-CAR-T cells with three key *in vitro* cell functions

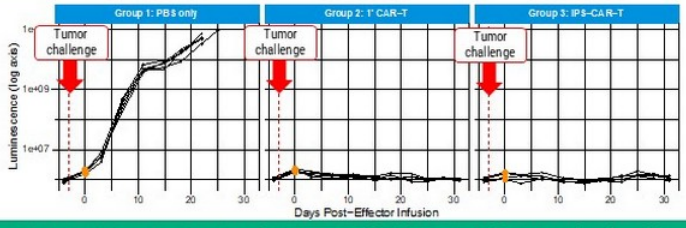
https://www.centurytx.com/wp-content/uploads/ASH_Heinze_iPSC-Derived-CD4-CD8-Final.pdf

In preclinical animal studies, Century iPSC-CAR-T cells showed comparable activity to primary CAR-T cells

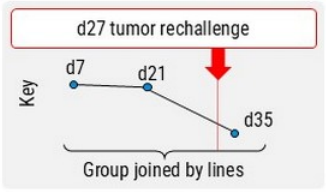
In vivo experimental details

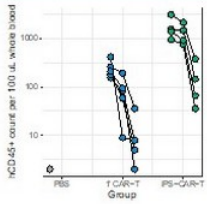
- Disseminated Nalm6 model (1e5 cells infused)
- Effectors added 3 days post-tumor infusion
- 1' CAR-T dose: 5e6 cells
- iPSC-CAR-T dose: 30e6 cells
- No added cytokine or small molecule support

Complete tumor control



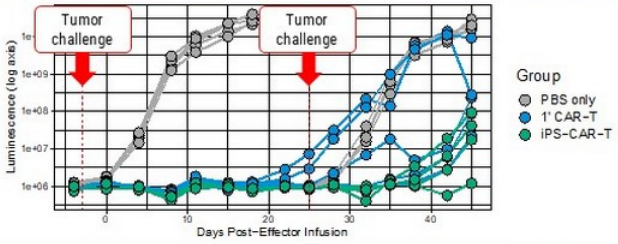
Measurable long-term persistence ≥1 mo





- 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

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Platform: iPSC cell foundry

Century's robust pre-clinical pipeline has potential to address critical barriers confronting cellular therapies

Multiple iPSC-derived cells

Immune effector cells:

- **iNK**
- γδ **iT**
- αβ **iT (CD4+, CD8+)**

Non-immune cells:

- **undisclosed**

Opportunity across multiple diseases

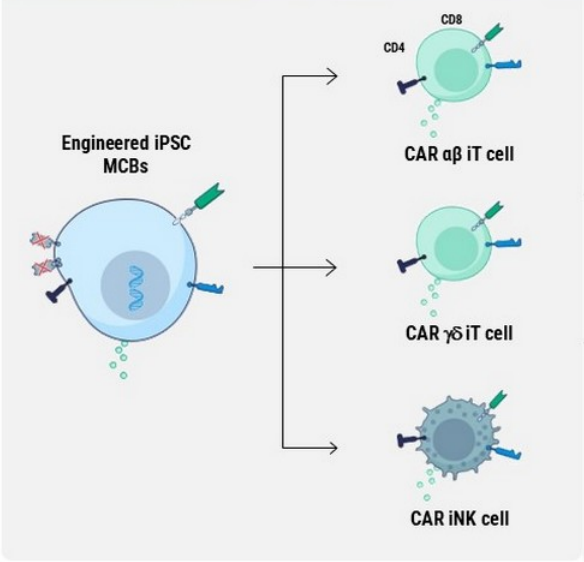
- **Next-generation therapies for oncology:**
  - CD19, CD19/22 CARs
  - Nectin-4, CD70, GPC3, and mesothelin CAR
  - High-affinity Fc receptors (enable treatment with mAbs)
- **Key targets in autoimmune diseases:**
  - CD19

iPSC-enabled engineering solutions

- Cytokine engineering to **reduce or eliminate lymphodepletion**
- **Enhanced Allo-Evasion™** enables repeat dosing, extended drug exposure and potential for durable remissions
- **Resistance to suppressive cytokines** within the tumor

Century's capability to make multiple cell types enables optimal matching of cell characteristics to indication

