CENTURY THERAPEUTICS

VIRTUAL R&D UPDATE

December 16, 2021

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This presentation contains forward-looking statements within the meaning of, and made pursuant to the safe harbour provisions of, The Private Securities Litigation Reform Act of 1995. All statements contained in this document, other than statements of historical facts or statements that relate to present facts or current conditions, including but not limited to, statements regarding possible or assumed future results of operations, business strategies, research and development plans, regulatory activities, market opportunity, competitive position and potential growth opportunities are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause the 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 the 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 reliance on the maintenance on 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 the COVID-19 pandemic on our business and operations; the performance of third parties in connection with the development of our product candidates, including third parties conducting our future 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; 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 the 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.

AGENDA

iPSC Cell Therapy Platform and Strategy

Lalo Flores, PhD, CEO

CNTY-101 Update

Hy Levitsky, MD, President of R&D

Treatment Paradigms and Unmet Need in B-Cell Malignancies

Eduardo Sotomayor, MD, Director of Cancer Institute at Tampa General Hospital

ELiPSE-1: CNTY-101 Phase 1 Trial

Nick Trede, MD, PhD, VP Early Clinical Development

Century iT Platform Update

Luis Borges, PhD, CSO

Q&A

IPSC CELL THERAPY PLATFORM AND STRATEGY

Lalo Flores | CEO

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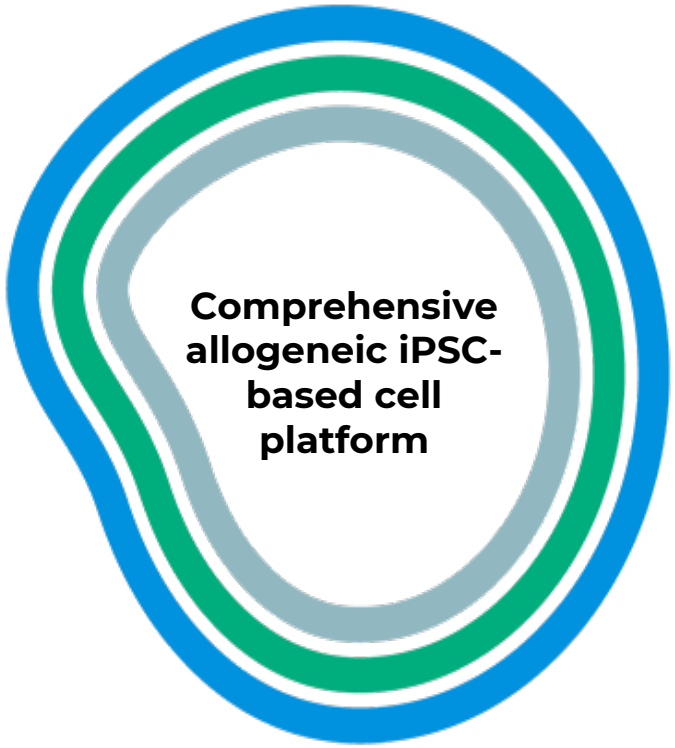
CENTURY'S NEXT GENERATION iPSC TECHNOLOGY PLATFORM



iPSC-derived NK cells

iPSC-derived T cells

Precision gene editing

Allo-Evasion™

Protein engineering

Advanced manufacturing

Fully integrated discovery and development engine in place

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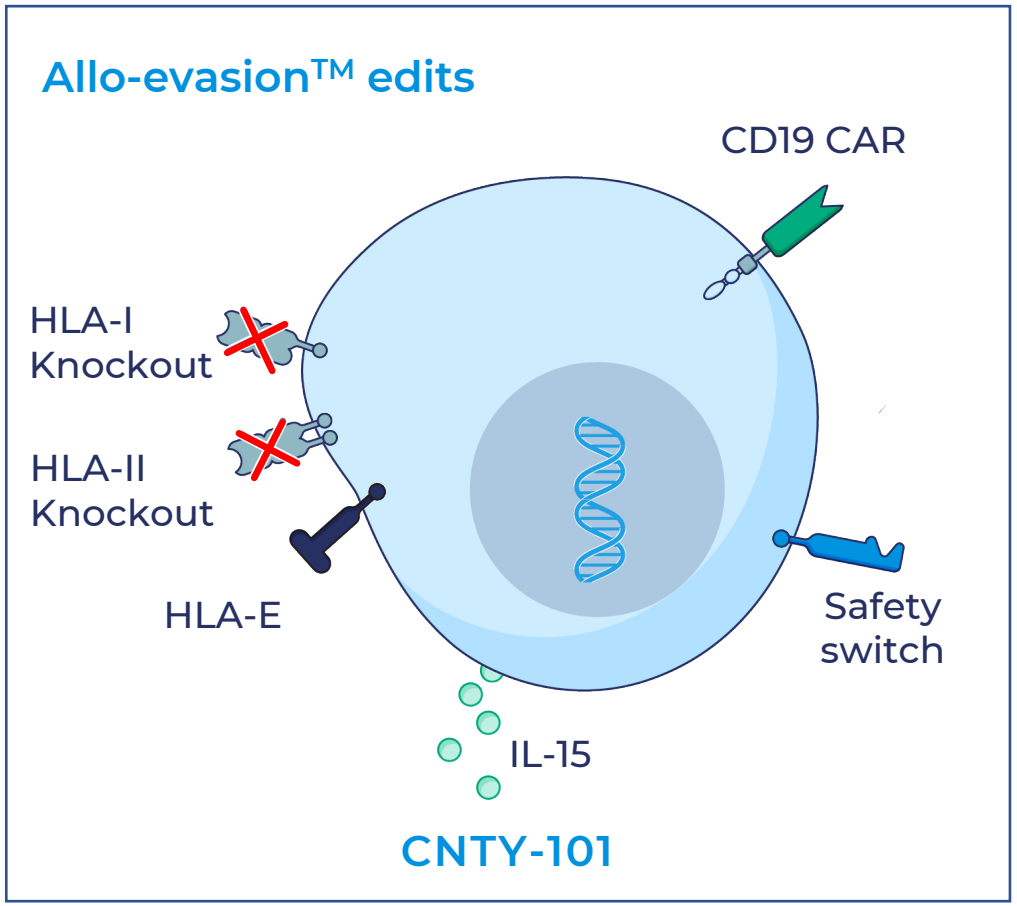
CENTURY'S DIFFERENTIATED STRATEGY



CNTY-101

- **CD19 targeted iNK product with best-in-class potential**
  - First cell product candidate with 6 gene edits introduced with CRISPR-HDR
  - Incorporates Allo-evasion gene edits designed to potentially prevent allo-rejection and enable higher drug exposure after multiple doses
- **ELiPSE-1 Phase 1 study designed to maximize learnings**

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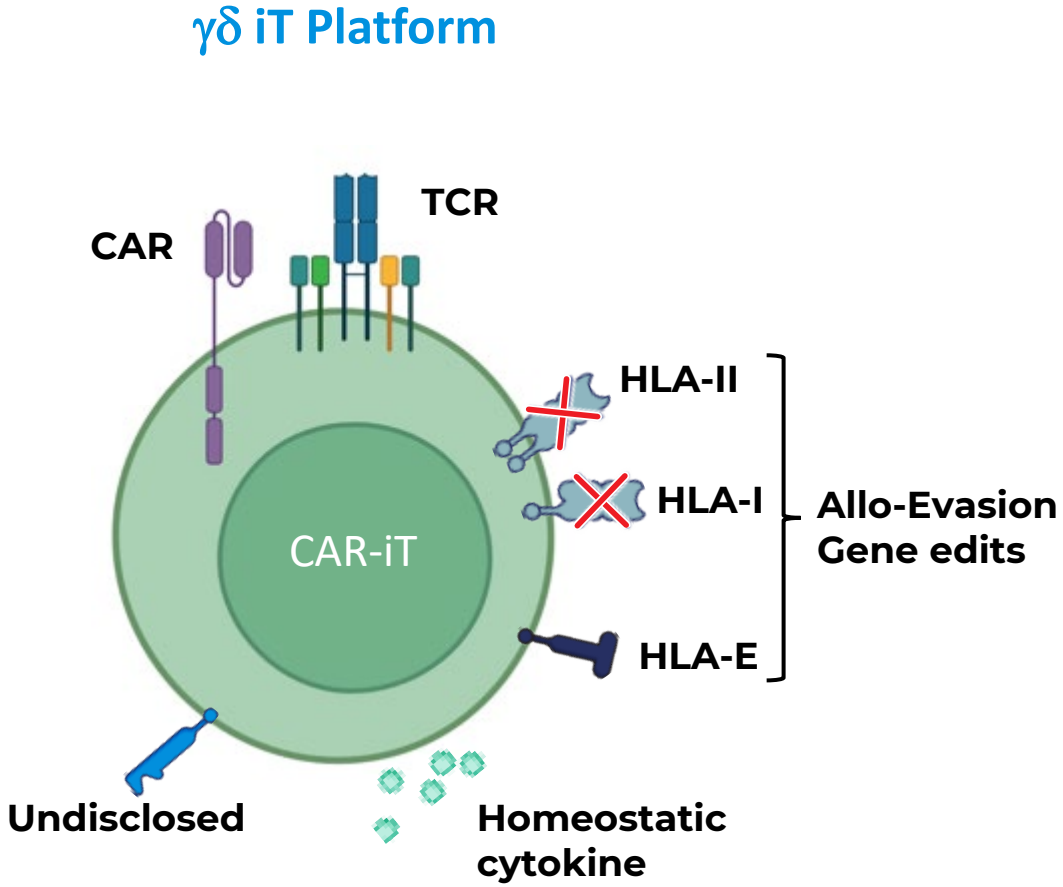
CENTURY'S iPSC-DERIVED CAR-T PLATFORM (CAR-iT)

- **Preclinical data supports decision to prioritize γδ iT platform for first CAR-iT products**
- **γδ iT cells have potential for enhanced expansion and trafficking to non-hematopoietic compartments**
  - Preferred choice for solid tumor pipeline
- **CNTY-102 will be Century's first γδ iT product**
  - Potential to combine with CNTY-101 to address unmet need in all types of B-cell malignancies



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PIPELINE

Product candidate pipeline across cell platforms and targets in solid and hematologic cancers

Product	iPSC Platform	Targets	Indications	Ownership	Expected IND Submission	Discovery	Preclinical	Phase 1	Phase 2	Phase 3
CNTY-101	iNK	CD19	B-Cell Malignancies	CENTURY THERAPEUTICS	Mid 2022					
CNTY-103	iNK	CD133 + EGFR	Glioblastoma	CENTURY THERAPEUTICS	2023					
CNTY-102	iT	CD19 + CD79b	B-Cell Malignancies	CENTURY THERAPEUTICS	2024					
CNTY-104	iNK	Multi-specific	Acute Myeloid Leukemia	CENTURY THERAPEUTICS	2024					

Solid Tumors Hematologic Tumors

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ANTICIPATED 2022 R&D CATALYSTS

Pipeline

- CNTY-101: IND filing and Phase 1 start
- CNTY-103: Initiation of IND enabling activities
- Future pipeline candidates

Platform

- Disclosing multiple updates at medical and scientific congresses throughout 2022

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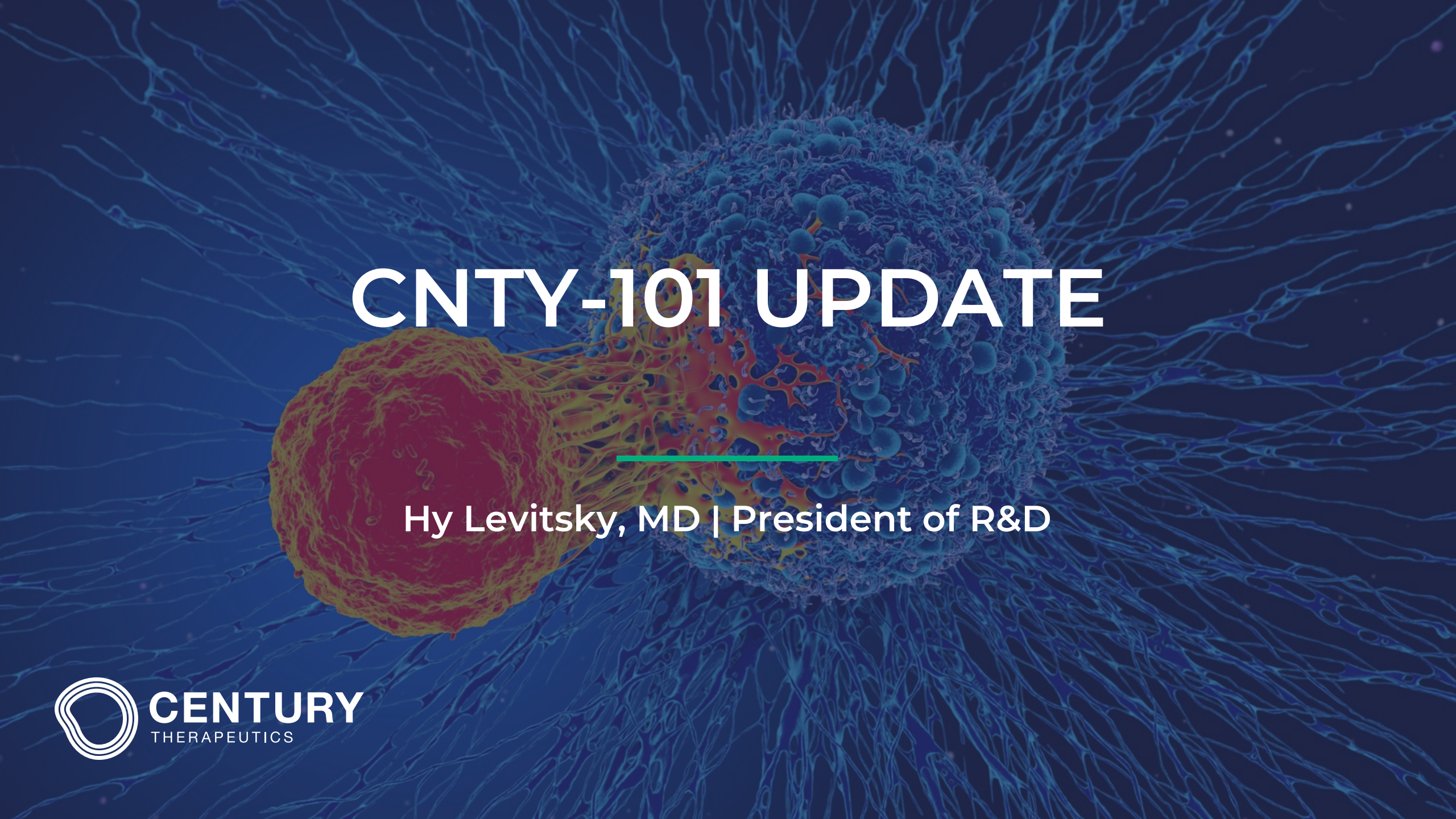

CNTY-101 UPDATE

Hy Levitsky, MD | President of R&D

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Distinct Biology of NK cells vs T cells
Influence on Platform Development

NK *vs* T CELL BIOLOGY	
Proliferative capacity	T cell >> NK cell
Persistence/memory	T cell >> NK cell
Pharmacokinetics	Cmax and AUC after single dose: T cells > NK cells
Trafficking	NK cell: lympho-hematopoietic compartment T cell: all tissues
Toxicity Risks • GVHD • CRS/neurotoxicity • On target toxicity	 • GVHD: T cell > NK cell (can be mitigated by editing) • CRS/neurotoxicity: T cell > NK cell • On target/off tumor toxicity: T cell > NK cell (persistence)

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NK CELL-BASED THERAPIES SHOW PROMISING EARLY SIGNALS OF SAFETY AND EFFICACY IN R/R NHL

	iC9/CAR.19/IL15 -Transduced CB-NK	GDA-201	FT516	FT596	
Regimen	-	+ IL-2 + rituximab	+ anti-CD20 mAb + IL-2	Monotherapy	+ anti-CD20 mAb
CR, %	67%	65%	44%*	30%*	56%*
CRS, all G (G≥3)	No CRS	No CRS	No CRS	8% G1	11% G1-2
NE, all G (G≥3)	No ICANS				

*≥ 90M cells

- Even in dose escalation, response rates are clinically meaningful
- Good safety profile
- Durability and impact of re-dosing to be determined

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POTENTIAL ADVANTAGES OF REDOSING

- Experience with autologous CAR-T established the impact of “drug exposure” (PK AUC) on disease response
- Repeat dosing of CAR-iNK cells can extend drug exposure to achieve potentially deeper and more durable remissions
- Infusion of fresh cells may mitigate cell exhaustion that limits single dose strategies
- Off the shelf availability of iPSC derived products enables a cyclical treatment paradigm common with most other forms of cancer therapy

But only if initial dosing does not prime an allo-rejection response!

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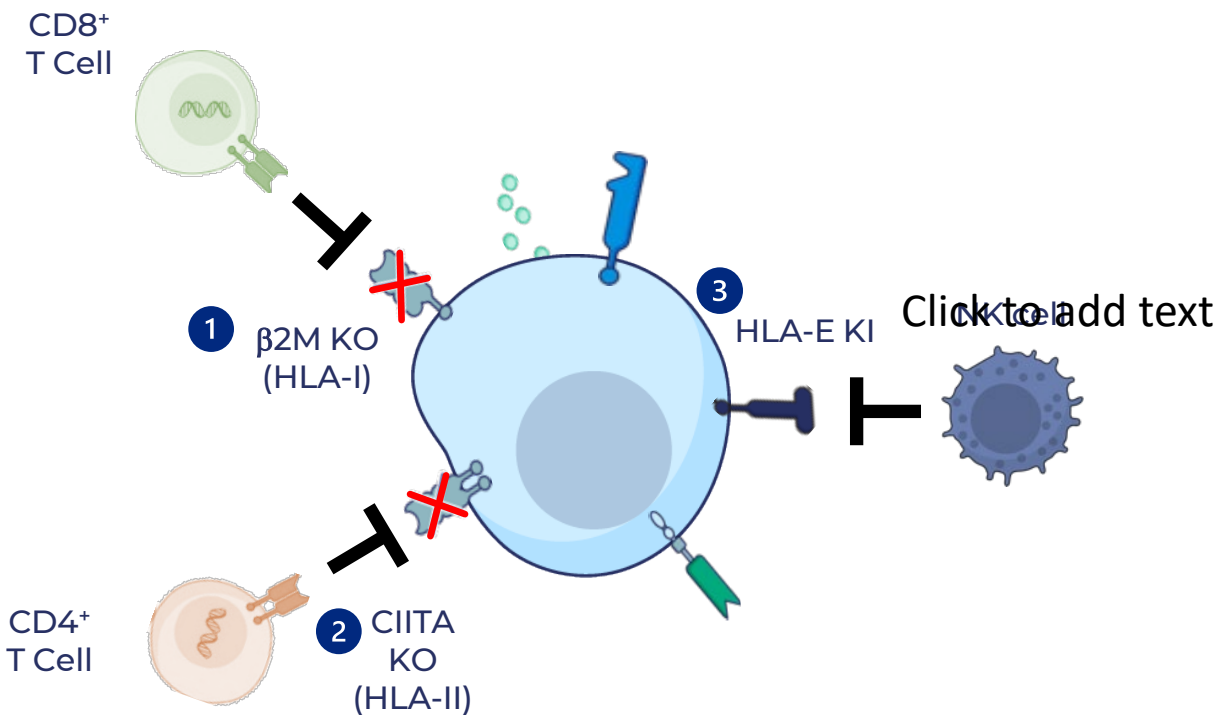
ALLO-EVASION™ 1.0 DESIGNED TO OVERCOME 3 MAJOR PATHWAYS OF HOST VS GRAFT REJECTION



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Core edits

1. Deletion of β2M, a protein required to express HLA-1 on the cell surface prevents recognition by CD8 T cells
2. Knock out of CIITA eliminates HLA-II expression to escape elimination by CD4 T cells
3. Knock-in of HLA-E prevents killing by NK cells

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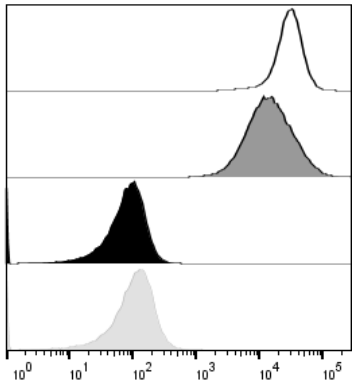
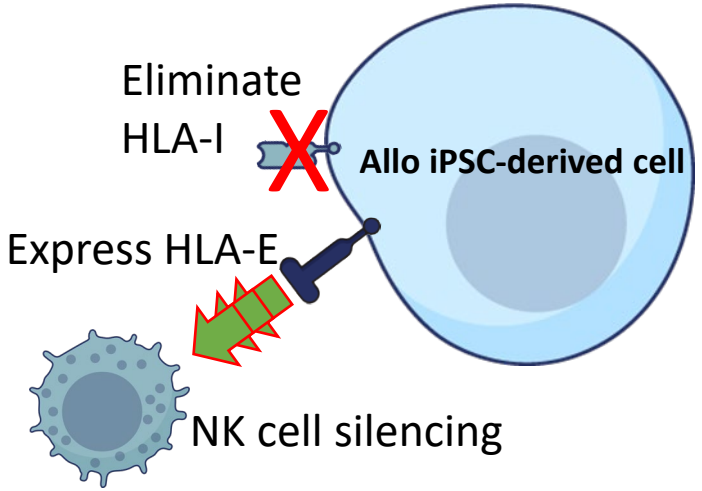
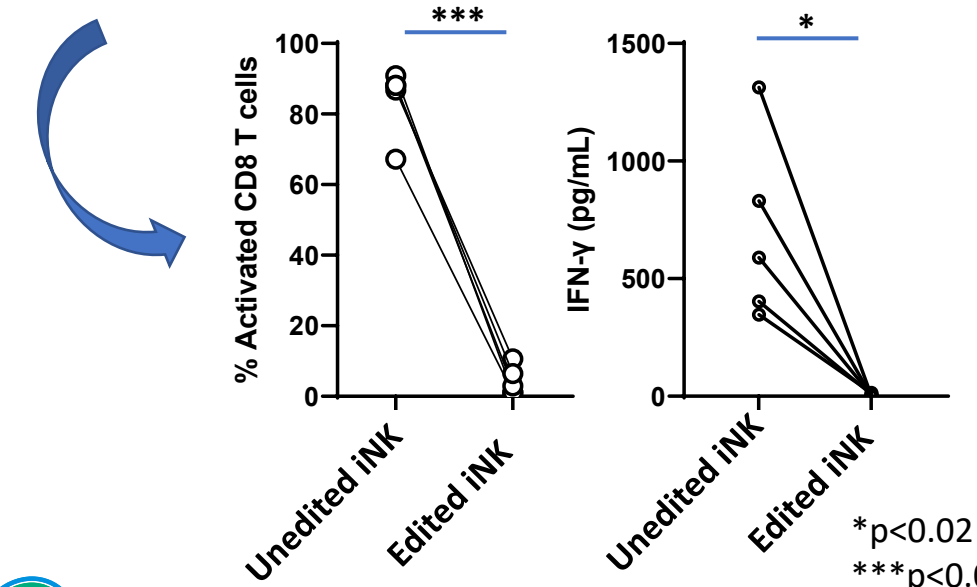
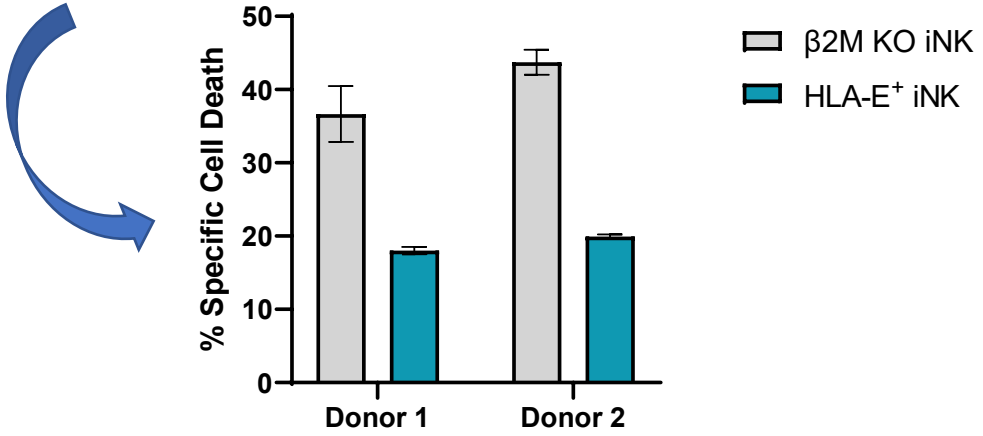
ALLO-EVASION™ 1.0 EDITS RENDER CELLS RESISTANT TO T CELL AND NK CELL KILLING







*p<0.02
***p<0.0001
N=5 healthy donors



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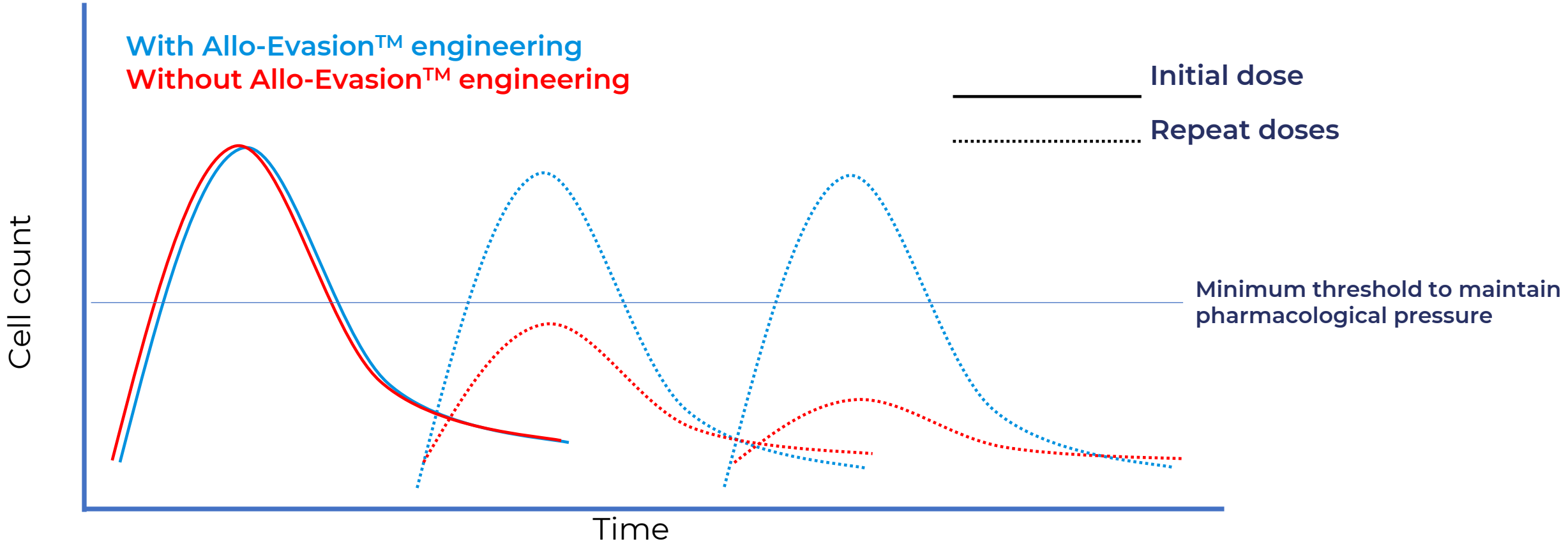
ILLUSTRATIVE POTENTIAL OF ALLO-EVASION™ ON CELLULAR PHARMACOKINETICS AND REPEAT DOSING



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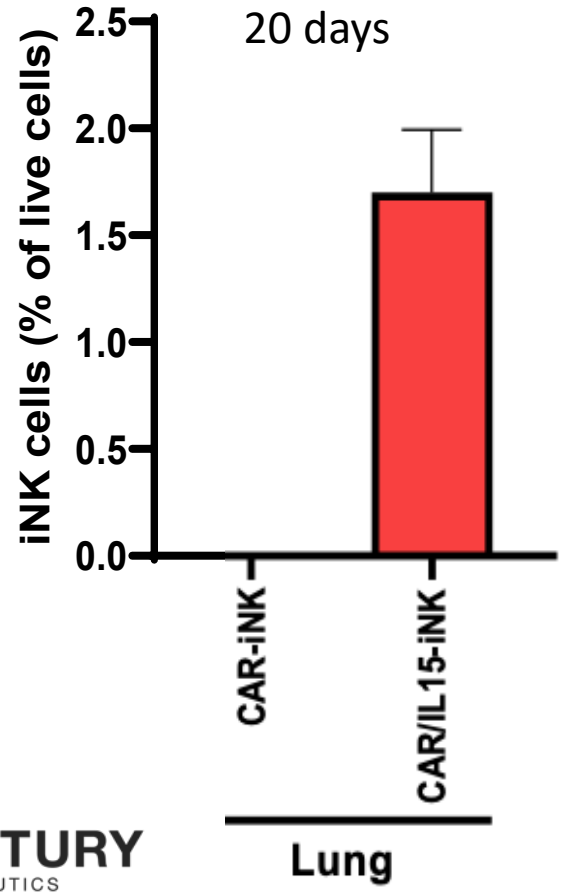
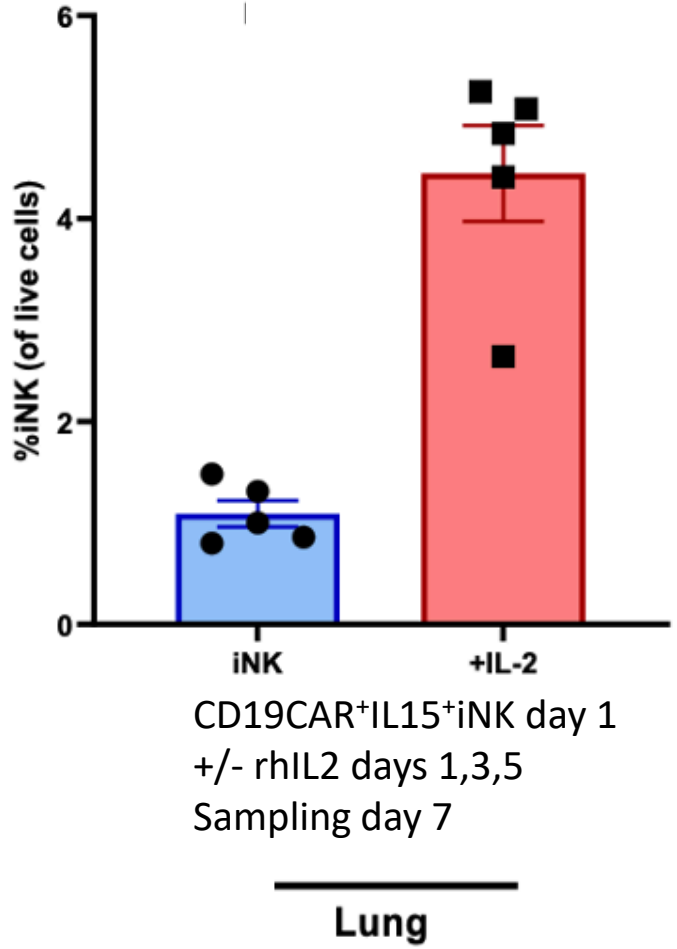
INTRINSIC IL15 AND EXTRINSIC IL2 IMPROVE CAR-iNK PERSISTENCE AND TUMOR CLEARANCE IN TISSUES (LUNG)