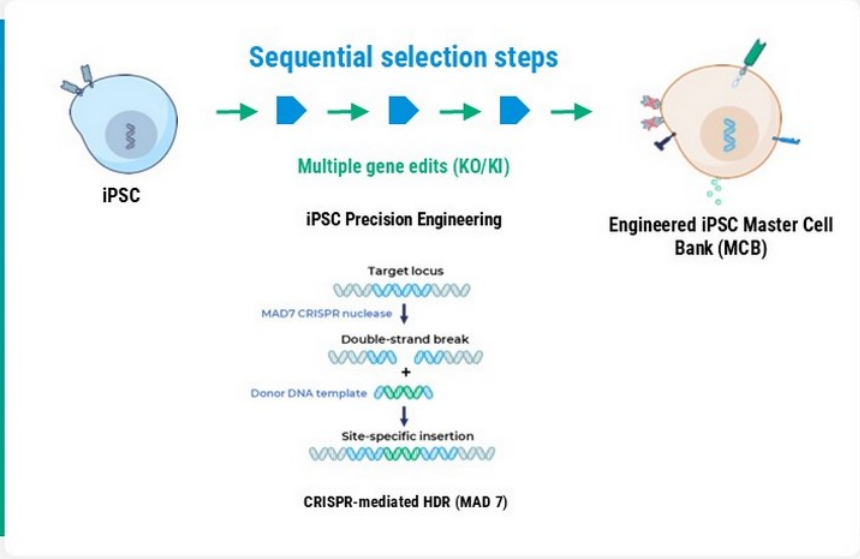
The right cell for the right indication(s)



Adaptive lymphocytes – capable of generating **distinct functional attributes**	Greatest **proliferative potential** – potentially most useful for ongoing antigenic pressure	GvHD risk, eliminated by knockout of T cell receptor (TCR)	Potential for **long-lived memory**, mediating immune surveillance
Bridge between innate and adaptive lymphocytes	**Rapid activation** response and capacity for clonal expansion	No GvHD risk, TCR is invariant	Trafficking and persistence as **'tissue-resident T-cells'**
Innate lymphocytes – **most potent cytolytic capacity**	Less rapid and more limited expansion gives **greater control over exposure** – potentially more useful for short-term treatment	Little GvHD risk, naturally suppressive	Traffic to **bone marrow and secondary lymphoid tissues**

MCB – Master Cell Bank; **GvHD** – Graft vs Host Disease

Precision CRISPR MAD7-mediated sequential gene editing of iPSCs generates uniform product candidates



Advantages of Century's Platform

Precise CRISPR-mediated homology-directed repair[1] **reduces off-target integration**

Successive and efficient gene editing through iPSC platform **avoids risky multiplex modification** and structural variants

- Allo-Evasion™ edits
- Protein and cell engineering

Quality control through generation of homogenous MCB establishes genomic **product integrity**

Manufacturing begins at the MCB, confirmed to be **free from genetic aberrations**