+/- Transgenic IL15

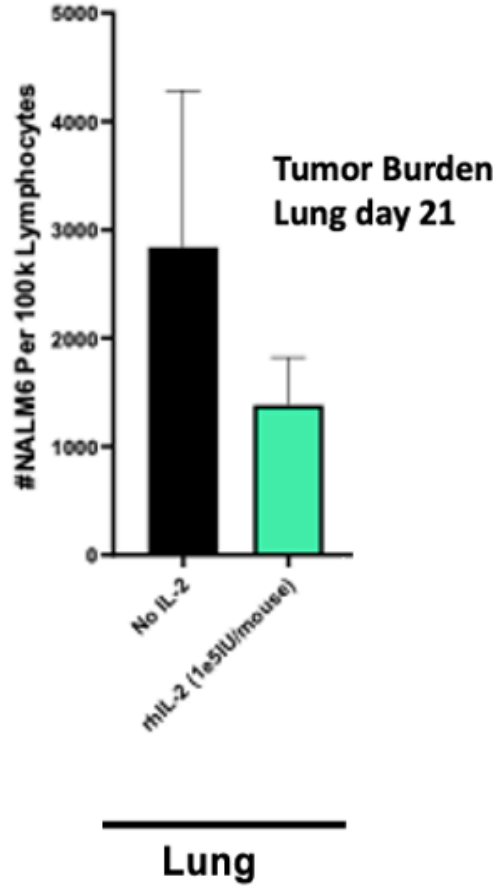


Transgenic IL15
+/- Exogenous IL2



CD19CAR^{+}IL15^{+}iNK day 1
+/- rhIL2 days 1,3,5
Sampling day 7

Transgenic IL15
+/- Exogenous IL2



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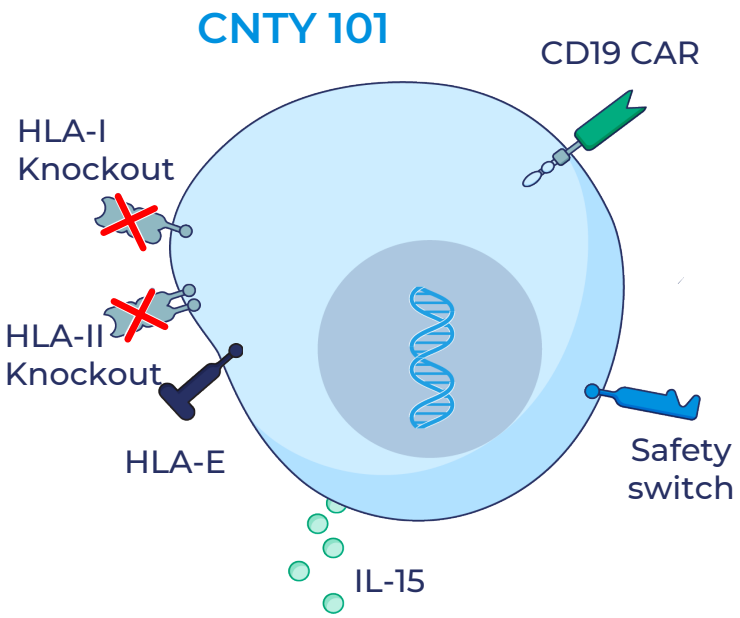
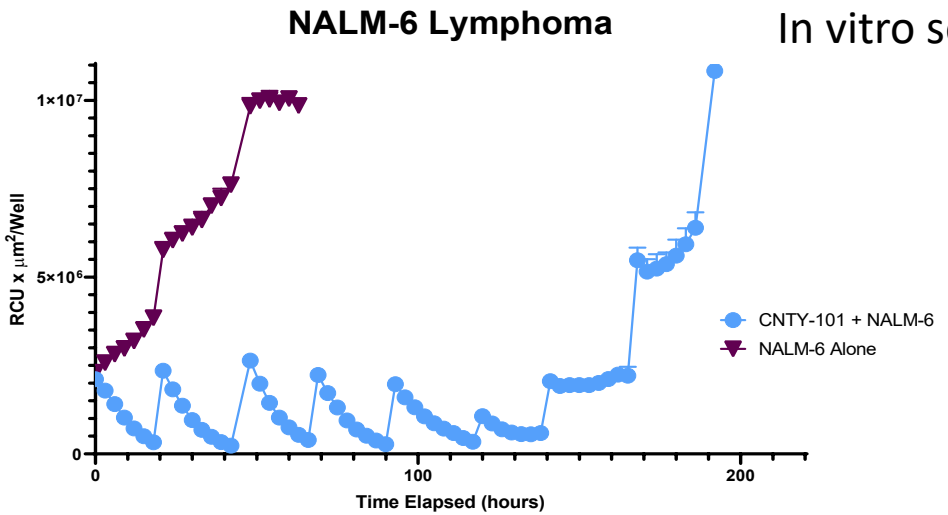
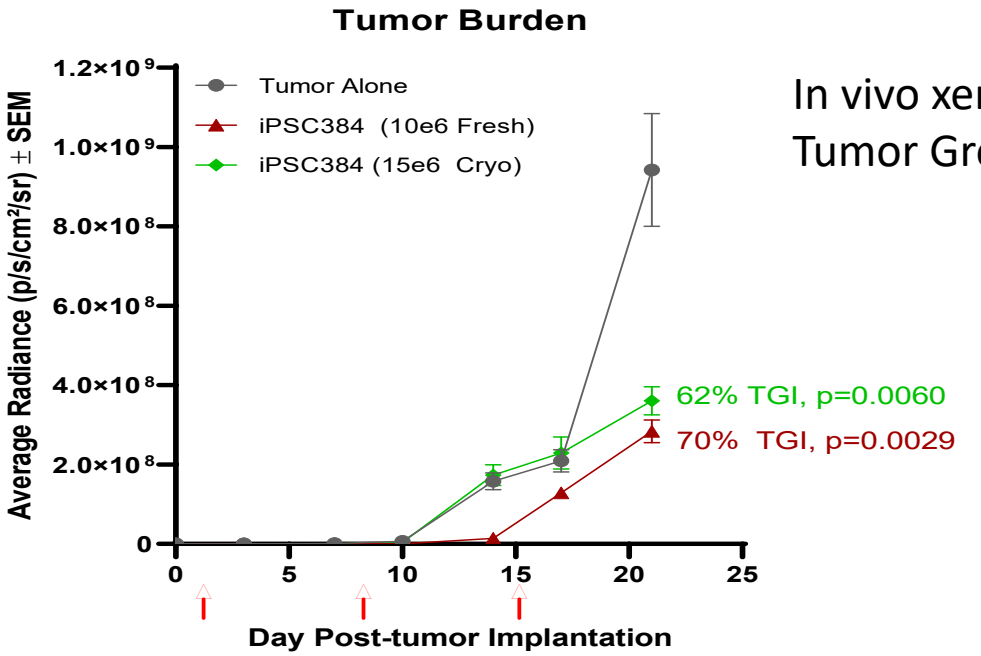
CNTY-101 DEMONSTRATES ROBUST TUMOR KILLING IN VITRO AND IN VIVO



In vitro serial killing



In vivo xenograft
Tumor Growth Inhibition



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SUMMARY

- CNTY 101 is Century's first iPSC-derived NK cell therapy candidate for the treatment of CD19+ B cell malignancies
- Incorporates a comprehensive gene editing strategy to evade $CD4^+$ and $CD8^+$ T cell and NK cell mediated allo-rejection and have potentially favorable pharmacokinetics
- Product candidate designed to enable repeat dosing, potentially achieving greater drug exposure and deeper and more durable clinical responses
- IND filing on track for mid 2022

Treatment Landscape of Non-Hodgkin's Lymphomas:

It seems to be a crowded field…but it depends how you see it and/or approach it…..

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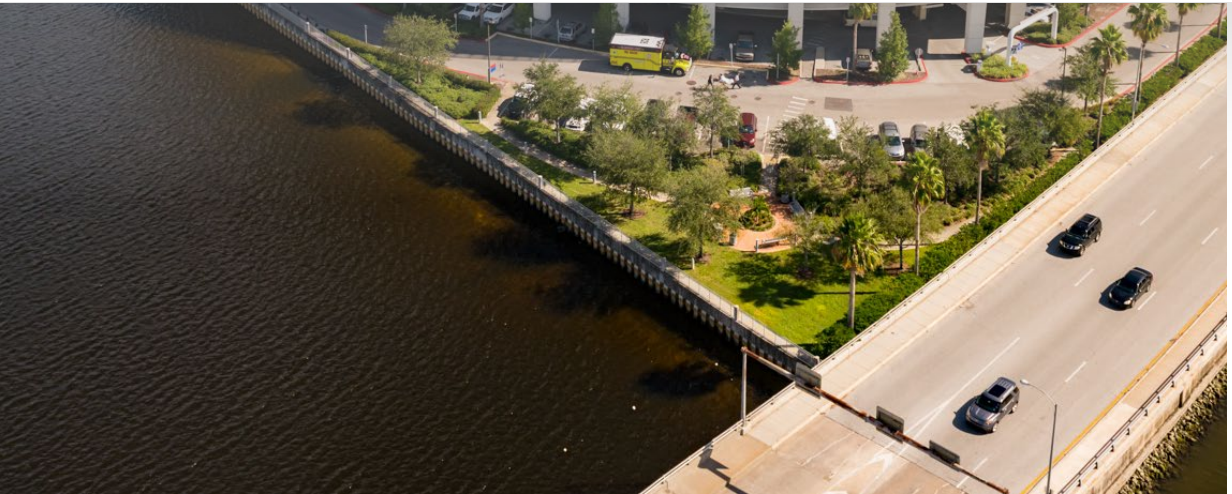
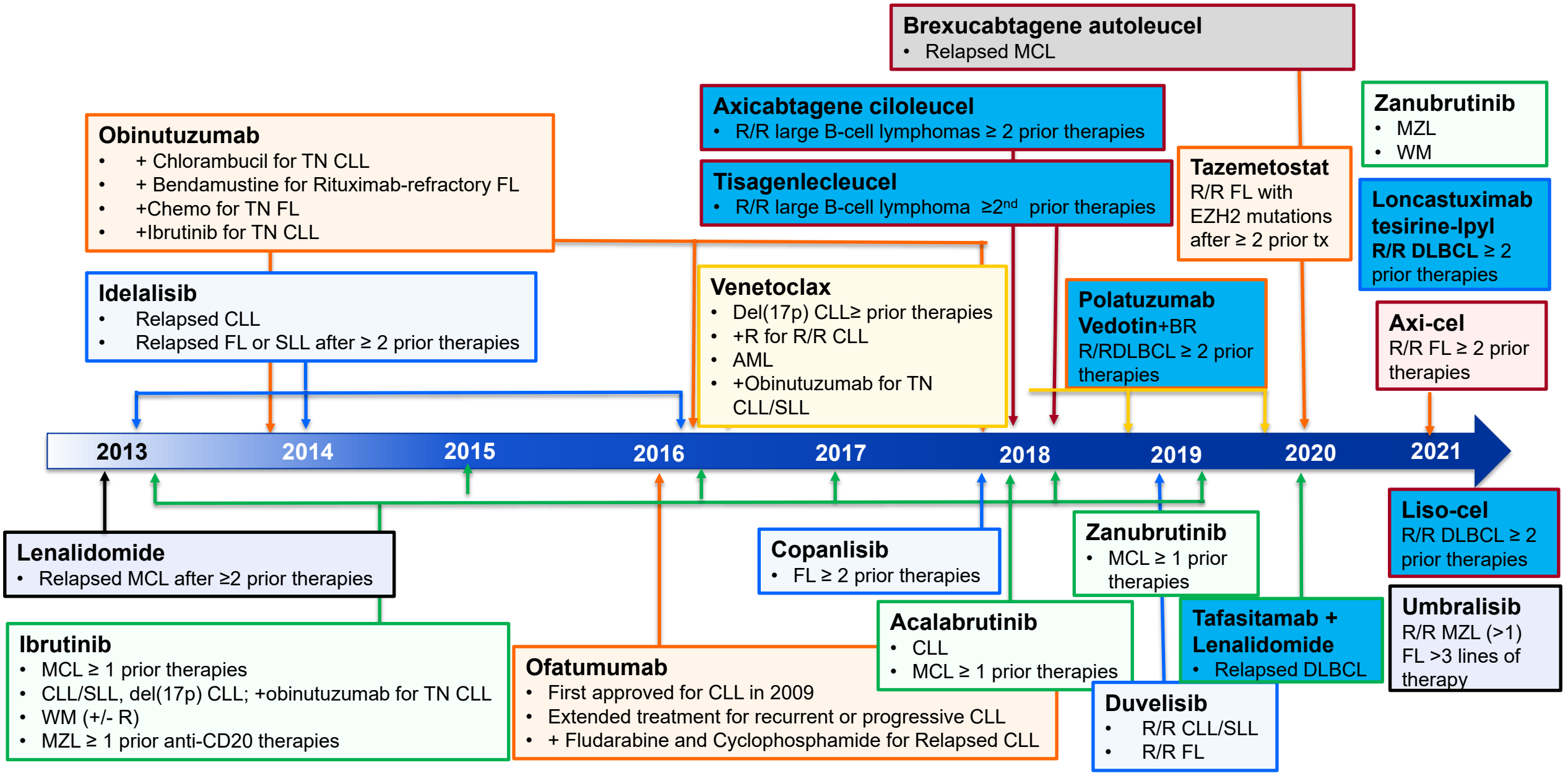
USF HEALTH MORSANI COLLEGE OF MEDICINE UNIVERSITY OF SOUTH FLORIDA



Eduardo M. Sotomayor, MD
Director, TGH Cancer Institute
Professor, Morsani College of Medicine
University of South Florida

Timeline of Newer Agents for B-cell NHL



Targeted Therapy and Immunotherapy of B-cell NHL

Rituximab
Ofatumumab
Obinutuzumab
Polatuzumab vedotin
Loncastuximab tesirine
Tafasitamab (MOR208)
Ublituximab

Copanlisib
Duvelisib
Idelalisib
Umbralisib

Lenalidomide
Pomalidomide

Tazemetostat

Ibrutinib
Acalabrutinib
Zanubrutinib
Pirtobrutinib (Loxo 305)

Venetoclax

Axi-cel / Liso-cel
Tisagenlecleucel
Brexucabtagene autoleucel

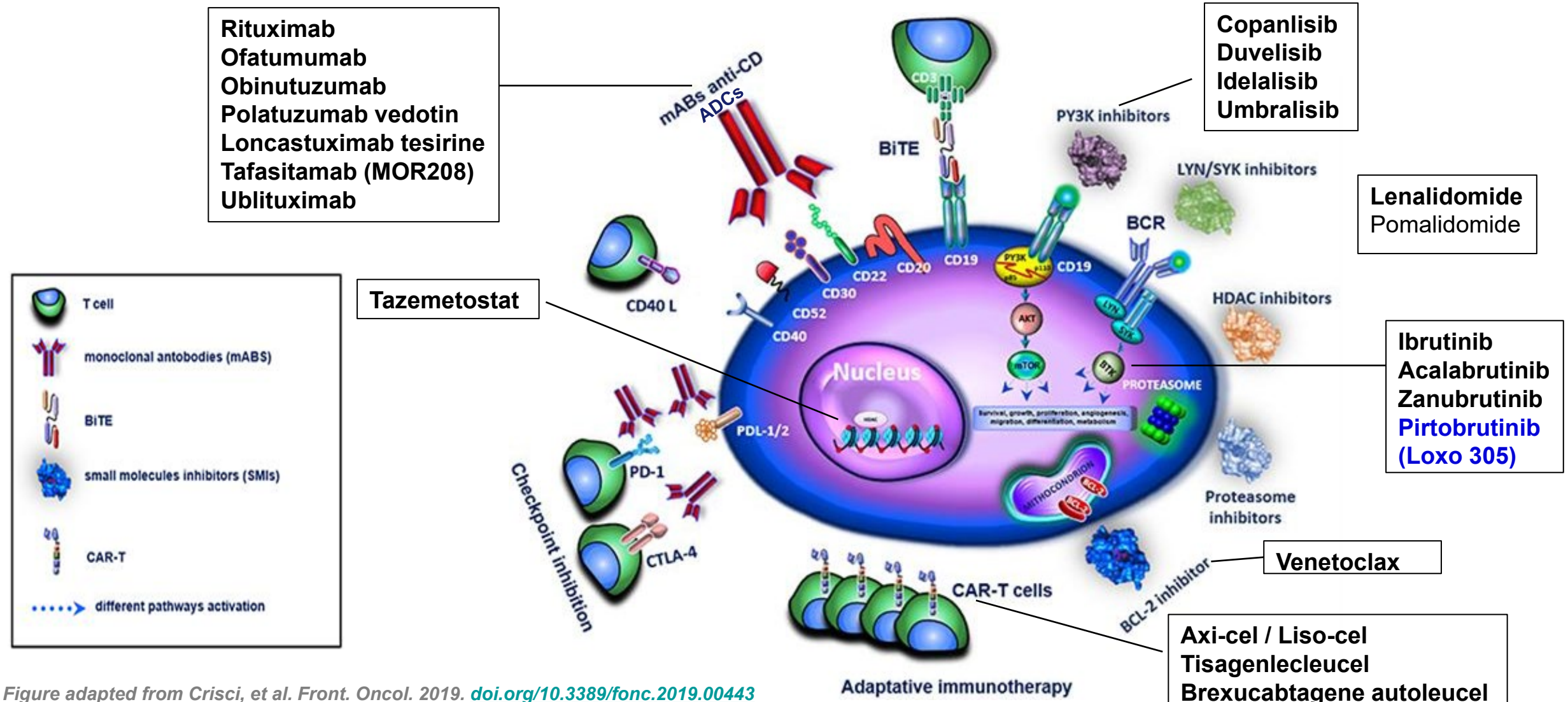


Figure adapted from Crisci, et al. Front. Oncol. 2019. doi.org/10.3389/fonc.2019.00443

Immunotherapy: Targeting CD19 and CD20 (Again…)

- **CD19 is an enticing target for novel approaches:**
  - **Tafasitamab, anti-CD19 antibody (+/- Lenalidomide)**
  - **Loncastuximab Tesirine (Anti-CD19 Antibody-Drug Conjugate)**

- **CD20 is….again an enticing target for bi-specific antibodies:**
  - **Several bi-specific directed T-cell engager (BITE) targeting CD20 and CD3 (CD20 x CD3)….**

- **CD79b targeted ADC**
  - **Does Polatuzumab vedotin change standard of care?**

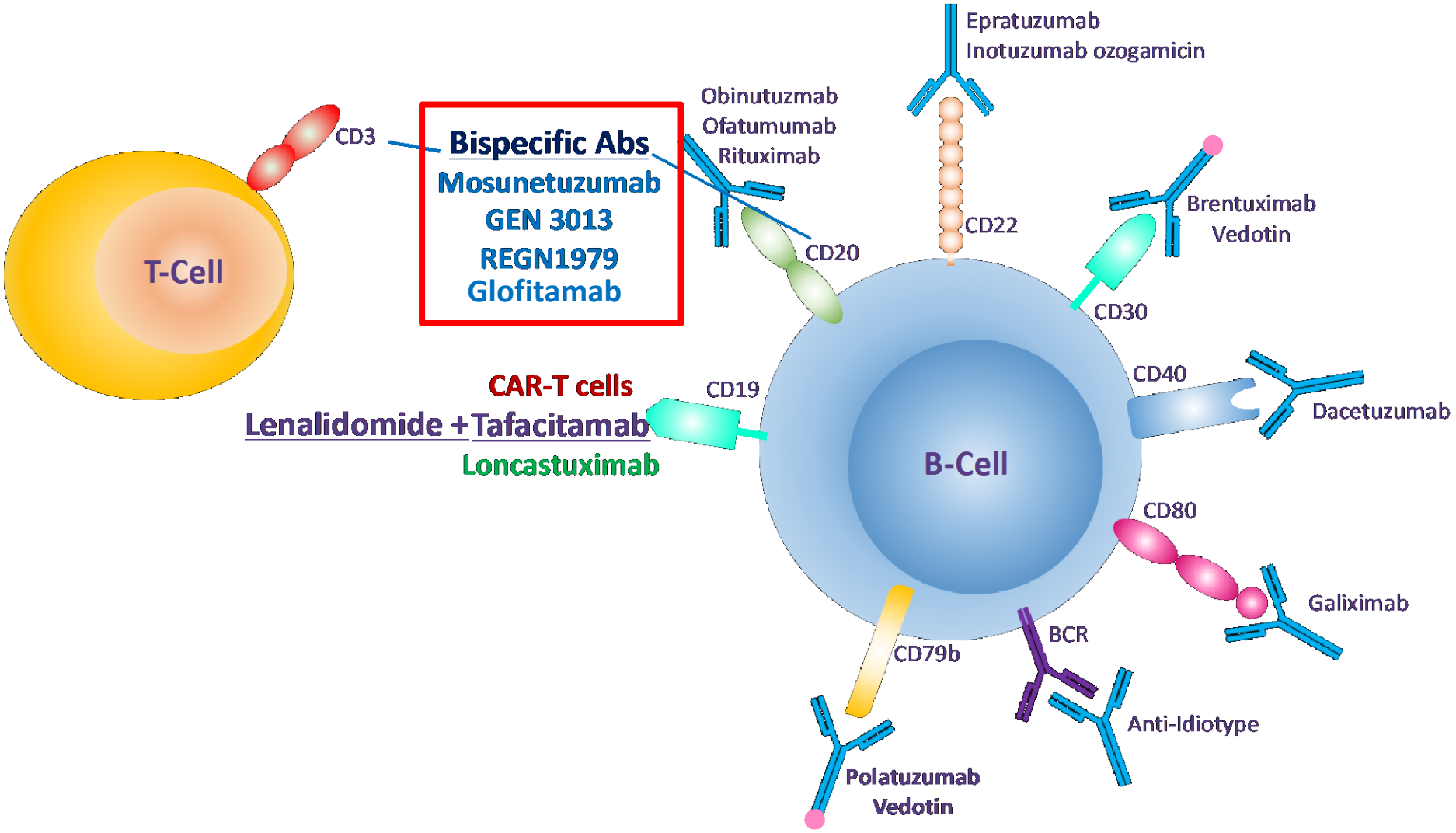
Immunotherapy: Lessons learned from failures… Checkpoint blockade…..perhaps setting is critical

- **Unlike the success in Hodgkin's lymphoma, *clinical trials with checkpoint blockade antibodies in relapsed/refractory B-cell NHL have been disappointing so far*:**
  - Despite malignant B-cells being surrounded by an "army" of T-cells
  - *Role of the immunosuppressive Tumor Microenvironment (TME).* TME is prognostic and potentially predictive of outcomes in DLBCL[1]

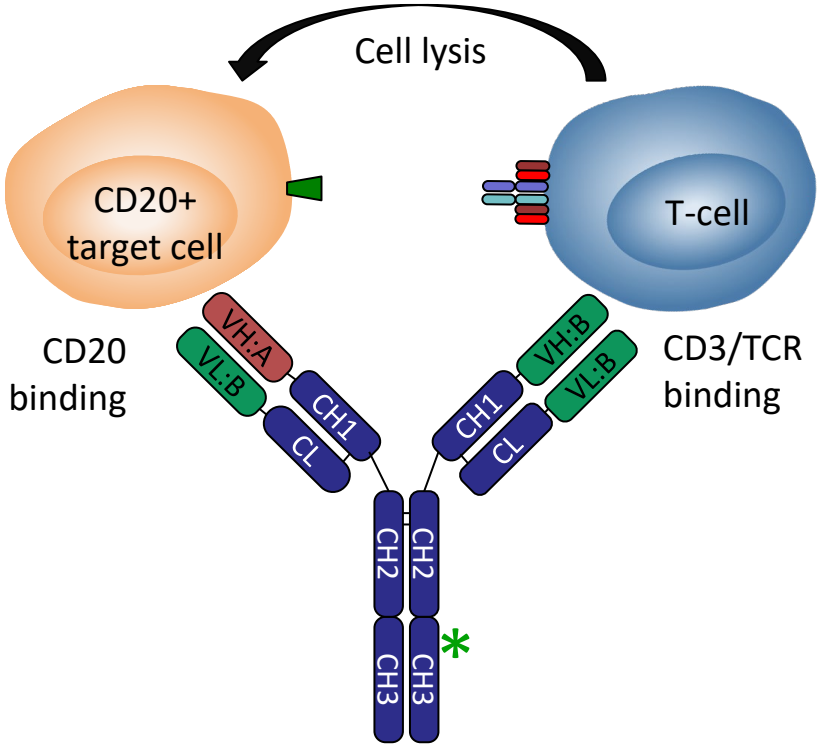
- **Perhaps frontline (different setting) checkpoint inhibition, given when host immunity is relatively intact, might improve outcomes in DLBCL**
  - Indeed, it has been shown in the neoadjuvant setting for several solid malignancies…including responses in subtypes not known to be sensitive to checkpoint blockade

- **Anti-PDL1 (Avelumab) + Rituximab x 2 cycles in DLBCL (Hawkes, E. et al 2020)**
  - **ORR of 60% with a CR of 21%** suggest potential synergy and **superior efficacy of PDL1 inhibition in the frontline setting as compared to prior studies in the R/R setting** . Patients then went to receive standard R-CHOP with achievement of a CR of 89%

ASH 2021…..the saga continues: Bispecific Antibodies



"Game changer": Bispecific antibodies
Human anti-CD20 x anti-CD3 Monoclonal Bispecific Antibody



ASH 2021
R/R Follicular lymphoma

Mosunetuzumab:	ORR:80%, CR: 60%
Mosunetuzumab + Lena:	ORR:89.7% CMR: 65.5%
Glofitamab:	ORR: 81% CMR: 70%
Glofitamab+Obinutuzumab:	ORR:100%,CMR: 74%

ASH 2021
R/R Mantle Cell Lymphoma

Glofitamab:	ORR: 81% CMR: 67%

Cross-linking results in targeted activation of local T-cells and T-cell-mediated killing of CD20+ B-cells (independently of TCR-mediated recognition)

Bi-Specific Antibodies: Safety

Antibody	CD20/CD3			
	Glofitamab	Mosunetuzumab	Odronextamab	Epcoritamab
N	64 (> 600 ug)	131	136	58
CRS any CRS ≥3	63.5% 3.8%	28.9% 1.1%	61% 7.3%	59% 0
NT any NT ≥3	43.3% NR	49% 1.1%	NR 3.6%%	6.9% 3.4%

CRS, cytokine release syndrome; NT, neurotoxicity

Immunotherapy: Targeting CD19 in B-cell lymphomas Successes, Failures and Opportunities

- **Autologous CD19 CAR T-cells have shown significant efficacy in patients with relapsed/refractory CD19 positive DLBCL and other B-cell lymphomas.**
  - **Three platforms are FDA-approved (Axi-cel, Tisa-cel and Liso-cel) for DLBCL**
  - **One platform approved for MCL (Brexucabtagene autoleucel)**
  - **One platform approved for follicular lymphomas (Axi-cel)**
  - **Cost, manufacture time, toxicity, progression while waiting for engineered T cells. Mechanisms of resistance**
  - **It is estimated that 30-40 percent of patients with large B-cell lymphoma might be cured with CD19 CAR T-cells….**
  - **Remaining 60 percent: Unmet need**

- **Moving CD19 CAR T cells into the first relapse setting:**
  - **Is it better than autologous stem cell transplant for patients with DLBCL that relapsed within 12 months of frontline chemoimmunotherapy?**
  - **ASH 2021: ZUMA-7, TRANSFORM and BELINDA Trials**

ASH 2021: Will CD19 CAR T-cell Replace Autologous transplant for DLBCL?

ZUMA-7
ASH 2021: Axi-cel

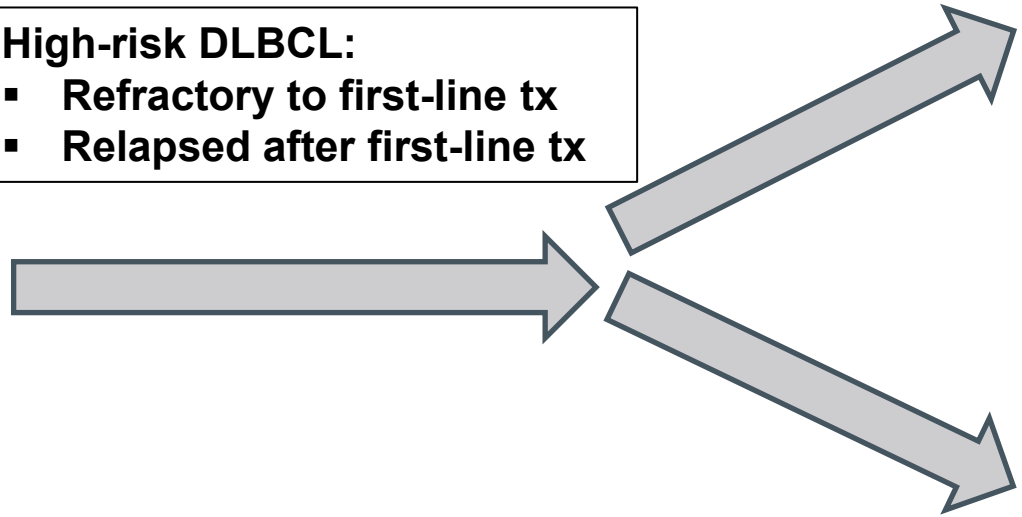
TRANSFORM
ASH 2021: Liso-cel

Positive: CAR T-cells better than ASCT

BELINDA
Tisagenlecleucel

No differences

High-risk DLBCL:
- Refractory to first-line tx
- Relapsed after first-line tx

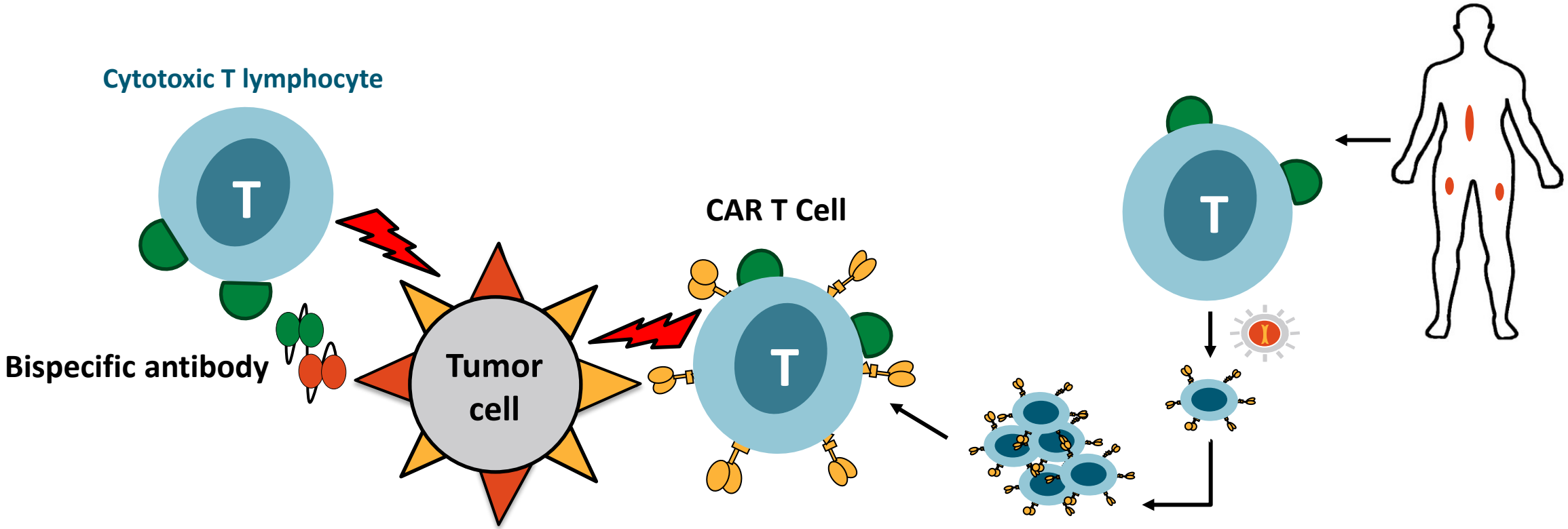


CAR T-cell therapy

Salvage therapy/ auto-transplant

NCT03391466. NCT03570892. NCT03575351.