1. MAD7 Nuclease: https://www.inscripta.com/wp-content/uploads/2023/03/Liu-et-al-2019-Nature-Communications.pdf

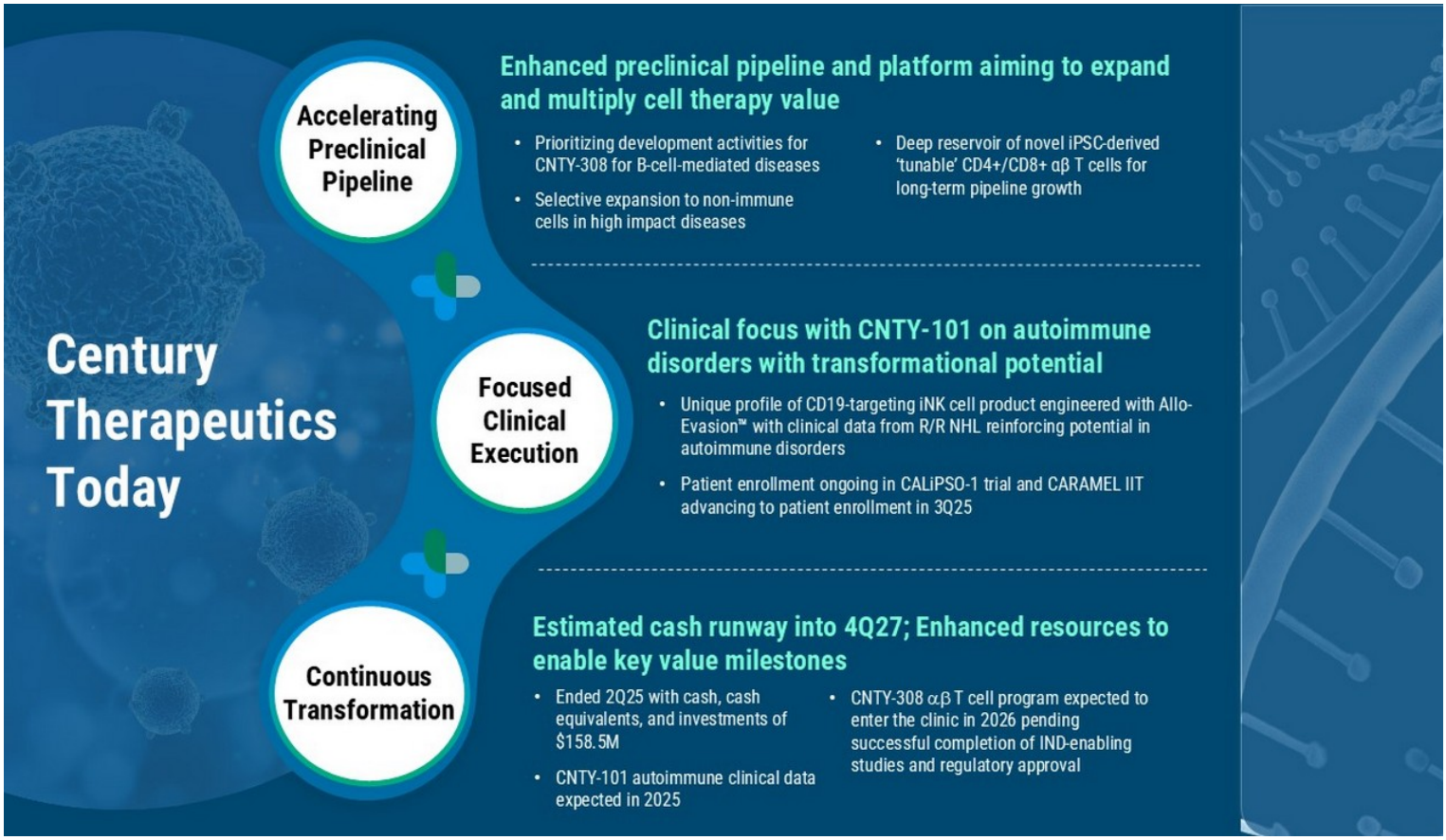
Century platform and in-house manufacturing: Pathway to scalable, profitable cell therapy

Established in-house manufacturing from development to launch

- **Built-for-purpose** 53,000 ft^2 cGMP facility
- Key leaders each with **1–2 decades** of cell therapy manufacturing expertise, from leading commercial cell therapies
- In-house team facilitates **aligned priorities, learnings, faster product iteration** for efficiency, speed, and product quality
- Builds and protects **proprietary know-how**
- **Optionality** with redundant sites (in-house, active CDMO)

Quality product at disruptive scale and cost of goods

- **Consistency**: Control of manufacturing and single-donor master-cell-bank over product lifetime for batch-to-batch reproducibility
- **Increased cell fitness:** Differentiated immune cells do not undergo excessive expansion cycles which often result in cell exhaustion
- **Product homogeneity**: Clonal origin enables a well-characterized product
- Potential to **manufacture at antibody-like scale**: Scalable platforms and optimized processes to maximize yield, reduce COGs, and meet demand


Century Therapeutics Today
Accelerating Preclinical Pipeline
Enhanced preclinical pipeline and platform aiming to expand and multiply cell therapy value
• Prioritizing development activities for CNTY-308 for B-cell-mediated diseases
• Selective expansion to non-immune cells in high impact diseases
• Deep reservoir of novel iPSC-derived 'tunable' CD4+/CD8+ αβ T cells for long-term pipeline growth
Focused Clinical Execution
Clinical focus with CNTY-101 on autoimmune disorders with transformational potential
• Unique profile of CD19-targeting iNK cell product engineered with Allo-Evasion™ with clinical data from R/R NHL reinforcing potential in autoimmune disorders
• Patient enrollment ongoing in CALiPSO-1 trial and CARAMEL IIT advancing to patient enrollment in 3Q25
Continuous Transformation
Estimated cash runway into 4Q27; Enhanced resources to enable key value milestones
• Ended 2Q25 with cash, cash equivalents, and investments of $158.5M
• CNTY-101 autoimmune clinical data expected in 2025
• CNTY-308 αβ T cell program expected to enter the clinic in 2026 pending successful completion of IND-enabling studies and regulatory approval

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