Bispecific Antibodies vs. Autologous CAR T-Cells



Characteristic	Bispecific Antibodies	CAR T-Cell Therapy
Preparation	"Off the shelf"	In vitro manufacturing (3-4 wks)
Dosing	Repetitive	Single (following lymphodepleting CT)
CRS incidence	Less	Greater

Targeted Therapy: Many successes…but also limitations

- Novel targeted agents either alone or in combination are improving clinical outcomes of patients with B-cell lymphomas, mainly in the ***relapsed/refractory*** setting

- Some of them have been (or are being) evaluated as ***frontline therapy*** *alone or in combination* in some B-cell malignancies (CLL/SLL; MCL)

- Overall, improvement in PFS, minimal impact in OS

- Many patients either do not respond to targeted agents ***(innate resistance)*** or, after an initial response they progress **(*acquired resistance*).**

- **Room for additional targeted therapies…….**

Unmet needs + Good Science = Opportunities in a "crowded" Therapeutic Landscape

I. **Good Science**:
- Beyond T-cell immunotherapies… Harnessing Innate Immunity
  - Genetically engineered NK cells
    - Genetically engineered Macrophages

II. **Unmet Needs in Non-Hodgkin's lymphomas**
- *Difficult to treat lymphomas:*
  - Double/triple hit large B cell lymphomas
  - POD24 low grade lymphomas
  - MCL with p53 abnormalities
  - Transformed lymphomas
  - Primary CNS lymphomas
  - Viral-associated lymphomas

Unmet needs + Good Science = Opportunities in a "crowded" Therapeutic Landscape

II. Emerging Needs in Non-Hodgkin's lymphomas

- *Innate or acquired resistance to novel agents*
  - BTK resistance (MCL, CLL, WM, MZL)
  - CD19 CAR T-cells (DLBCL, MCL, FL)…. **CLL**
  - Double refractory (FL, MCL)

III. "Wide open" lymphomas for…..novel therapies

- T-cell/NK malignancies
- Viral-associated lymphomas
- CNS lymphomas

ASH 2021:"Off the Shelf" Engineered Cellular Products: Allogeneic Therapies

Advantages

- Eliminates the manufacturing time and allows true point of care administration
- Expand access to therapy (ie, leukopenic patients)
- Improve safety through genetic manipulation
- Can scale to much larger numbers with broader impact for those in need (not achievable with the generation of an autologous product for each patient)

Requirements

- Should not induce GvHD
- Should not result in immune rejection of cellular product
- Immediately available
- Precise genetic engineering

Modified from Crooks, G.M. ASH 2020

ASH 2021: Sources of Allogeneic Cells

Healthy Donor

- Peripheral Blood (T-cells)
- Umbilical Cord (NK cells)
- Mature cells
- Multiple products per donation (up to 100 products)
- Non-self renewing
- Heterogenous starting product makes consistency challenging

Pluripotent stem cells

- iPSC (inducible pluripotent stem cells)
- T-iPSC (T)
- Self-renewing. Expanded indefinitely Homogenous product available in large batches
- Complex editing is possible
- Complex differentiation process is a challenge

Modified from Crooks, G.M. ASH 2020

Conclusions

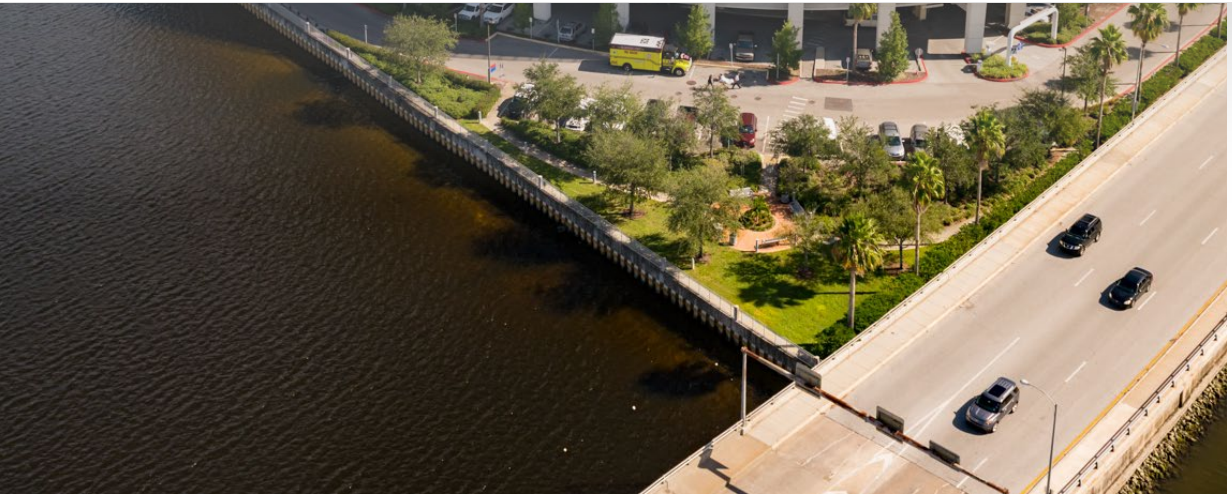
- Despite the progress that has been made in the treatment of NHL, there are still several unmet needs
  - Emerging needs as a result of changing treatment landscape
    - ie resistance to targeted/immune based therapies

- Strategies to harness innate immunity represent a compelling opportunity to address these gaps
  - Potential for off-the-shelf engineered cell therapies

Tampa General Hospital | CANCER INSTITUTE

USF HEALTH MORSANI COLLEGE OF MEDICINE UNIVERSITY OF SOUTH FLORIDA

THANK YOU !



esotomayor@tgh.org

CNTY-101 PHASE I TRIAL DESIGN

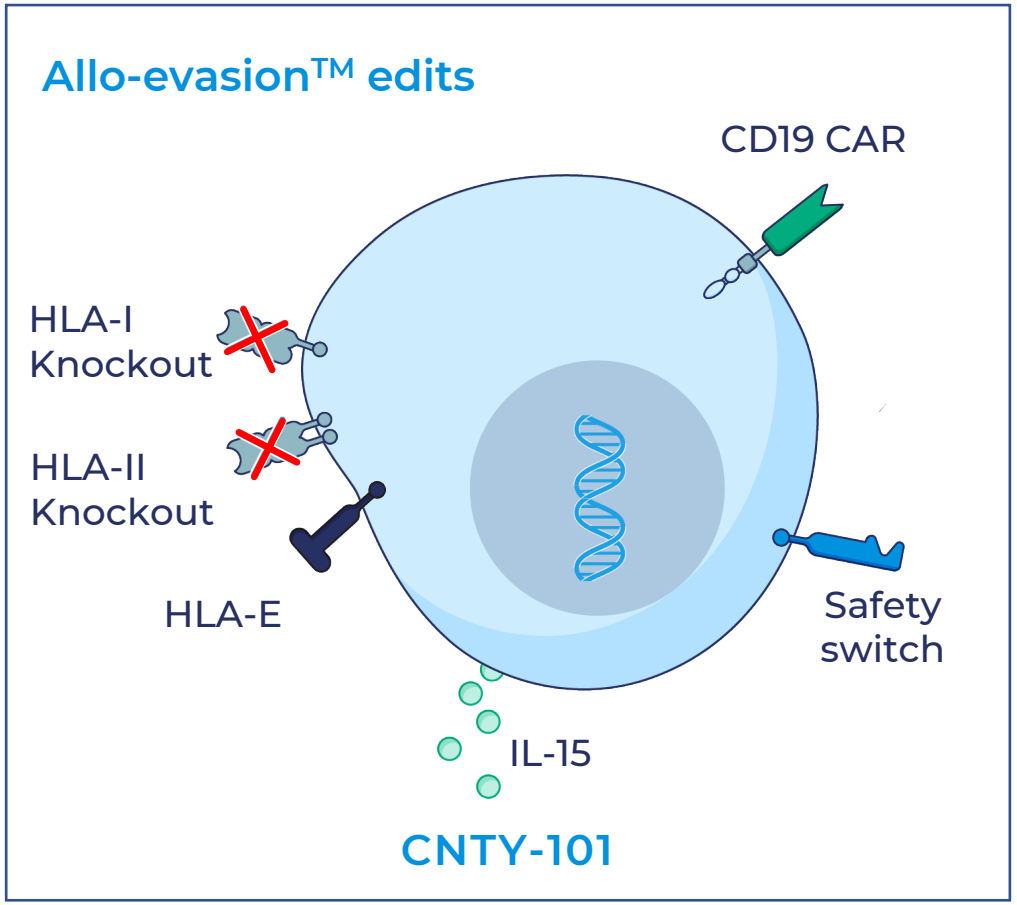
Nick Trede, MD, PhD | VP Early Clinical Development

CENTURY THERAPEUTICS

CNTY-101: AN ALLOGENEIC, iPSC-DERIVED CAR-iNK PRODUCT CANDIDATE TARGETING CD19 FOR R/R B-CELL MALIGNANCIES

CNTY-101 has the potential to change the lymphoma patient treatment paradigm

- Potentially **treat patients immediately** upon diagnosis
- Based on Allo-evasion and anticipated ability to give **additional cycles of treatment**, potential to enhance depth and durability of response
- Potential to **avoid lymphodepletion** with additional treatment cycles due to reduced alloreactivity, and engineered IL-15 to potentially improve the safety profile
- Availability of CNTY-101 off-the-shelf potentially enables outpatient use at any clinical site, improving **patient access**



CENTURY THERAPEUTICS

THE ELIPSE-1 STUDY: A PHASE 1, MULTICENTER, OPEN-LABEL STUDY OF CNTY-101 IN SUBJECTS WITH RELAPSED OR REFRACTORY CD19 POSITIVE B CELL MALIGNANCIES - KEY SELECTION CRITERIA

INCLUSION CRITERIA

- Aggressive NHL: DLBCL, HGBL, PMBCL MCL, tFL, FL3B
- Indolent NHL: FL, MZL
- At least 2 prior lines of therapy, including anthracycline (or alkylator for iFL) and anti-CD20 antibody
    - **Patients who have already undergone or are unable to undergo CAR T therapy are eligible**
- ECOG score of 0 or 1
- Adequate organ function
- Willing to undergo required biopsies

EXCLUSION CRITERIA (cannot meet any)

- CNS-only disease
- Prior allo stem cell transplant
- Recent other malignancies
- Ongoing infections
- Cardiac insufficiency
- CNS pathology
- COVID infection (by PCR test) within 10 days (mild/asymptomatic) or 20 days (severe/critical). Symptoms must have resolved.
- COVID vaccine within 14 days

For outpatient treatment (preferred) patients have to stay within 60 minutes of the site (hotel accommodation will be provided)

CENTURY THERAPEUTICS

The design of the EliPSE-1 clinical trial is subject to FDA review and approval and may be changed prior to the commencement of the trial.

ELiPSE-1 OBJECTIVES

Primary
Maximum-tolerated dose (MTD) or maximum administered dose regimen of CNTY-101 (dose and schedule of CNTY-101 with IL-2)
Recommended phase 2 regimen (RP2R) of CNTY-101 + IL-2
Secondary
Antitumor activity
PK profile
Safety and tolerability at RP2R
Time to dosing
Exploratory
Feasibility of additional treatment cycles
PD parameters; immune responses; biomarkers

CENTURY THERAPEUTICS

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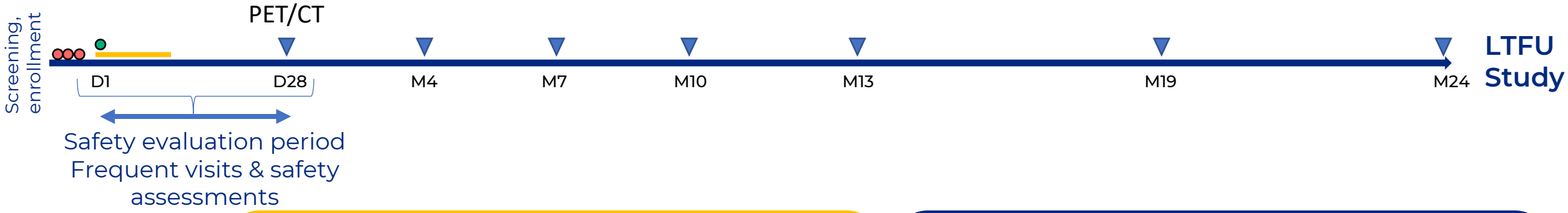
TIMELINE (SINGLE DOSE) AND ASSESSMENTS



Lymphodepletion

CNTY-101 infusion

IL2 infusion daily

Efficacy assessment

SAFETY: CONTINUOUS ASSESSMENT

- **Dose-limiting toxicities**
- Incidence and nature of adverse events (AEs) and SAEs

PK

- Both molecular and flow on blood samples

EFFICACY

- **PET and CT** scans
  - Response assessed using the Lugano criteria

PD/BIOMARKERS

- Immunogenicity of CNTY-101
- Hypogammaglobulinemia
- Assessment of tumor microenvironment, cytokines

CENTURY THERAPEUTICS

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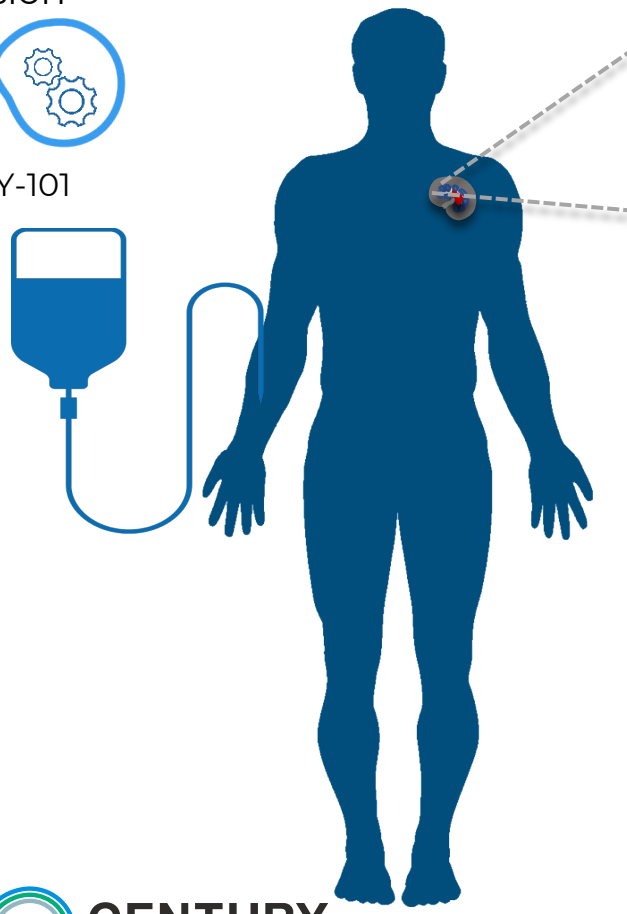
CNTY-101 EXPLORATORY STUDIES WITHIN ELIPSE-1

Lymphodepletion, Century product infusion

CNTY-101



	Mechanism of Action/ Resistance	Safety & Other Efficacy Correlates
Blood	Pharmacokinetics: Expansion & Persistence Phenotype & function	PD biomarkers/ B cell aplasia Cellular Immunogenicity
Serum/ Plasma	IL-15: Homeostatic cytokines, IL-2 % VAF: Minimum residual disease (ctDNA)	Humoral Immunogenicity CRP: Cytokines: CRS, neurotoxicity
Tumor Biopsy	iNK tumor Trafficking Tumor Antigen expression Tumor immune microenvironment Tumor Biology	Tumor burden and other baseline biomarkers

CENTURY THERAPEUTICS

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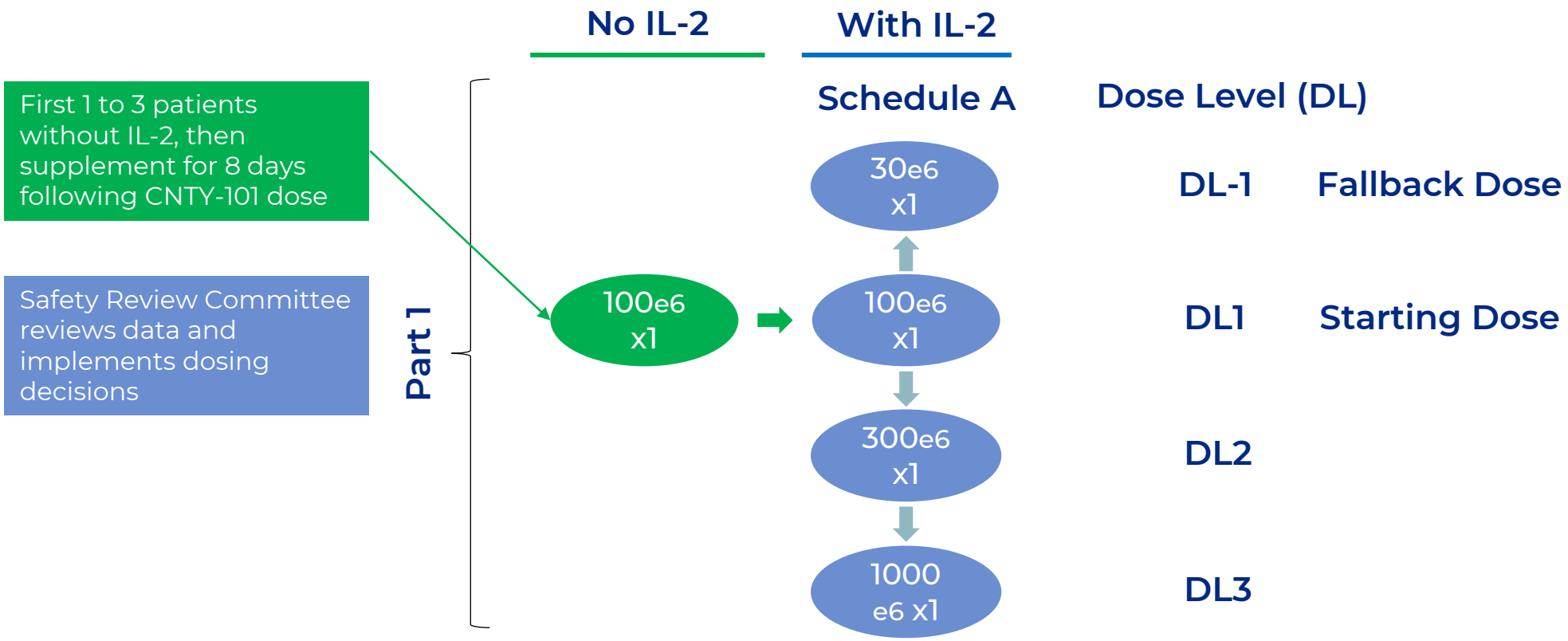
ELiPSE-1 TREATMENT SCHEMA
(1) EVALUATION OF SINGLE DOSE ESCALATION AND IL-2



CENTURY THERAPEUTICS

The design of the EliPSE-1 clinical trial is subject to FDA review and approval and may be changed prior to the commencement of the trial.

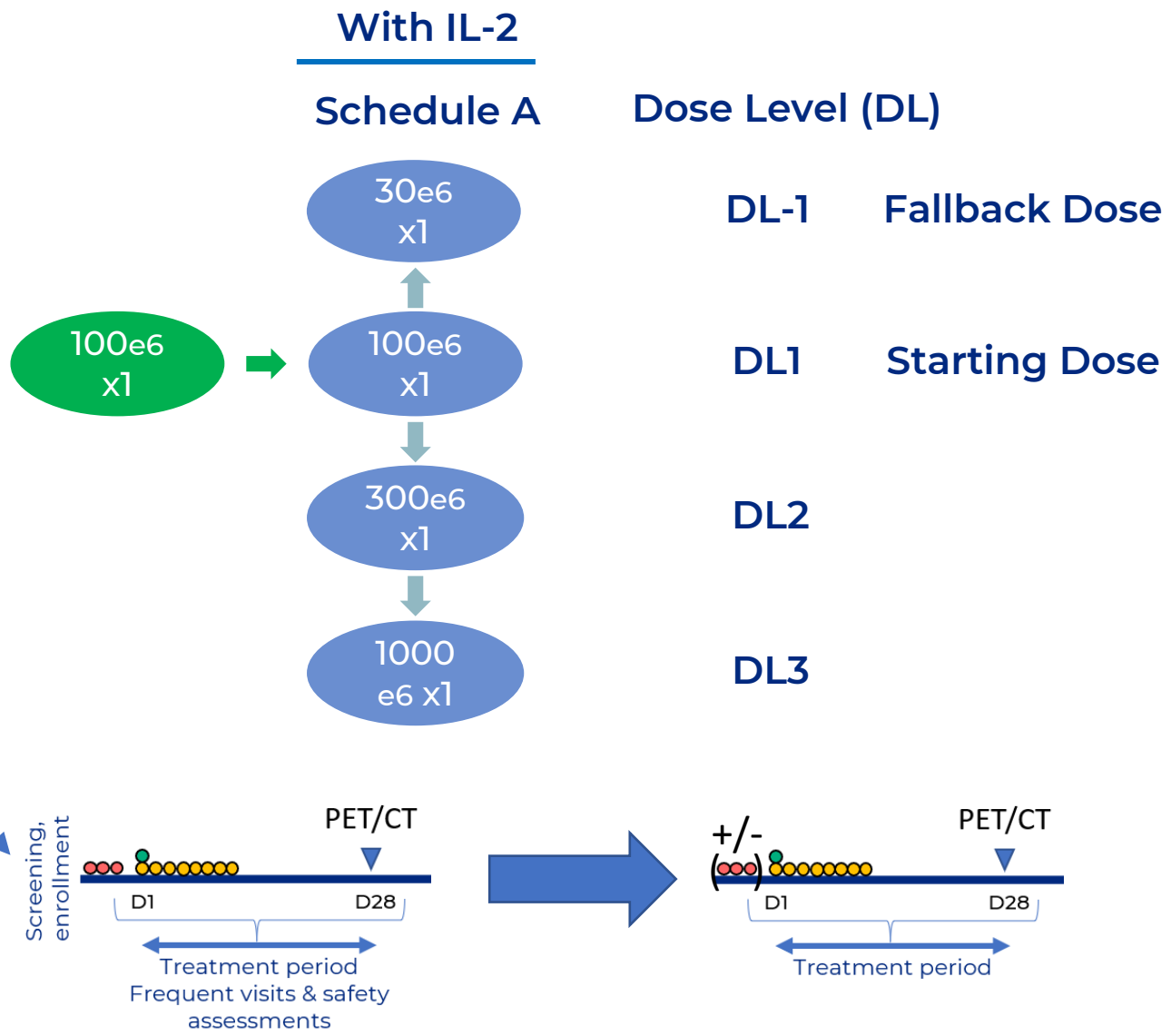
ELiPSE-1 TREATMENT SCHEMA
(2) EVALUATION OF ADDITIONAL CYCLE(S)

First 1 to 3 patients without IL-2, then supplement for 8 days following CNTY-101 dose

Safety Review Committee reviews data and implements dosing decisions

Redosing for patients who demonstrate clinical benefit post-FDA approval

Part 1



CENTURY THERAPEUTICS

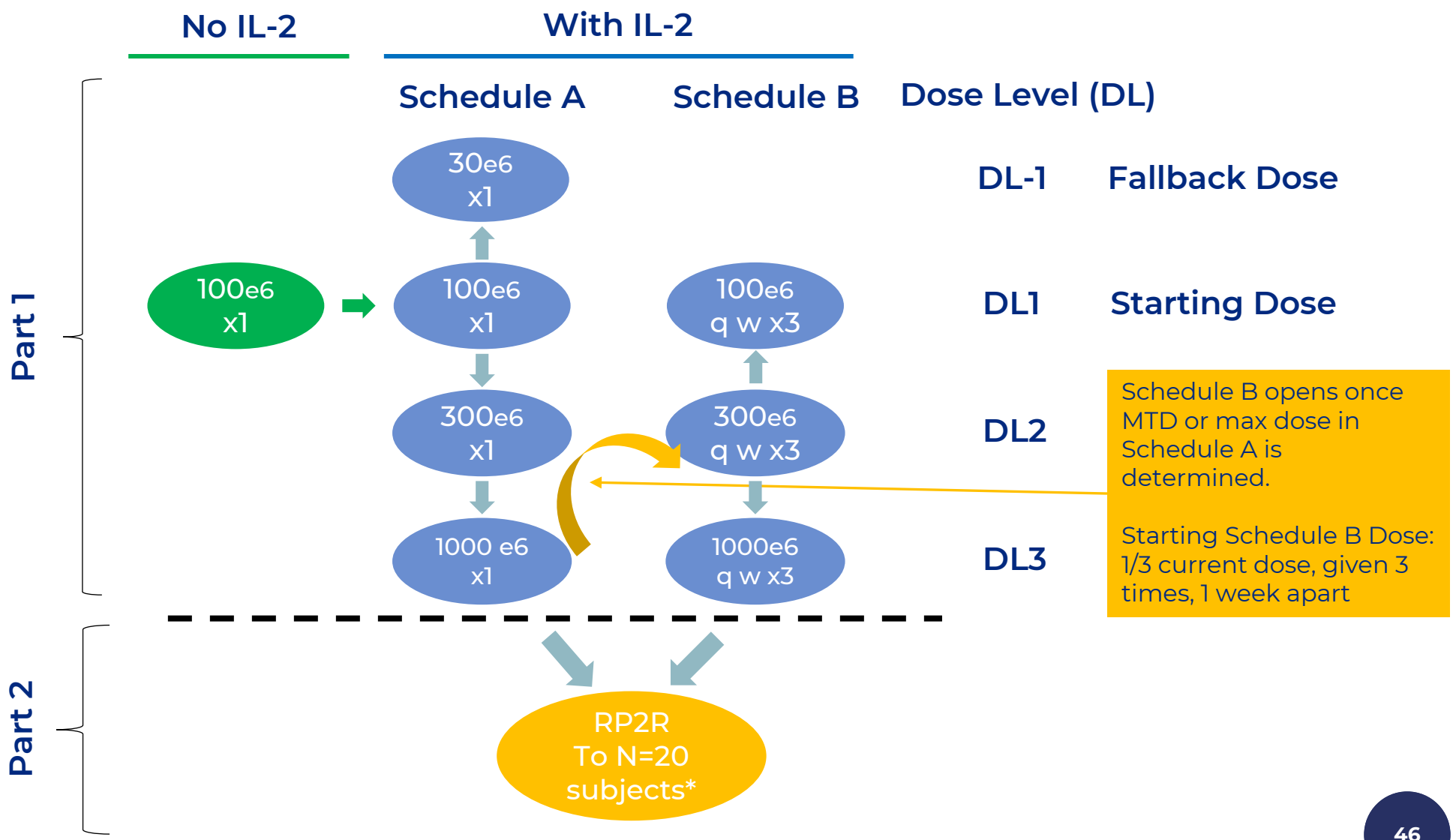
The design of the EliPSE-1 clinical trial is subject to FDA review and approval and may be changed prior to the commencement of the trial.

ELiPSE-1 TREATMENT SCHEMA
(3) EVALUATION OF MULTIPLE DOSING SCHEDULE

First 1 to 3 patients without IL-2, then supplement for 8 days following CNTY-101 dose

Safety Review Committee reviews data and implements dosing decisions

Redosing for patients who demonstrate clinical benefit post-FDA approval



** Including subjects from Part 1*

The design of the EliPSE-1 clinical trial is subject to FDA review and approval and may be changed prior to the commencement of the trial.

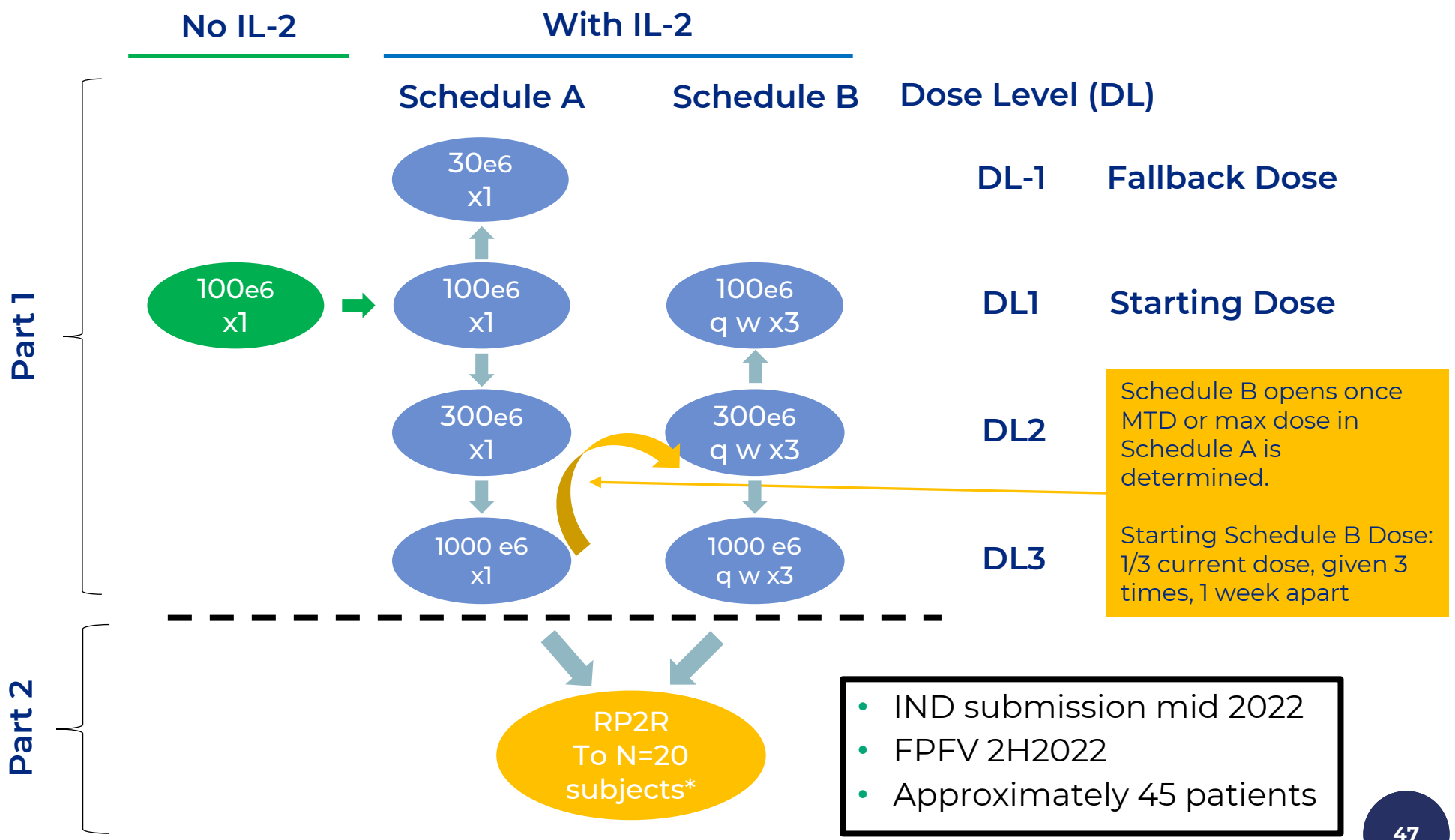
CENTURY THERAPEUTICS

ELiPSE-1 TREATMENT SCHEMA (4) KEY MILESTONES

First 1 to 3 patients without IL-2, then supplement for 8 days following CNTY-101 dose

Safety Review Committee reviews data and implements dosing decisions

Redosing for patients who demonstrate clinical benefit post-FDA approval



- IND submission mid 2022
- FPFV 2H2022
- Approximately 45 patients

** Including subjects from Part 1*

The design of the EliPSE-1 clinical trial is subject to FDA review and approval and may be changed prior to the commencement of the trial.

CENTURY THERAPEUTICS

SUMMARY

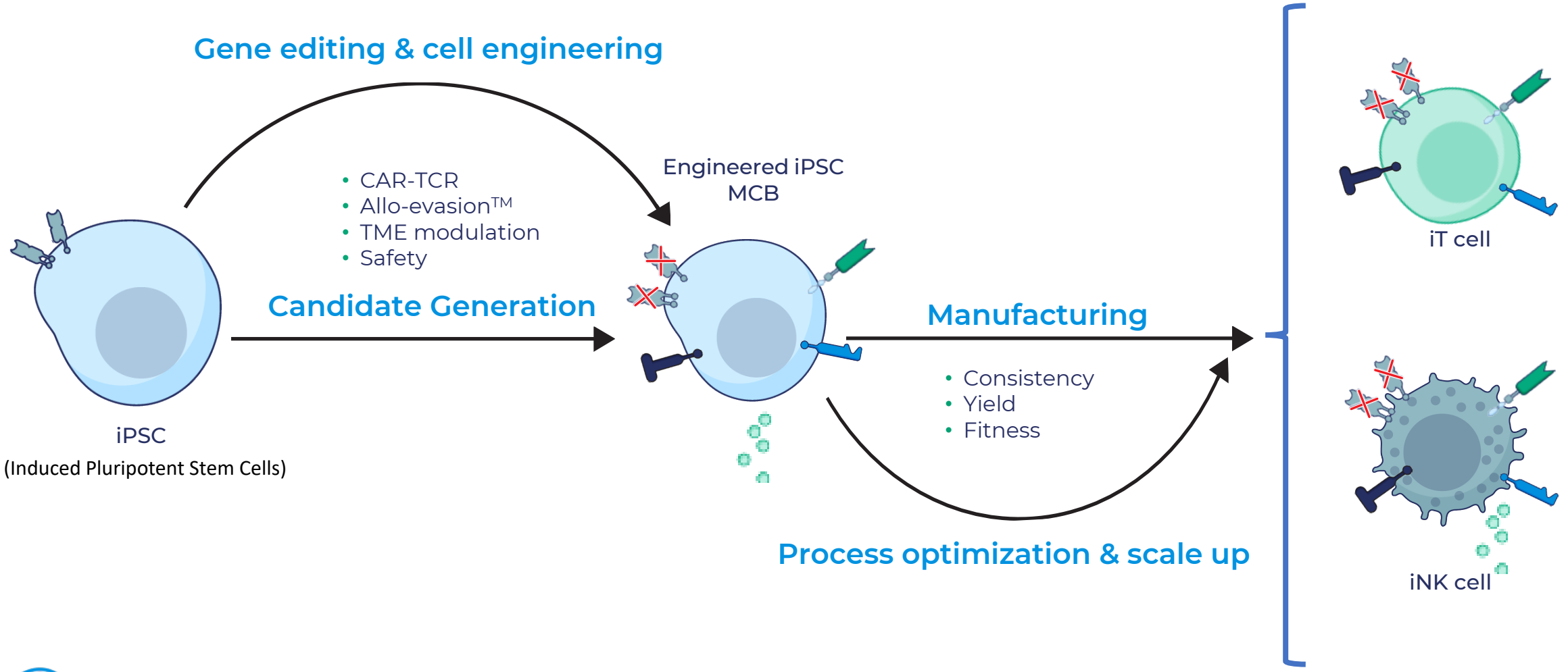
- **Century's iPSC-derived NK cell therapies - CNTY-101**
  - Precise, multiple genome edits ✓
  - Unlimited supply ✓
  - Homogeneous product ✓
  - Off-the-shelf ✓
  - Allo-evasion ELiPSE-1
  - Potential for excellent safety profile and outpatient treatment ELiPSE-1
  - Potential for promising efficacy, access to redosing and re-treatment cycles ELiPSE-1

CENTURY IT PLATFORM UPDATE

Luis Borges, PhD | CSO

CENTURY
THERAPEUTICS

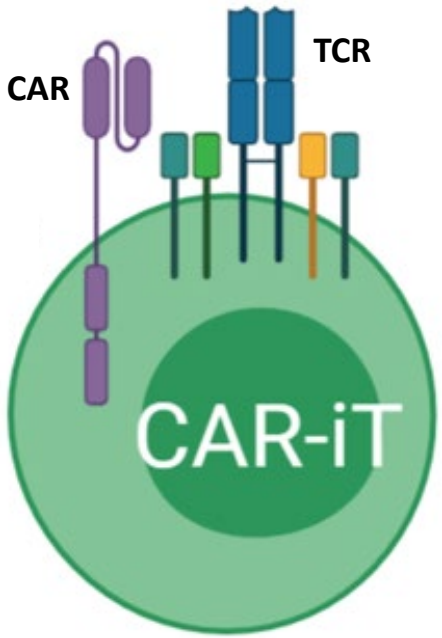
AT CENTURY, WE ENGINEER iPSCs TO GENERATE iT AND iNK CELL CANCER THERAPIES



CENTURY THERAPEUTICS

CENTURY'S iT CELL PLATFORM
THE CONCEPT OF TrueT CELLS EXPRESSING TRUSTED TCRs

TrueT cells



T cells express two major types of TCRs

- **αβ TCRs:** recognize hypervariable peptide antigens in the context of MHC molecules; responsible for GvHD
- **γδ TCRs;** recognize invariant antigens such as phospho-antigens independently of MHC molecules; no GvHD

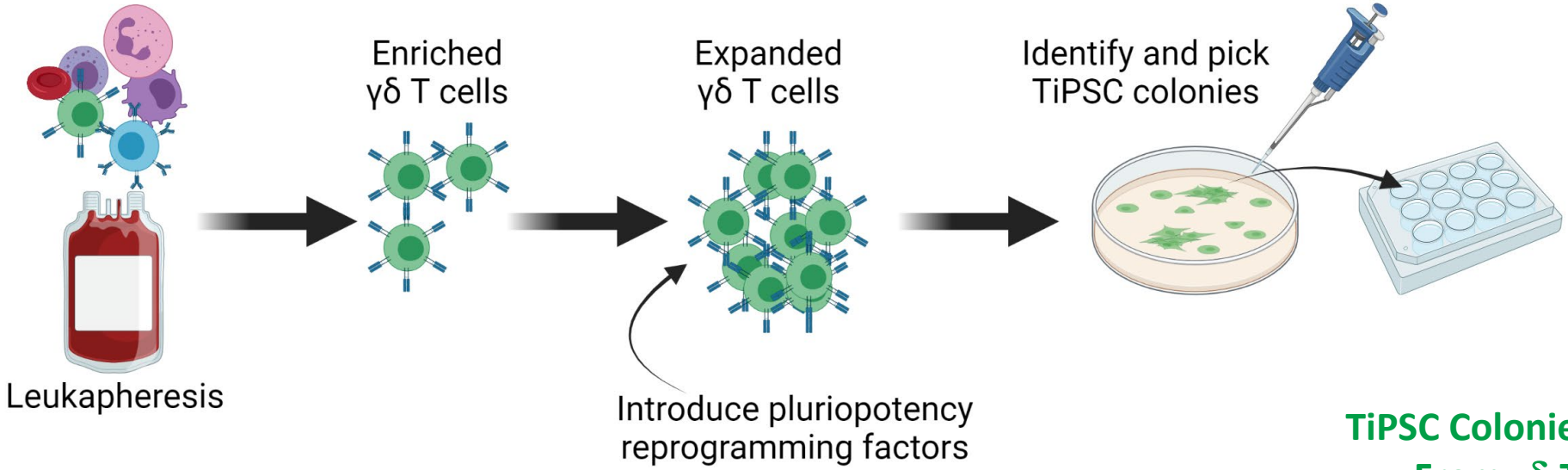
TrueT cells express Trusted TCRs

- **Trusted TCRs** do not to induce GvHD
  - γδ TCR
  - Shared viral-specific αβ TCRs
- Trusted TCRs improve iPSC T cell differentiation and might improve in vivo persistence and functionality

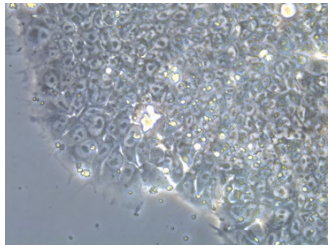
γδ T CELLS SHARED PROPERTIES OF ADAPTIVE AND INNATE IMMUNE CELLS AND OFFER UNIQUE ADVANTAGES FOR CANCER THERAPY

Property	αβ T cells	γδ T cells
Low risk of GvHD	-	✓
Innate anti-tumor killing	-	✓
TCR-mediated tumor killing	✓	✓
MHC-independence for TCR-mediated killing	-	✓
Recognition of molecular patterns of tumor cell distress	-	✓
Low risk of CRS	-	✓

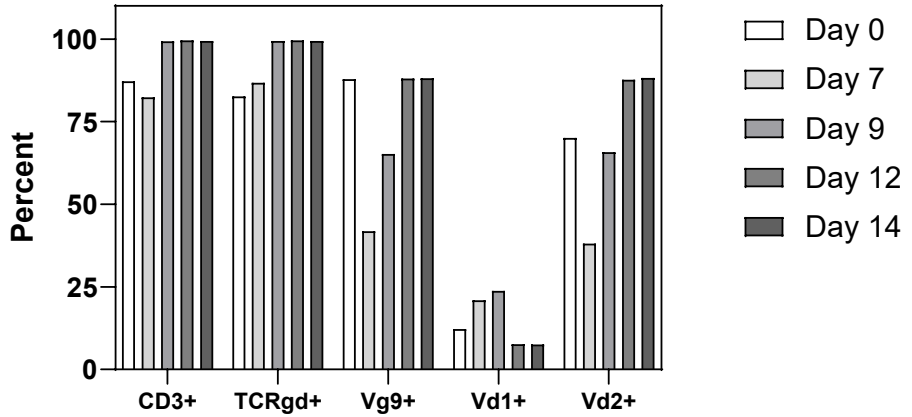
CENTURY HAS GENERATED MULTIPLE TiPSC LINES THROUGH THE REPROGRAMING OF γδ T CELLS



TiPSC Colonies Derived From γδ T Cells

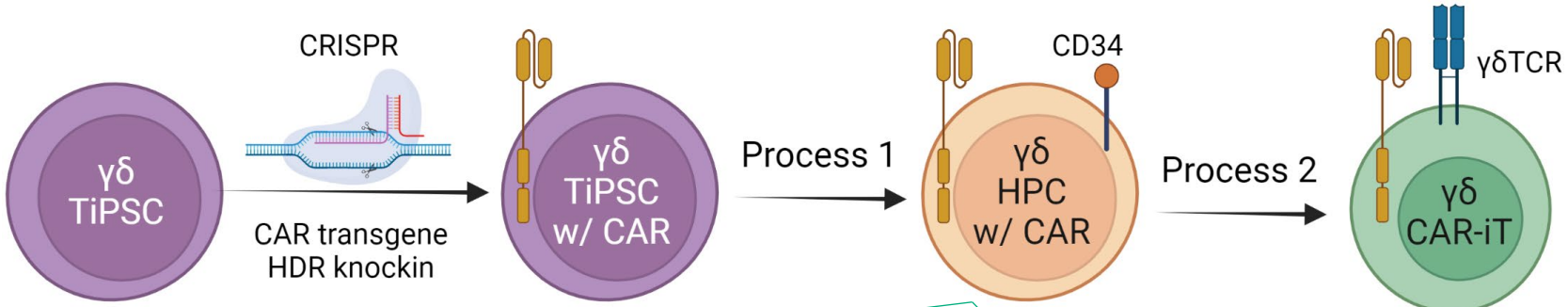


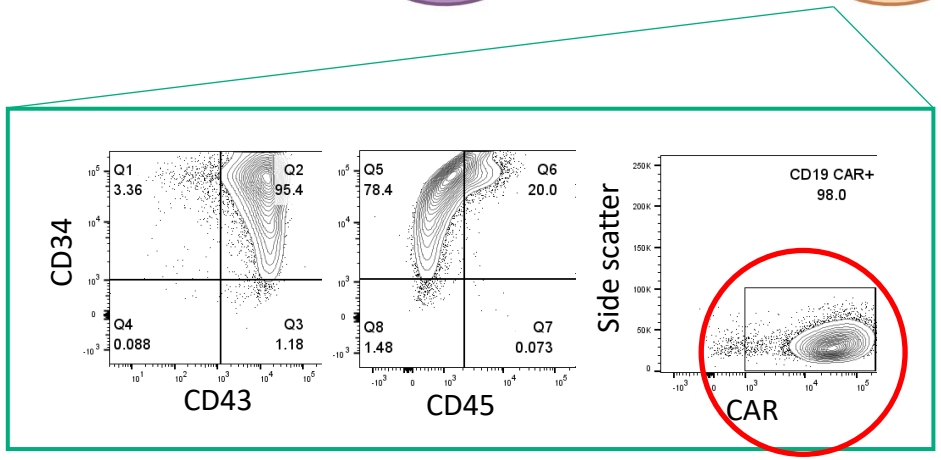
Expansion Of γδ T Cells From Blood



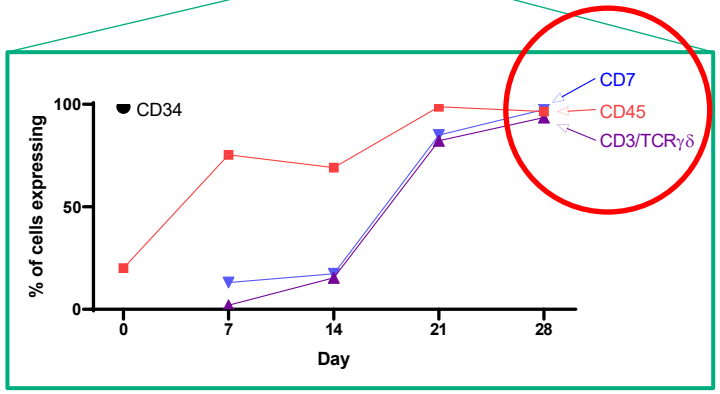
CENTURY THERAPEUTICS

CENTURY HAS DEVELOPED HIGHLY REPRODUCIBLE PROTOCOLS TO DIFFERENTIATE γδ TiPSC LINES





98% CAR⁺ cells



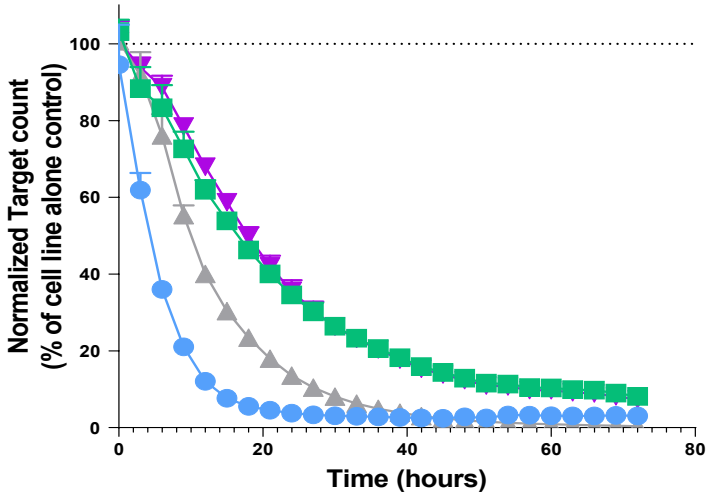
~100% TCR⁺ γδ iT cells

CENTURY THERAPEUTICS

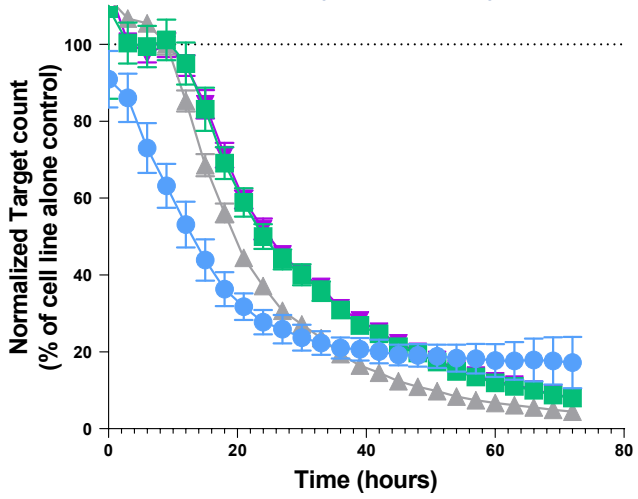
γδ CAR-iT CELLS KILL TUMORS AS EFFICIENTLY OR BETTER THAN CAR-T CELLS

γδ CAR-iT Cells Kill Multiple Lymphoma Cell lines Expressing Different Levels Of CD19

NALM-6 Lymphoma
($CD19^{Hi}$)



Reh Lymphoma
($CD19^{Low}$)

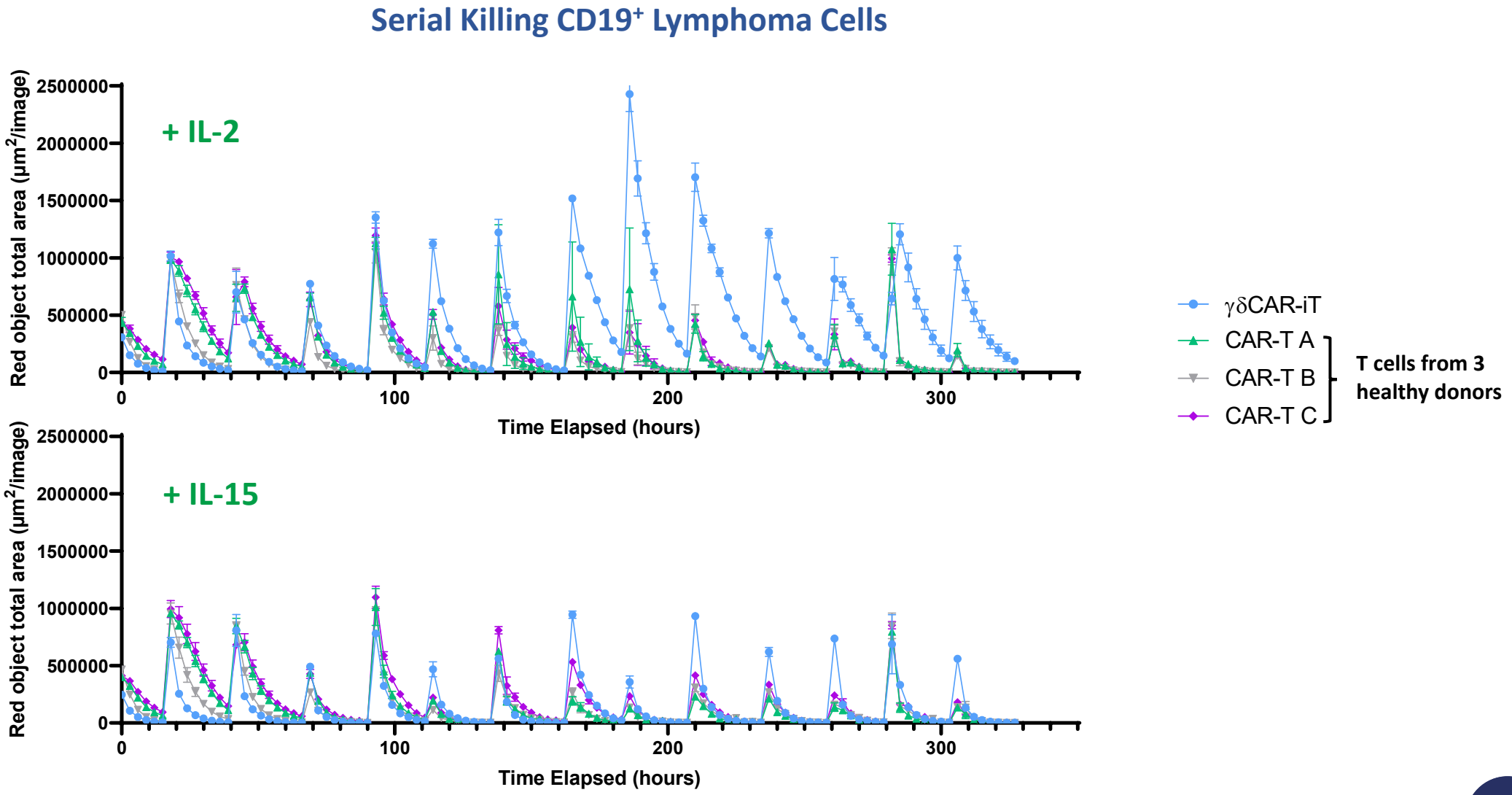


CAR-iT
CAR-T A
CAR-T B
CAR-T C

T cells from 3 healthy donors

CENTURY THERAPEUTICS

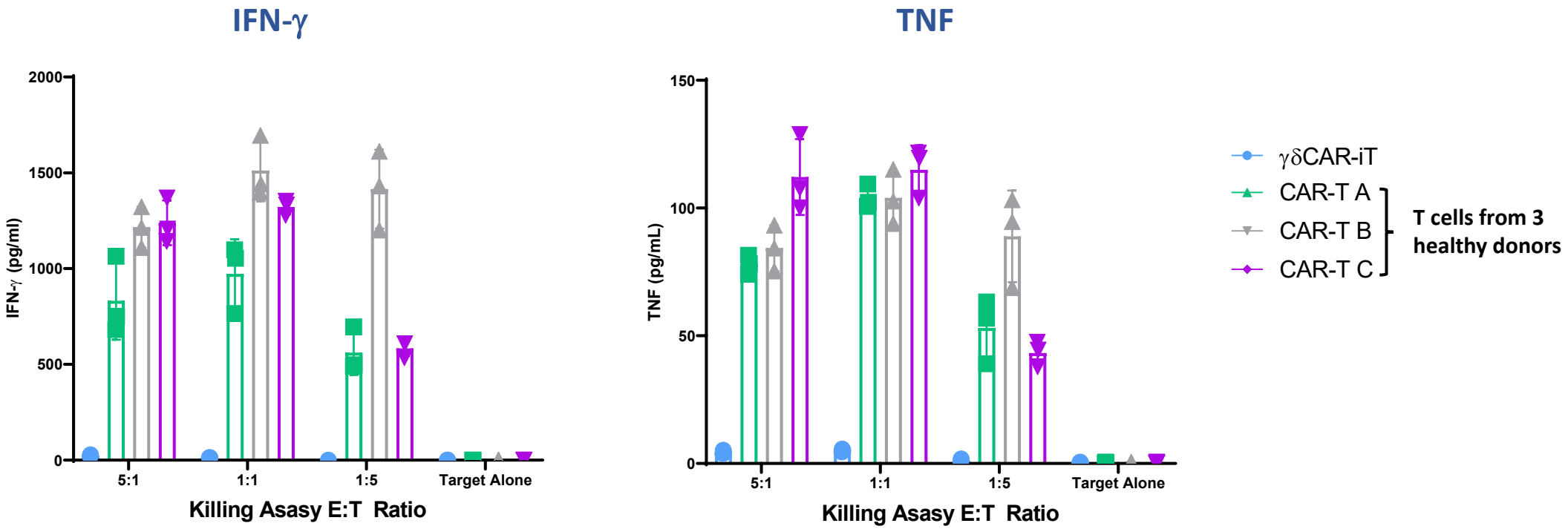
γδ CAR-iT CELLS KILL LYMPHOMA CELLS THROUGH MULTIPLE ROUNDS OF KILLING WITHOUT REACHING EXHAUSTION



CENTURY THERAPEUTICS

γδ CAR-iT CELLS DO NOT RELEASE INFLAMMATORY CYTOKINES WHEN KILLING TARGETS

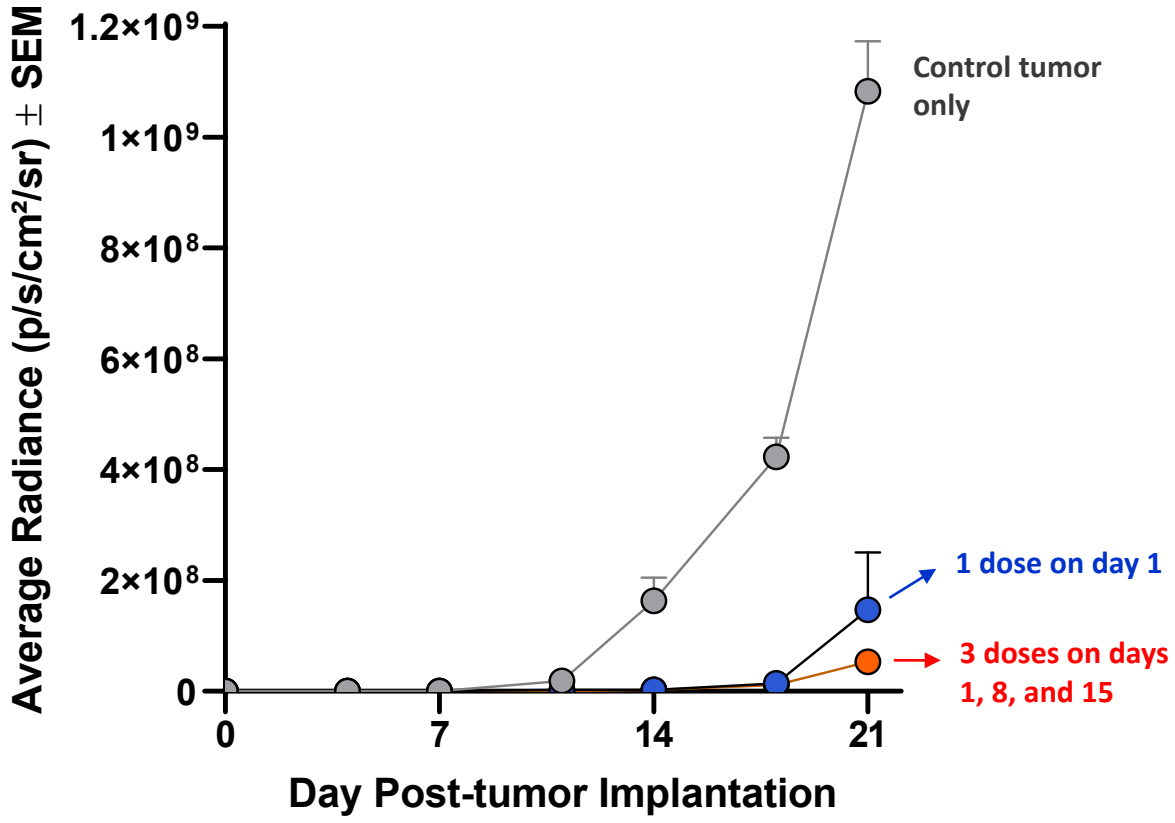
Unlike Conventional CAR-T Cells, γδ CAR-iT Cells Did Not Release IFN-γ Or TNF When Interacting With Tumors Cells



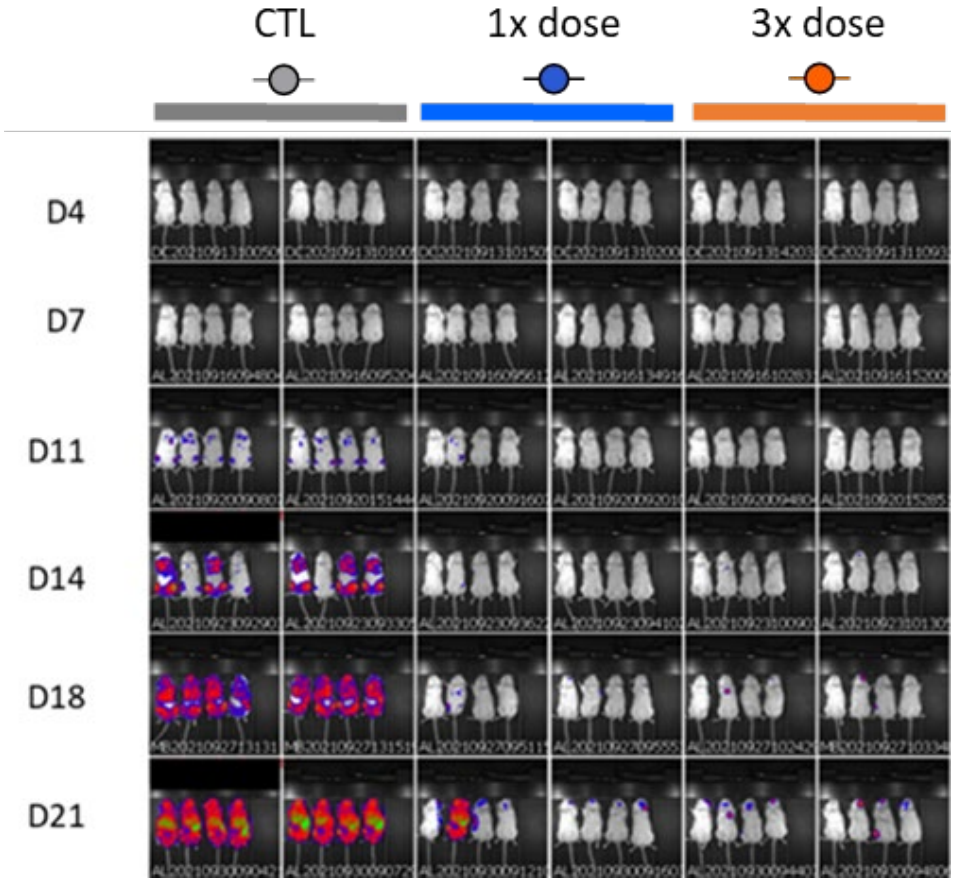
CENTURY THERAPEUTICS

CENTURY'S CAR-γδ iT CELLS HAVE ROBUST ANTI-LYMPHOMA ACTIVITY IN VIVO

Tumor Burden



NALM-6 Lymphoma Xenograft

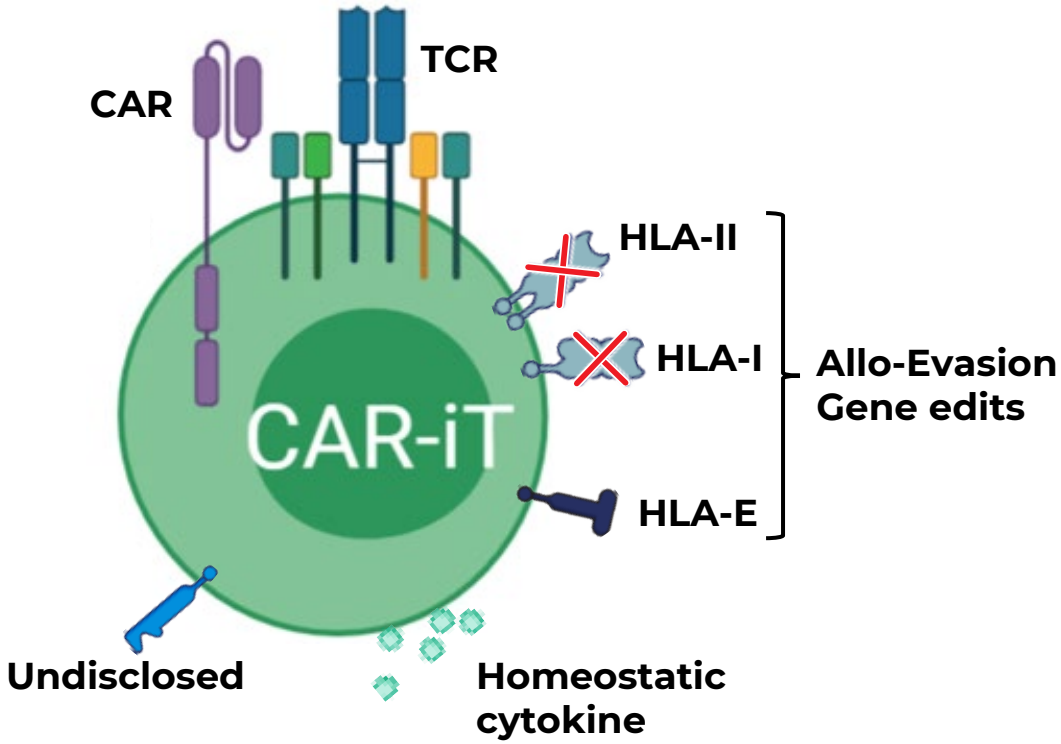


CENTURY THERAPEUTICS

NEXT STEPS

- **Complete the reprograming of clinical grade γδ TiPSC lines from multiple donors**
- **Engineer core features on novel γδ T-IPSC lines to generate a common TiPSC progenitor for multiple iT cell product candidates**
- **Generate new iT product candidates for solid tumors and heme malignancies**

γδ iT Product Candidates Will Include Multiple Gene Edits



CENTURY THERAPEUTICS

CENTURY'S iPSC-DERIVED γδ T CELLS IN ACTION

CENTURY THERAPEUTICS


THANK YOU
CENTURY
THERAPEUTICS

CENTURY
THERAPEUTICS